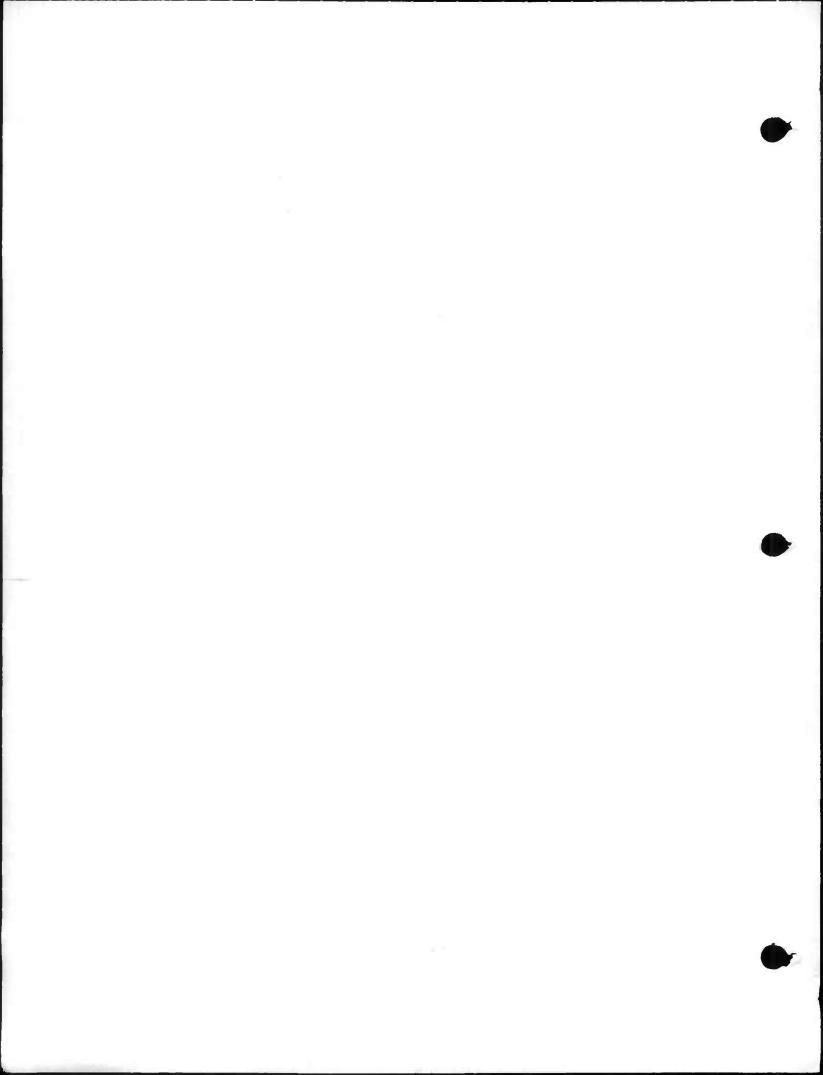
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THE HOSH MACKED PRINCIPLY. THE LONG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. O THE FUNEAU DISCIPLA After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 more death with the State Dept. Of Health and Mental hygiene prior to burlal, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1	1. DECEDENT'S NAME (First, Middle, Last) ANNE WEIS	BLATT			JUNE 2, I	993 YEAR	3. TIME OF DEATH 1 PM M					
	215-05-0427 1	□ M 2 🐹 F 76	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC . 17,	1916 8. BIR	MARYLAND					
TOR	5345 CUTHBERT	AVE.			AIH	9c. COUNTY OF	DEATH					
DIREC	10a. STATE 10b. COUNTY MARYLAND						10d, INSIDE CITY LIMITS? 1 XYES 2 NO					
ERAL	104. STREET AND NUMBER 5345 CUTHBERT A	VE	101	21215			WHAT COUNTRY?					
B₹	1 Never Married 2 Married		If yes, sp	ecify Cuban, Mexican	, Puerto Rican, etc.)	or No— 14, RA Bis	sck, Whits, etc.					
PLETED	(Specify only highest grade comp	oleted) (Give	s kind of work done during mo	DN st of working								
	17. FATHER'S NAME (First, Middle, Last) JOSEPH KORSOVE	iR			IE (First, Middle, Maiden							
TO B	19a. INFORMANT'S NAME (Type/Print) HARRY KORSOV											
	Shel D	Leurs	6010	, INC.								
	AND WITSELDTT AND WITSELDTT AND COCKETT NAME OF CASH. AND WITSELDTT AND COCKETT NAME OF CASH. BALTIMORE BALTIMOR		Approximate Interval Between Onset and Death									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events											
	d	entributing to death but not re-	sulting in the underlying	cause given in F	Part I. 24a, WAS AN	AUTOPSY 2	Ab. WERE AUTOPSY FINDINGS					
: MEDICA		<u> </u>			PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
CIAN	EVALUATEDO -	COLTA!		ACE OF DEATH (Chec	ck only one)							
14SI	1 YES TO 1	Inpatient 2 ER/Outpatient 3 E	DOA 4 Nursing Hom									
	1 Natural 5 Pending	(Month, Day, Year)	INJURY WO	RK?	28d. DEŞCRIBE HOW II	JURY OCCURED						
8	3 Suicide 6 Could not ba	26s. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street, factory, office	•	281. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,					
COMPLET	(Check only CERTIFYING PHYSICIAN:						e(s) and manner as stated.					
8		- Buh	0	29c. LICENSE NUM	BER	29d. DATE SIGNE	ED (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)									
6	JUN 0 8 1993 Juli	32. REGISTRAR'S SIGNATURE	*	· · · · · ·								



		FOR 1 - STATE REGISTRAR	STATE OF MARYL				HEALTH /		IENTAL HYGIEN REG. NO	E	93	16502		
	100	1. DECEDENT'S NAME (First, Middle, Last) PHILIP JUSTUS	WECKER						JUNE 3, I	993	YEAR	3. TIME OF OEATH 11:55 A.M.		
		4. SOCIAL SECURITY NUMBER 214 25 9977 9a. FACILITY NAME (If not institution, give s	1 M 2 - F	In yrs. lest bi	YRS. MOH		HOURS	MIN,	7. DATE OF BIRTH (Month, Day, Year) 08/23/89		Dist	rict of Co.		
	TOR	THE JOHNS HOPKINS			TY	<u>т</u>		TIMO!	RE CITY					
*	DIRECTOR	Md. How			Elkr		ATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	NERAL	5735 Race Road					of ZIP CODE	<u> </u>			USA	HAT COUNTRY?		
ø	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	:0		Mexican,	C ORIGIN? (Specify Yei , Puerto Rican, etc.)	or No	14. RACE Black Speci	- American Indian, White, atc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)													
at once.	E COMP	child 17. FATHER'S NAME (First, Middle, Last) Daniel E. Wecker 18. MOTHER'S NAME (First, Middle, Maiden Surname) Donna De Marco												
be notified	TO B	16a INFORMANT'S NAME (Resultried)												
examiner must b	,	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	cen	PLACE AND	tory or other p	Mount	Cemet		6/04 Bal		City or To	· ·		
examine i		AMT 10	In the over	P		Gary 5695	Main S	fmar	Funeral Elkridge	Md.	21	227		
the medical	į	MMEDIATE CAUSE (Final	Emplications that caused List only one cause on a	the desti sch line.	e I+ (nter the m	i Mita	g, such	as cardiac or respi	State or a	rest,	Approximate interval Between Onset and Death		
other traumatic event, the	Z.	resulting in death)	Phoem	CONSEQUE	ENCE OF):	- 0 p	100300	1	- (M) P = 0 = 0	37	CO 400	2wks		
or trauma	FICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	BOLLEY DUE TO (OR AS A	CONSEQUE	ENCE OF):	SIS						Zuks		
injury, or oth	CERTI	resulting in death) LAST	auton		me		seas					3yrs		
shows any	N: MEDICAL	Drabeles the	llifts Eu Ly per tensi	terc an	put	e underlyi	flen	nis	67 PERFOR		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PHO		
or Item 23	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 🗆		HER:	PLACE OF DE/		Other (Specify)					
marked,	ву РНУ:	27. MANNER OF PEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		10b. TIME OF INJURY	M 1 🗆	UURY AT YORK?		28d. DEŞCRIBE HOW I	NJURY O	CURED			
item 28 is	LETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	cify)					261. LOCATION (Street a City or Town, State)			loute Number,		
=	COMPL	(Check only one) 2 MIDICAL EXAMINE	CIAN: To the best of my know R: On the beste of examination				death occured	at the ti	ms, date and place, an) end manner ee stated.		
IMPORTANT:	TO BE	29b. SIGNATURE AND LETT OF LETTERED 30. NAME AND ADDRESS OF PERSON WHI	2Shr	2			29c. LICEN	SE NUME	SER	29d. DA	6/3	(Month, Day, Year)		

ISE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson Rondall

DOKWE HUJOHU 12 REGISTRAP'S SIGNATURE IN 8 1993 Ju

31, DATE FR FD (Month, Day, Year)

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	FOR 1 STATE	STATE OF I	MARYLAND	/ DEPAR	RTMENT	r OF H	FAITH	AND	MEN.	TAI HYGIEN		3 1	6503
	1 - STATE REGISTRAR		С	ERTIF	ICATE	OF	DEA	TH	INLI	REG. NO			
ž	1. DECEDENT'S NAME (First, Middle, Linst)	IDA B	. WEST	ON						NE 7	199	XEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER		IF UNDE	24 HRS.	7. DA	TE OF BIRTH		BIRTHPL	ACE (State or Foreign
	220-44-8392	1 - M 2 XXF	96	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	onth, Day, Year)	6	MARY	YLAND
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCAT	ON OF DE			9c. COUNT		
OR	BON SECOURS EXTEN	DED CARE]	ELLI	COTT	CIT	Y		H	OWARI)
[다	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			T.,									
DIRECTOR	2007	ARUNDEL			Y, TOWN C								Dd. INSIDE CITY LIMITS? YES XX NO
AL	10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	403 WILDBERRY COU	RT					2	1108	3		U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DECI	ENDENT (OF HISPAN	NIC ORI	GIN? (Specify Yes	or No. 1	A. RACE -	- American Indian,
BY	1 Never Married 2 Married 3 XXIIII	IF YES, GIVE W		go.				Specify		to Rican, etc.)		Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, Di	ECEDENT'S	USUAL O	CCUPATIO	N st of worki	20	- 1	16b. KIND OF BU	SINESS/INDU	STRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5	-)	Do NOT u	se retired.)								
₹			H	OMEMA	KER					OWN I	HOME		
8							16. MOT	HER'S NA	ME (Firs	st, Middle, Maiden	Sumeme)		
BE				-						OFFMAN			
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								RT,M		LERSVILI			
	122 Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE	AND DATE	of DISPOS	ITION (Nat	me of	61		ATE 20c. LO			
		ENSEE	LOOD	JN PA							ALTIMO	RE, M	ARYLAND
	College (12 12 12 12 12 12 13 14 15 15 15 15 15 15 15		22. NAME AND ADDRESS OF FACE LEROY M. & RUS				SSE	LL C. W	ITZKE	FUNE	ERAL HOMES		
		S. M.	59		16	530 I	EDMO	NDSO	N A	VENUE, C	ATONS	TT.T.F	E,MD.21228
	23. PART I. Enter the diseasea, or c shock, or heart fellure.	omplications that lat Dnly Dne ceu	t coused the de oo Dn each line	eath. Do i	Dt enter	the mod	de of dy	ing, suci	h es c	ardiac or reepi	ratory arres	it,	Approximate Intervel Between
			1.0		La.	1,							Onset and Death
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_	_	7002 10	(ON AS A CONSE	OUENCE D	-):								
CERTIFICATION		DUE TO	OR AS A CONSE	OUENCE O	F):		_						
CAT	cause. Enter UNDERLYING												
Ė	that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):								
	resulting in death) LAST												
ਹ	PART II Other significant conditions	contributing to	death but not	maultlaa	le the un	dodulos		-l t	D	T			1
₹	Kenson Him	co ella	dodni but not	7 /	.ca.a.a	derlying	o O	given in	Part I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICA	the	cours !	m / C	n	ouc.	c / c	The contract of the contract o	100		1 TYES 2	J/10		OMPLETION OF CAUSE F DEATH?
	- Jacon	ante	VIOTE	10N C	20	_						11	☐ YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-		26 DI	ACE OF D	EATH (Che					
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlant 1		OTHER	t:							
Ħ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJU	_	sidence		ther (Specify) DESCRIBE HOW II	HILIBA OCCITI	DED	
	1 Netural 5 Pending	(Month, Di	ly, Your)	INJ	URY	WOF	RK? ES 2	NO	200.1	240111011111		ieo	
ЭВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At he	rme, term, s	treet, facto				28t. L	OCATION (Street a	and Number or	Rural Rout	te Number.
巴	4 Homicide determined	building,	etc. (Specify)						С	ity or Town, State)			
7 1	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	eth occum	d at the ti	me, date o	end piace	and due	in the	rause(s) and man	nor no stated		
COMPLETED	one) 2 MEDICAL EXAMINER												nd manner as stated.
CC	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					onth, Day, Year)
00	pulaced 16	olin Os	ul.	7	_		1	3/	~ J	75-	DATE S	Z	STIPLE CONTRACTOR
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	H # 13pe	Print)			0,0	, 6	ر	9	///	<i>></i>

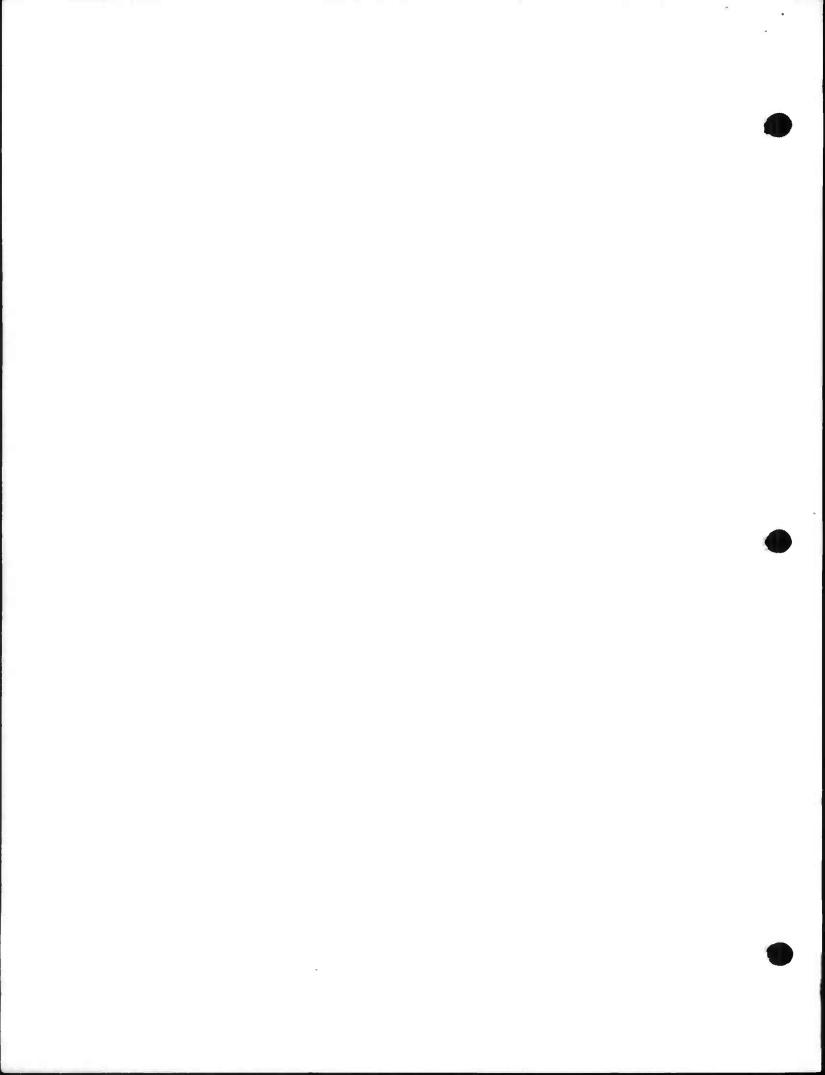
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32. REGISTRAR'S SIGNATURE

Gulia Davidson Aundale

31. DATE FILED (Month, Day, Year)

JUN 0 8 1993



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JUN 0 8 1993

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	erted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	HE JOSPITAL OR ATTENDING PHYSICIAN: The law	FUNERAL DIRECTOR: After this certificate has no within 72 hours after death with the State Dep	DRIANT: If Item 28 is marked, or Item 23
-	7	4=	ğ.

	1 - FOR STATE O	F MARYLAND /		TMENT OF I				GIENE	93	16504	
	1. DECEDENT'S NAME (First, Middle, Last)	ÇE	HILL	ICATE OF	DEAI	-	2. DATE OF DEA	i. NO.		3. TIME OF DEATH	
	1	GORDON W	. W	OODEN			MONTH	- 06 -	93	7:10 A M	
	4, SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7, DATE OF BIRT	rH bar)	PLACE (State or Foreign		
	218-10-2637 1XM2		YRS.			,,,,,,,,,	04/15	709	Mar	yland	
Œ	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN			ATH		NTY OF DE		
DIRECTOR	G.B.M.C.			10	wson			Ва	1tim	lore	
E	10a, STATE 10b, COUNTY		10c. CITY	Y, TOWH OR LOCA						10d, INSIDE CITY LIMITS?	
	Maryland Balt:	more					nium	District .		1 🗌 YES 2 🔀 NO	
FUNERAL	15 Glenamoy Road, #	1.01		10	1. ZIP CODE	-	093		USA	HAT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECI	DENT_EVER IN U.S. ARM	IED	13, WAS DE	CENDENT O	F HISPAN	IC ORIGIN? (Spec	ify Yes or No-	14. RACE	- American Indian.	
BY F	1 Never Married 2 X Married FORCES? 3 Widowed 4 Divorced FORCES?	VE WAR OR DATES	_		ecify Cubar 2 X NO		, Puerlo Rican, el	tc.)	Black, Specify		
	15. DECEDENT'S EDUCATION	WW I		USUAL OCCUPATI	041					White	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	(Give	e kind of w Do NOT us	vork done during m	ost of working	g	166, KIND (OF BUSINESS/INC	JUSTRY		
MPL	4	· ·	V E	nginee	r		TV	Broadc	asti	.ng	
8	17. FATHER'S NAME (First, Middle, Last)					IER'S NAM	ME (First, Middle, N				
H	John Hoffman 19a. INFORMANT'S NAME (Type/Print)							Wheele			
2	Gladys G. Wooden	196.							own, State, Zip Code) imonium, MD 21093		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State	20b. PLACE AF	ND OATE C	Lenamov DE DISPOSITION (N	ame of		DATE 2		- City or Town, State		
	1 Burial 2 XCremation 3 Removal from State 4 Donation 5 Other (Specify)	Metro	Cr	emator	y,In	c. (6/7	Balti		- Indian	
	21. SIGNATURE OF EMPERAL SERVICE LICENSEE	a The		22. NAME A	NO ADDRES	S OF FAC					
	George E. MacNa	abb		299	Fred	erio	ck Road	d Bal	.to.,	MD 21228	
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arreat, shock, or haert failure. List only one cause on each line. Approximate interval Between Onset and Death Onset										
N: MEDICAL CE	PART II. Other significent conditions contribution	g to death but not re	sulting I	n the underlyin	g cause g	iven in i	PI	AS AN AUTOPSY ERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERENCED TO MEDICAL EXAMINERY HOSPITAL			28. P	LACE OF DE	EATH (Che	ck only one)				
14 SI	1 YES 2 NO 1 Inpatient	2 ER/Outpetlent 3 E		4 - Nursing Hon		sidence (
ED BY	1 Neteral 5 Pending (Mor 2 Accident Investigation 28e, PLA		4	URY	YES >	NO	28d. DESCRIBE HOW INJURY OCCURED SILVE BY BY S 281. LOCATION Street and Number or Rural Route Number, City or Town, Stelly				
P	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the be									2109	
COMPLET	one) 2 MEDICAL EXAMINER: On the basis									and manner as stated.	
BE (SINGUINE AND TITLE OF CERTIFIER)		5	29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (Month, Day, Year)	
2	IN NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH ATT	ll	ella)	0	0%	383	1	2-2	- 23	
10	Mas FOllowers	AMIN LAN	21) (type,	La fort	usa	-1	111.	BTK	B7/1	50 Md	
7	31. DATE FILED (Month, Day, Year) 32. REGI	TRAR'S SIGNATURE	, ~~	140			TOM	R/M	1111	IC MAU	

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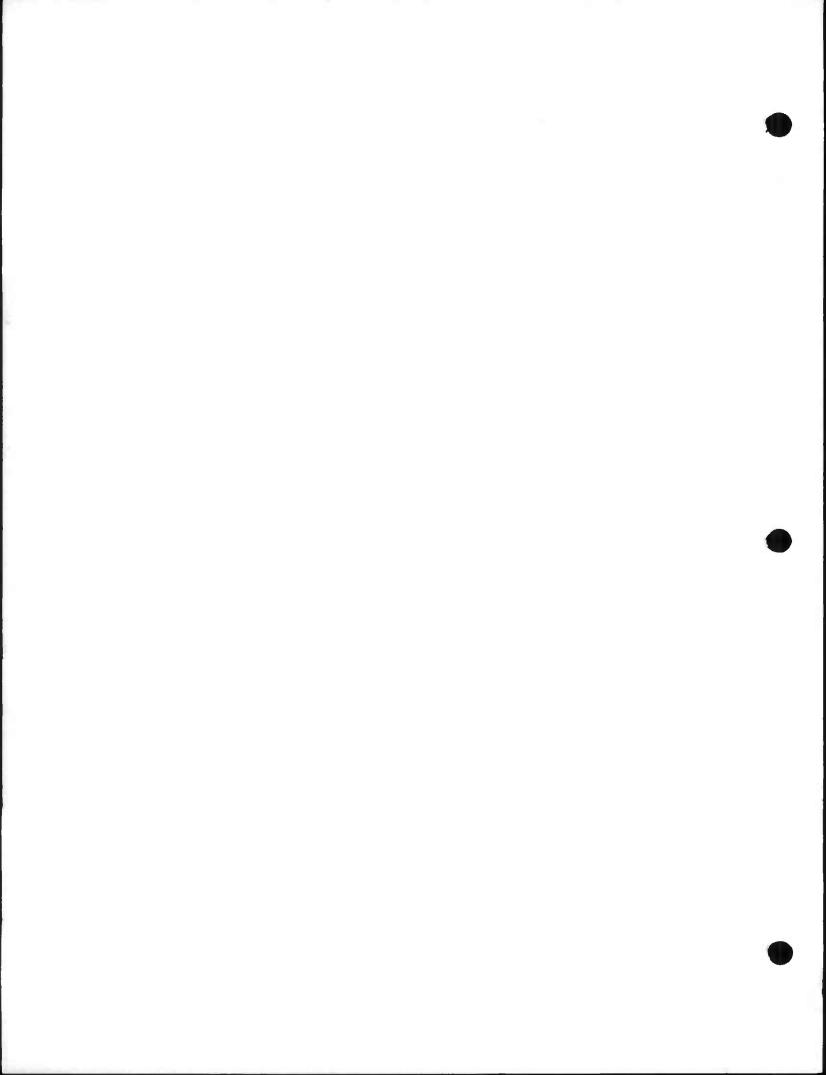
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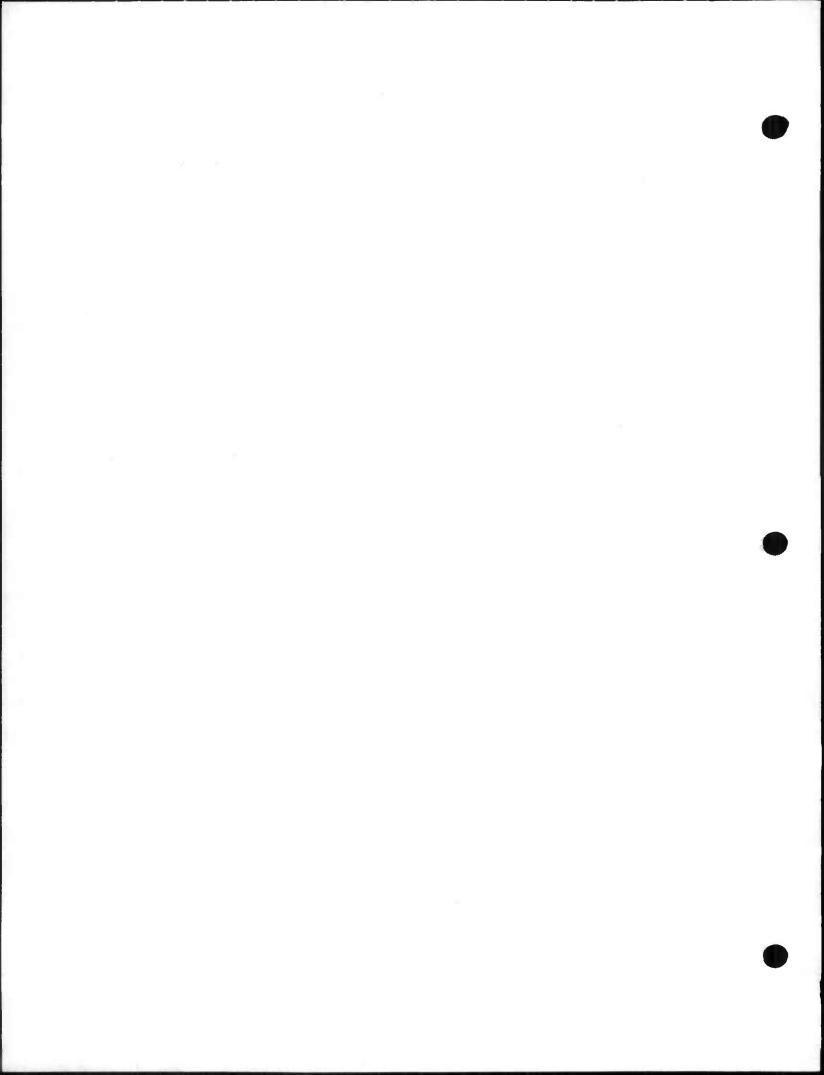
		REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			. , , , ,
	6	1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL	DADI GIKL		KER		2. DATE OF MONTH		-19-	93 s	D. TIME OF DEATH
American		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH			LACE (State or Foreign
		9a. FACILITY NAME (If not institution, give :		YRS.	0 41	DR LOCATION OF DE		9/93		TY OF OEA	P
	CTOR	MALV. OF MO	22 S. GREEN	NE ST	BALTI						TEMORE
. Pages	DIRE	10a. STATE 10b. COUNT BA	LTIMORE	7.4	Y, TOWN OR LOCAT	MONE					Od. INSIDE CITY LIMITS? Odres 2 NO
nsit permit.	FUNERAL	100. STREET AND NUMBER 3018 GWYN				. ZIP CODE			-		AT COUNTRY?
5-0020 inding physician. is the burial-transit	BY FUN	11. MARIPAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	it yes, sp	CENDENT OF HISPAN ecify Cuban, Maxica 2000 NO Specify	n, Puerto Rica	Specify Yes in, etc.	or No-	Black, 1	- American Indian, White, atc. Black
Z1Z1	COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATION work done during more retired.)		16b. Kil	ND OF BUS	INESS/INDU		
by the be det	BE COM	17. FATHER'S NAME (First, Middle, Last) LARRY	JEROME !	BAILEY	,	18. MOTHER'S NA				CK	er_
mak retained 5 should notified	5	198. INFORMANT'S NAME (Type/Print)	40			and Number or Rural F		City or Town	, State, Zip (Code)	
be age		METHOD OF DISPOSITION	20ь.	PLACE AND DATE	OF DISPOSITION (Na		OATE	1	ATION - C		D Thos
E ect e		4 Donation 5 Other (Specify)		etery, crematory or o			10				
AL refeath.		21. SIGNATURE OF FUNERAL SERVICE LIN	MILLIONALD W	6/7/93	655W	Baltime	orest	tate, Bal	to, M	tomy	y Board 1201
within 24 hours npletely filled in to cremation, or reservent, the median		IMMEDIATE CAUSE (Final	a. Extrem	ich iina.	MATUR		na cerdiec	or respin	atory erre	et,	Approximeta Interval Between Onset and Daeth
th certificate be execu- ending physician and il Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A								
he law requires that the death has been signed by the atter e Dect. of Health and Mertal of 23 shows any Injury, or	MEDICAL	PART II. Other significant condition	s contributing to death bu	at not resulting	in the underlying	g cause given in		a. WAS AN A PERFORM	AED?	CO	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 13 NO
N: The law icate has t State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (Che	ick only one)			1	
PHYSICIAN: The this certificate with the State	HYSIC	1 TYES 2 DNO	HOSPITAL:	etlant 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Rasidence	6 🗆 Other (S)	pecify)			
	ву Рн	27. MANNER OF DEATH 1- Nitrural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	URY AT RK? /ES 2 NO	28d. DEŞCRI	BE HOW IN	JURY OCCU	RED	
DR ATTENDING DIRECTOR: After hours after death litem 28 is ma	TED	3 Suicide 6 Could not be determined	28s, PLACE OF INJURY building, etc. (Speci	At home, term, s	street, factory, office		28f. LOCATIO	ON (Street and own, State)	nd Number o	r Rural Rou	te Number,
로 글 본 도	COMPLE		CIAN: To the best of my knowle R; On the basis of exemination								nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TUTLE OF CERTIFIE	no			29c. LICENSE NUM	BER		29d. DATE	SIGNEO (M	Ionth, Day, Year)
		30. NAME AND AGORESS OF PERSON WH T. LORUH 22	S-GREE	NE ST	^	TIMOR	e r	40	7	2120	7 (
		31. DATE FILED WHO 00 8 14993	THE CHANGE SECONA	FYELICAL			t				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 16505



- 0	1. DECEDENT'S NAME (First,	Mirida Last			04/1/11	IOATT		<u> </u>		T	ned. NO		1		
1 8		Active Section	3.6								OF DEATH	YEAR	3. TIME OF DEAT		
1	4. SOCIAL SECURITY NUMB	ANCHE	M.			WOLF					June 06 199			10:05	Рм
3	S. S	EH	5. SEX		. last birthday)	IF UNDER	1 YEAR	HOURS	R 24 HRS.	7. DATE ((Month,	Day, Year)		Countr	PLACE (State or For	reign
	219-16-3646		1 M 2 F	94	YRS.						17,	1898	Mar	yland	
_	9a. FACILITY NAME (If not ins	stitution, give st	treet and number)			9b. CITY	TOWN C	R LOCATI	ION OF D	EATH		9c. COL	INTY OF D	EATH	
DIRECTOR	Franklin Squ	are H	ospital			Bal	timo	re				Ba	ltimo	re Count	tv
뒪															- /
H	Mongail and	10b. COUNTY	1			Y, TOWN		ION						10d. INSIDE CITY LIMITS?	
	Maryland		<u>'</u>		Baı	timo	re							1X YES 2	NO
¥	10e. STREET AND NUMBER						101	. ZIP COO	_			10g. CIT	IZEN OF W	HAT COUNTRY?	
ᇤ	4309 Shamroo	ck Ave	nue				212	213			U.S	.A.			
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN								(Specify Yes	or No-	14. RACE	— American India	n,
7	1 Never Married 2		FORCES? 1 IF YES, GIVE W		&_NO		If yes, sp	2 14 NO	nn, Mexica Specif	in, Puerto R	ican, etc.)			, White, etc.	
ВУ	3 V Widowed 4 Divorced											White			
		DENT'S EDUC		16a	DECEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF BUS	SINESS/IN	DUSTRY		
Ψ.	Elementary/Secondary (0-		College (1-4 or 5 +)	(Give kind of life. Do NOT u	se retired.)	auring mo	ST OF WORK	ng						
<u>a</u>	N/A	N	/A		Homema	ker				0	wn Hon	ne			
COMPLETED	17. FATHER'S NAME (First, Mit	ddle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)			
<u></u>	17. FATHER'S NAME (First, Middle, Last) Cortlend Conser Mary Twallar														
BE	19a. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS	/Stenat a					- Chan 21	- O-d-1		
임	Genevieve Ma		(Daughter	r)							timore		,	213	
	20a. METHOD OF DISPOSITION		(Daugirce						arue,		_				
	1 Surial 2 Cremation	n 3 🗆 Remo	oval from State	cemetery	CE AND DATE	OF DISPOS ther place)	ITION (Na	me of		DATE	20c. LO		City or To		
	Gardens of Faith Cemetery 6/9 Baltimore, Maryland														
	21. SIGNATURE OF FUNERAL		22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.												
	3331 Brehms Lane, Baltimore, Md. 21213												2		
	23. PART I. Enter the diseases or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,														
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Onset and Death														
- 1	disease or condition														
ŀ	resulting in death) Congestive Heart Failure														
	DUE TO (OR AS A CONSEDUENCE OF): Respiratory Failure														
CERTIFICATION	Sequentially list conditions, Respiratory Failure Due TO (OR AS A CONSEDUENCE OF):														
F	If any, leading to immed cause, Enter UNDERLY!!		DUE 10	(OH AS A CON	SEDUENCE O	F):									
길	CAUSE (Disease or Injur		£											-	
E	that initiated events resulting in death) LAST		DOE 10	(DR AS A CON	SEDUENCE O	F):									
H H	, , , , ,		d												
	PART II. Other algolficar	nt conditions	s contributing to	death but no	ot resulting	n the un	deriving	Cause	given in	Part i	24s. WAS AN	AllTOREV	1 245	WERE AUTOPSY FIN	IDMIC6
MEDICAL	Diabetes								givon in		PERFOR		240.	AVAILABLE PRIOR 1	ro
ă	Hypothyro		us, chor	angiti	. 5, пу	erte	IIST	л,		- 1	1 TYES 2	XNO.		COMPLETION OF CA OF DEATH?	AUSE
×	пуроспуго.	Idism								_				1 YES 2 N	ю
z															
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HØSPITAL:					ACE OF D	EATH (Ch	eck only one)				
Si	EXAMINER?		1 1 Inpatient 2	ER/Outpatien	3 🗆 DOA	OTHER 4 Num		5 🗆 Re	esidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	•	28e. DATE DF		28b. TIM	E OF	28c. INJ	URY AT			RIBE HOW I	NJURY OC	CURED		\dashv
	2334	ending rvestigation	(Month, De	ny, rear)	IN.	URY M		RK?	ND						
BY	0 0 0 1111		28e. PLACE O	F INJURY A	home, ferm,	street, fact	ory, office	_		28f, LOCA	TION (Street a	nd Numbe	r or Burni B	cute Number	_
8		could not be etermined	building,	etc. (Specify)			•				Town, State)				
COMPLETE	29a. CERTIFIER														
F I	(Check only		CIAN: To the best of												
Ö	2 MEDIC	CAL EXAMINE	R: On the basis of a	amination and	or investigation	n, in my o	pinion, d	eath occur	red at the	time, data	ind place, an	d due to t	he cause(a	and manner as st	sted.
E	296. SIGNATURE AND TITLE	OF CERTIFIER	in .					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Mogth, Day, Year)	
0	Kal	GA	VA ~	MAN)			1	N/A			•	61	6/93	
유	30. NAME AND ADDRESS OF	PERSON WHE	COMPLETED CAUS	E DF DEATH (TEM 27) (Type	Print)			,				0/	W/ 10	
	Kimarce Kasi						rive	. R	alti.	more	Marv	land	2123	17	
	31. DATE FILED (Month, Day,)		22-DECICTOA	DIE CICNIATIUS	_		TIVE	, Do		more,	raty.	Land	444		
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BALTIMORE, MARYLAND 212

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L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours as	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DE

BELEN

3. REGISTRAR'S SIGNATURE

2 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH JUNE 4, 1993 YEAR 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Morris Ε. Waters, Jr 10:45am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 12-12-1958 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 📉 M 2 🗌 F MONTHS DAYS HOURS 217-70-2099 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1)(X ES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2226 Linden Allenue 21217 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried В 3 Widowed 4 Divorced B1ack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) lege (1-4 or 5+) 3 Years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Morris Waters, Sr Thelma Torrence BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 832 Woodward Street Baltimore, Md 21230 Morris Waters, Sr pe 20a. METHOO OF DISPOSITION
1 ☐ Burlel 2 🖟 Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Metro trematory 6793 Catonsville, Md 4 Donation 5 Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March F/H West 4300 Wabash Avenue medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximata shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disesse or condition SEPSIS SEPSIS ~ I week event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF): AAqquired Impune Deficiency Syndrome traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE di Clostridium Difficile colitis 1 TES XX NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL . OTHER: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA the 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation ВУ 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 29a. CERTIFIER
(Check only one)

One)

Application of the cause (a) and menner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

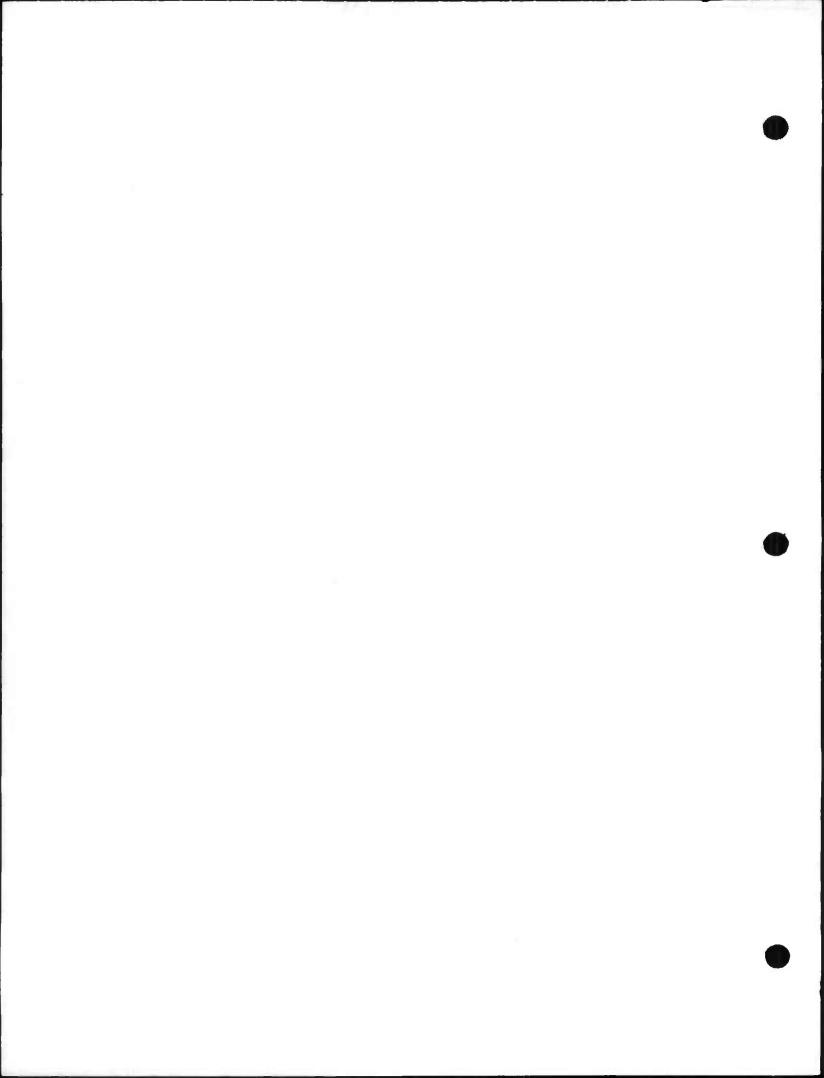
29c. LICENSE NUMBER

GENERAL

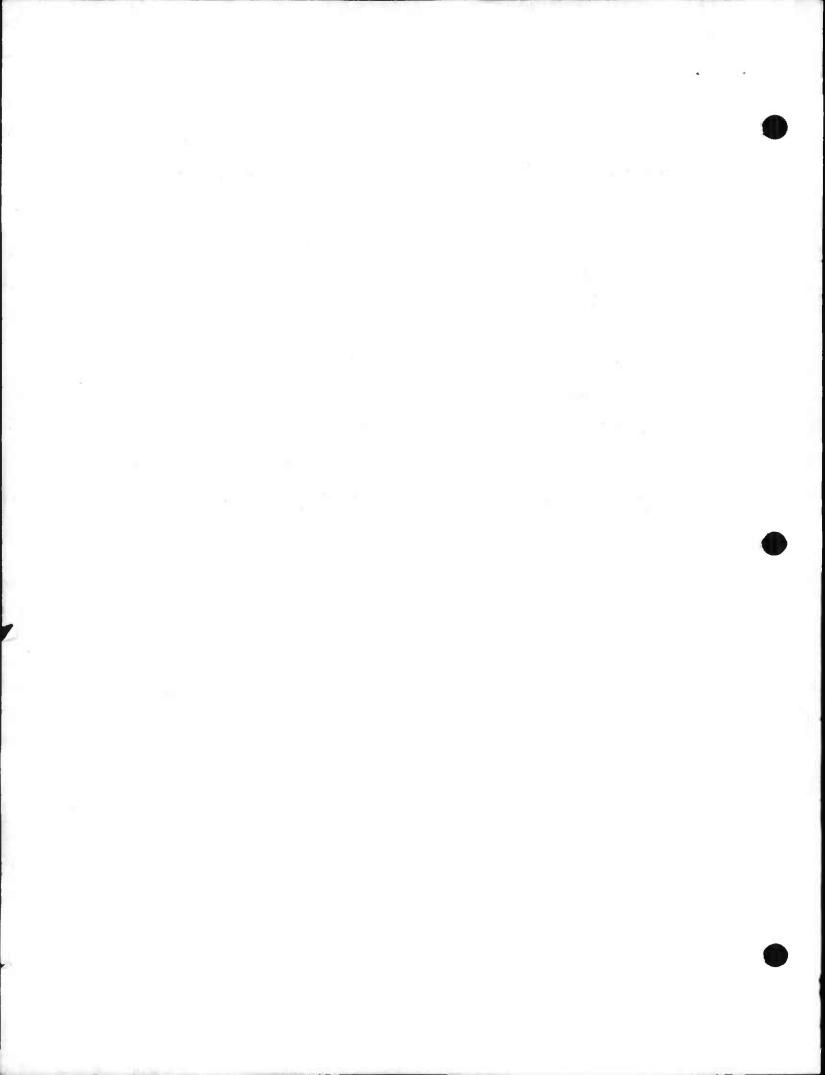
MARYCAND

29d. DATE SIGNED (Month, Day, Year)

HOSPITAL



DIVISION OF VITAL RESPONDED THE HOSPITAL DR ATTENDING PHYSICIAN: The law req TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 sho	PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ∰(NO	HOSPITAL:		OTHER:	PLACE OF OEATH (Cr			T TES ZANO
RECORDS, I vequires that the deatt been signed by the attent. cof Health and Mental shows any injury,	MEDICAL	PART II. Other significant condition	-0 /	ut not resulting i ∪ A	n the underlyl	ng ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
The IRECORDS, P.O. BOX 68760, The law requires that the death certificate be executed within 24 te has been signed by the attending physician and completely fills the Dept. of Health and Mental Hygiene prior to burial, cremation, on 23 shows any injury, or other traumatic event, the	CERTIFICATION	resulting in death) LAST	Due to (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	7: 1: a				
n 24 hours ity filled in b ation, or rer the medi		23. PART I. Enter the disesses, or a shock, or heart fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. Seps	ech line.		node of dying, suc	th as cerdlec or reap	Iratory srrest,	Approximate interval Between Onset and Death
BALTIMORE, I hours after death. Page 6 may be ed in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin L.		McCu 237	E. Pataps	al Home of co Ave., B	Brookl	vn
MORE, ge 6 may be irector, page		20a. METHOD OF DISPOSITION 1 XI Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20t	PLACE AND DATE OF	OF DISPOSITION (OATE 20c. LO	CATION — City or	
MAR retained 5 should notified	TO BE	John Drury 19a. INFORMANT'S NAME (Type/Print) Mrs. Doris M. Wi	Wilder ilder	19b. MAILING 3606	ADDRESS (Street	Bessi t and Number or Rural St., Bal	e H. Cud Route Number, City or Tow timore, Ma	vn, State, Zip Code)	
the hospital detached	COMPL	6th Grade 17. FATHER'S NAME (First, Middle, Last)		Shipbui	Ider		AME (First, Middle, Maiden	Surneme)	el Corp.
21215 al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	vork done during i se retired.)	TION most of working		SINESS/INDUSTR	Υ
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) fy:	a or No- 14. R.	ACE — American Indian, lack, White, alc. White
it permit. Pages 1,	1 1	Maryland NA 100. STREET AND NUMBER 3606 Third St.		Balt		City (Br 101. ZIP CODE 21225	ooklyn)		1 YES 2 NO
cvi	DIRECTOR	Harbor Hospital RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c, CIT	Balt	imore Cit	y 	NA	10d. INSIDE CITY
3 should		215-01-3248 9a. FACILITY NAME (If not institution, give s		79 YRS.		OR LOCATION OF D		9c. COUNTY O	aryland
		Melviu.	Wilder	(In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE OF BIRTH	5 /993 8. BH	
		1. DECEDENT'S NAME (First, Middle, Last)	MFI.VIN	LEROY W	III DFR.	SR.	2. DATE OF DEATH		3. TIME OF DEATH



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32. REGISTRAR'S SIGNATURE hie Davidson Rondolle

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Amson ANNA A. ABRAMSON ANNA A 15:10 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year) 196-07-4064 1 M 2 X F HOURS 79 YRS. J-411 26 1913 WEST VA. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY RANDALLSTOWN DIRECTOR NORTH WEST HOSPITAL CENTER RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE COUNTY MD. 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 725 MT. WILSON LANE, NORTH OAKS, #508 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 € NO IF YES. GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LAW ATTORNEY must be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BELLA GRAUDAN DAVID ABRAMSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4132 ALBANS DRIVE, HOUSTON, TX. (77005) BRUCE WEISMAN 20e. METHOD OF DISPOSITION
1 TyBurial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE 1 Surface 2 Cremation 3 L4 Donation 5 Other (Specify) REISTERSTOWN, MD OHEB SHALOM MEMORIAL PARK 6/6/93 ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. FUNERAL HOME 6010 REISTERSTOWN RD. BALTO MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Centro Vaxentar 1-3 hr resulting in death) IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, DUE TO FOR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificent conditions, contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS! 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO IL COMPLETION DF CAUSE 1 YES 2 700 1 | YES 2 | NO PHYSICIAN: CHE ASCE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL EXAMINER? normarel HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF 284. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)
29 MEDICAL EXAMINED, On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and married as stated 296. SIGNATURE AND TITLE OF CERTIFY BE 29c. LICENSE NUMBER 294. DATE SIGNED /M halehar 2 00000 6 2 30/NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT OF		MENTAL HYGIEI	_	
	1. DECEDENT'S NAME (First, Middle, Last)	BYRGE.	.55		2. DATE OF DEATH MONTH	DAY YEA	1
	4. SOCIAL SECURITY NUMBER 216-94-0196	5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH (Month, Day, Year)	Co	3 2340 M RTHPLACE (State or Foreign ountry)
OB	9a. FACILITY NAME (If not institution, give 3200 blk. Eldo	street and number) rado Avenue		N OR LOCATION OF D		9c. COUNTY O	OF DEATH
DIRECTOR	10e, STATE 10b, COUNT		10c. CITY, TOWN OR LC				10d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER	aleside Au	104.110	10f. ZIP CODE	, 5-	10g. CITIZEN C	1 D YES 2 □ NO DF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Specif			ACE — American Indian, ilack, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	DCATION 16e. Cottlege (1-4 or 5 +)	DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KINO OF BU	(USINESS/INDUSTR	Y
BE COM	17. FATHER'S NAME (First, Middle, Last) Revous Bu	rgess, SL		18. MOTHER'S NA	AME (First, Middle, Maidel * 100 E	n Surnamely	-
TO E	Drenna L	· Burgess	196. MAILING ADDRESS (Stre 3303 In	et end Number or Rural	Route Number, City or Tox	Balto,	nd 21215
	20e METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNCIAL SERVICE LI	cemetery,	HAND DATE OF DISPOSITION	Nome of Park	DATE 200 L	ocation - city of	stewn, red
	Sala	March	La La Maria	AND ADDRESS OF FA	4. West labast	's she	
	23. PART i. Entar tha disease, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused that List only one ceuse on each I	ina.	moda of dying, suc	h aa cardlec or reap	piratory arrest,	Approximeta Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CON: C. DUE TO (OR AS A CON:					
CAL	PART II. Other significant condition	na contributing to death but no	ot resulting in the underly	ring cause given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1, A YES 2 \(\square\) NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF OEATH (Ch			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 0 6 0 5 1 9 9 3	28b. TIME OF 28c.	INJURY AT WORK?	28d. OESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify) On street			281. LOCATION (Street City or Town, State 3200 blk	end Number or Rur) Eldo:	rado Avenue
COMPLETED	2 MEDICAL EXAMINI	ICIAN: To the best of my knowledge, ER: On the beels of examination end/					se(e) end menner as stated.
TO BE	290. SIGNATURE AND TITLE OF CERTIFIE	X00~	to and the same of	29c. LICENSE NUI	M.E.	h	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	N 1	11 Penn St	reet, B	altimore	, Mary	land 21201
	JUN 0 9 1003 4	32. REGISTRAR'S SIGNATURE				0.000	

Ma Maril

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	IMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	10011
)		1. DECEDENT'S NAME (First, Middle, Last) A SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MODITH DAY 7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign
, 3 should	OR	578-12-6342 90. FACILITY NAME (If not institution, give si MERIDIAN CK	T LO M 2 L F /) YRS.	96. CITY, TOWN OR LOCATION OF DE	TAN. 26, 1918 B	SOUNTY) REUNSWICK, ME Y OF DEATH
permit. Pages 1, 2,	DIRECTOR	MARY LAND	ATIMORE CO. 10c. CITY	TOWN OR LOCATION BALTIMORE	1 One	10d. INSIDE CITY LIMITS? 1 □ YES 2 ♠ NO
physician. burial-transit per	FUNERAL	10. STREET AND NUMBER 1317 DALTO 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI	3 4 / L IC ORIGIN? (Specify Yea or No.— 14	N OF WHAT COUNTRY?
attending se as the	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEOENT'S EDU (Specify only highest grade		If yes, specify Cuber, Mexican 1 VES 2 PMO Specify JSUAL OCCUPATION ork done during most of working		BOOCHY TE
the hospital or detached for u	COMPLETED	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) I/IE. Do NOT use	16HT EXP.	NE (First, Middle, Maiden Surname)	/ m
retained by 5 should be notified at	TO BE	NINIFOU O. 19a. INFORMANT'S NAME (Type/Print) FAMILY R	ECORDS SA	ADDRESS (Street and Number or Aural A	TLE A - L Oute Number, City or Town, State, Zip Co ABOVE	TALLER
e 6 may rector, pa	6	20a. METHOD OF DISPOSITION 1 Burlel 2 & Cremation 3 Reme 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	DUCANEY		DATE 20c. LOCATION — CH	y or Town, State
n by remo		23. PART I. Enter the difference, or control of the	completatione that ceused the deeth. Do not List strily one cause on each line.	ot enter the mode of dying, such	as cerdiac or reepiratory arres	t, Approximate Interval Between
within 24 I upletely fille cremation, vent, the		iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)	vest		Onset and Death
n certificate be execunding physician and Hygiene prior to bur or other traumatte	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)	Artey,	Disease	
requires that the deat ween signed by the atte of Health and Mental shows any Injury,	4: MEDICAL CE	PART II. Other significant condition Orlinary Demen	s contributing to death but not resulting in	the underlying cause given in §	Part I. 24s, WAS AN AUTOPSY PERFORMED? 1 YES 2 MAO	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: The law this certificate has b with the State Dept.	IYSICIAN:	25. WAS CASE REFERRISO TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH		25. PLACE OF DEATH (Cho. OTHER: 4 Mursing Home S - Residence (Other (Specify)	
The this	D BY PHY	1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be	28s. DATE OF INJURY 28s. TIME (Month, Day, Year) 28s. TIME INJU 28s. PLACE OF INJURY — At home, farm, at building, etc. (Specify)	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR 28f. LOCATION (Simel and Number or City or Town, State)	
L OR L DIRI 2 hour	COMPLETE		CIAN: To the best of my knowledge, death occurred		to the ceuse(a) and manner as stated.	
TO THE MESPITAL TO THE EMPERAL De filed within 72 IMPORTANT: If	то ве со	296. SIGNATURE AND TITLE OF CERTIFIED	W	29c. LICENSE NUM		ause(a) and manner as stated.
	F	30 NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 15)	HOLIBIK	D AVE 2	1222
	5	JUN 0 9 1993 4	ula Saindry Randalle			

020	physicia
BALTIMORE, MARYLAND 21215-0020	ed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
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ND 2	hospital
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MAR	retained
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ALT	death.
8	after
	hours
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,092	within
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	REGISTRAN				CHIL	ICALI	C OF	DEA	I H		REG. NO.			
97	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Marga	aret A	lice Bar						6				7.15 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	220-44-4168		1 M 2 1 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year) 8 C	7	Count	
- 8	9a. FACILITY NAME (If not ins		9b. CITY	. TOWN (OR LOCATI	ON OF DE	FATH	8 (_	INTY OF (Md.			
Œ	7 Aimmor Ci-													
5	7 Airway Ci	EDENT CCT6				Ь		<u>'owsc</u>	n			E	Balti	more
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
12	Md.	Bal	ltimore				Поста							LIMITS?
	10e. STREET AND NUMBER		LCIMOLC				Tows	ZIP COD	-			10a CIT	TEN OF	WHAT COUNTRY?
FUNERAL	7 Nimmer Cir	1-					1 "					iog. Cit		
N.	7 Airway Cir	CTE	40 1100 000000						286					S.A
F	1 Never Married 2 1	Married		YES 2	NO	13.	WAS DEC	ENDENT C	F HISPAN n, Mexica	NIC ORIGIN In, Puerto I	? (Specify Yea Rican, etc.)	or No-	14. RAC	E — American Indian, k, White, atc.
B	3 Widowed 4 Divon		IF YES, GIVE V	MR OR DATES			1 TYES	2 NO	Specify	у.			Spec	elly:
									White					
2	(Specify only	highest grade c	completed)	16a. I	(Give kind of	work done	during mo	ON st of workin	g	16b	KIND OF BUS	INESS/IN	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) Clerical Supervisor Federal Government 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Federal Government 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 19. KIND OF BUSINESS/INDUSTRY Federal Government 18. MOTHER'S NAME (First, Middle, Maiden Sumame)														
MF	12				Cleri	cal	Supe	rvis	or		Feder	al (over	nment
응	17. FATHER'S NAME (First, Mic		_								Middle, Maiden			
BE	Charles	Fairf	fax Patt	erson				D	orot	hea	L. See	boeh	ım	
01	19a. INFORMANT'S NAME (7)	pe/Print)			19b. MAILING	ADDRESS	S (Street a	nd <i>Number</i>	or Rural F	Floute Numl	oer, City or Town	n, State, Zij	p Code)	
F	John F. Patt	erson			4305	St.	Paul	Str	eet.	Balt	imore,	Md	212	18
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion	ON		20b. PLAC	E AND DATE	OF DISPOS	SITION (Na			DAT			City or To	
	4 Donation 5 Other	1 3 ∐ Ramon Specify)	val from Stata	cemetery, d	top S	ther place)	CO (orn	6/9	103			100	
	21. SIGNATURE OF PUNERAL	BERVICE LICE	None /		LOP D			ID ADDRE				TOWS	on,	Ma.
	1 X	111	12/1	1							1 Home	Inc		
	dot	ور به	7 200	-		10	50 Y	ork	Rd.	Tows	on, Md	. 21	204	
	23. PART I. Enter the dis	eases, or co	omplications the	t caused tha	death. Do r	not antar	tha mo	da of dy	ng, suci	h aa cerd	liac or reapi	ratory ar	rest,	Approximata
- 1	IMMEDIATE CAUSE (Fina		ist only one cau	se on each iii	na.		1							Interval Between Onset and Daath
	diseese or condition		ne	oo tic	+	ar	1111	0						71/21126
ŀ	resulting in death)	a .	DUE TO	OR AS A CONS	EQUENCE O	Pi:	000							XIZUES
-			met	10/1	tic o	Sm	201	10	100	0 0	and	M	TYXC	2 200
ō	Sequantially list condition		DUE TO	(OR AS A CONS	EQUENCE OF	D:		A /				01/0		4- 440
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN			•		,		Chi	M	6				j ' '
윤	CAUSE (Disease or in)ur that initiated events	у 🕻 с.	DUE TO	(OR AS A CONS	EQUENCE OF	F)·		v	-6	5				
E	resulting in deeth) LAST			(,,								i
英		d.												
	PART II. Other significen	t conditions	contributing to	death but not	reauiting	in the un	darlying	Cause (iven in	Part i.	24a. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
EDICAL										1,000	PERFOR		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā										- 1	1 YES 2	□ NO		OF DEATH?
Σ														1 TES 2 NO
PHYSICIAN:														
3	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:					ACE OF D	EATH (Che	eck only on	e)			
Š	1 TES 2 NO		1 Inpetient 2	ER/Outpatient	3 DOA	OTHER 4 Num		5 □ Ra	sidenca	8 Other	r (Specify)			
ξl	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	JRY AT			CRIBE HOW IN	JURY OC	CURED	
BY F	1 Netural 5 P	ending restigation	(Moran, D	ay, rear)	INJ	URY M	1 Y	ES 2	NO					
	2 Cutate		28a. PLACE O	F INJURY — AI	home, larm, s	street, fact	ory, office			28f. LOC	ATION (Street a	nd Numbe	r or Rumi I	Poute Number
		ould not be etermined	building,	etc. (Specify)				a 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u> </u>	29a, CERTIFIER				_									
<u>ē</u>	(Check only		IAN: To the best of											
COMPLETED	2 MEDIC	AL EXAMINER	On the basis of a	camination and/o	r Investigatio	n, in my o	pinion, d	esth occur	ed at the	time, data	and place, and	due to the	he cause(s	a) and menner as stated.
<u></u>	201. BIGNATURE AND TITLE	OF DENTIFUED		S S				29c. LICE	NSE NUM	ABER	, 1	29d. DAT	E SIGNED	(Month, Day, Year)
0	(K)	VAIC	OU H	100				N	DRS	501			[0]	767
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED	DEATH /IT	EM 27) (Tuna	Print)			201	9/	7		VI	7/33
	-				=+ j (1jp16,								•	
1														
	Ruth Kantor		6701 1	. Char	les S	t. To	owso	n, M	d. 2	1204				
	Ruth Kantor 31. DATE FILED (Month, Day, 19	ear)	32. BEGISTRA	N. Char R'S SIGNATURE		100	owso	n, M	d. 2	1204				



13 1 D F STATE REGISTRAR

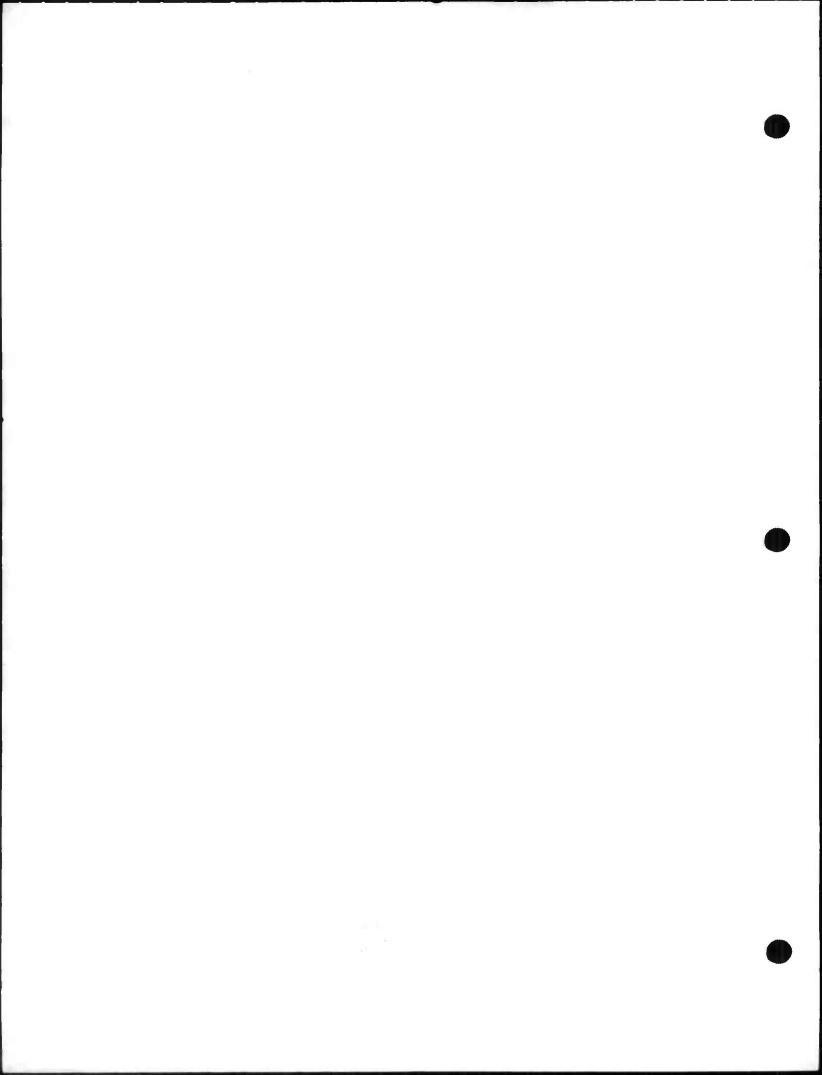
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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Cromwell Maxine Jackson 06 00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (S 215-82-1993 1 M 2 F 30 10-29-1962 νа use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4900 Queensberry Avenue 21215 USA 12. WAS DECEDENT EVER IN U.S. VARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES COMPLETED BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify. **Black** 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INOUSTRY be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Rooseve 1t Jackson Winnie Chambers funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)
4900 Queensberry Avenue Baltimore, Md 21215 2 Winnie Weddington pe 20a. METHOD OF DISPOSITION

1 A Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must etery, cremetory or other place) King Memorial Park 4 Donation 5 Other (Specify) 61093 Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY MARCH F/H West 4300 Wabash Avenue systician and completely filled in by the prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Stab Wounds DUE TO (OR AS A CONSEQUENCE OF): resulting in death) traumatic event, CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate been signed by the attending physician of. of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 KES 2 NO YES 2 | NO PHYSICIAN: certificate has being the State Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO PHYSICIAN: 1 | Inpatient 2 | XER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF with t 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 06 07 1993 0005^M 1 YES 2 NO BY After death 2 Accident Subject stabbed OR ATTENDING TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after dea IMPORTANT: If item 28 is m 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide <u>inside a dwelling</u> 2841 W. Garrison 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 2 O.C.M.E 0.6 07 1993 July Devices HARTS HONATURE 111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

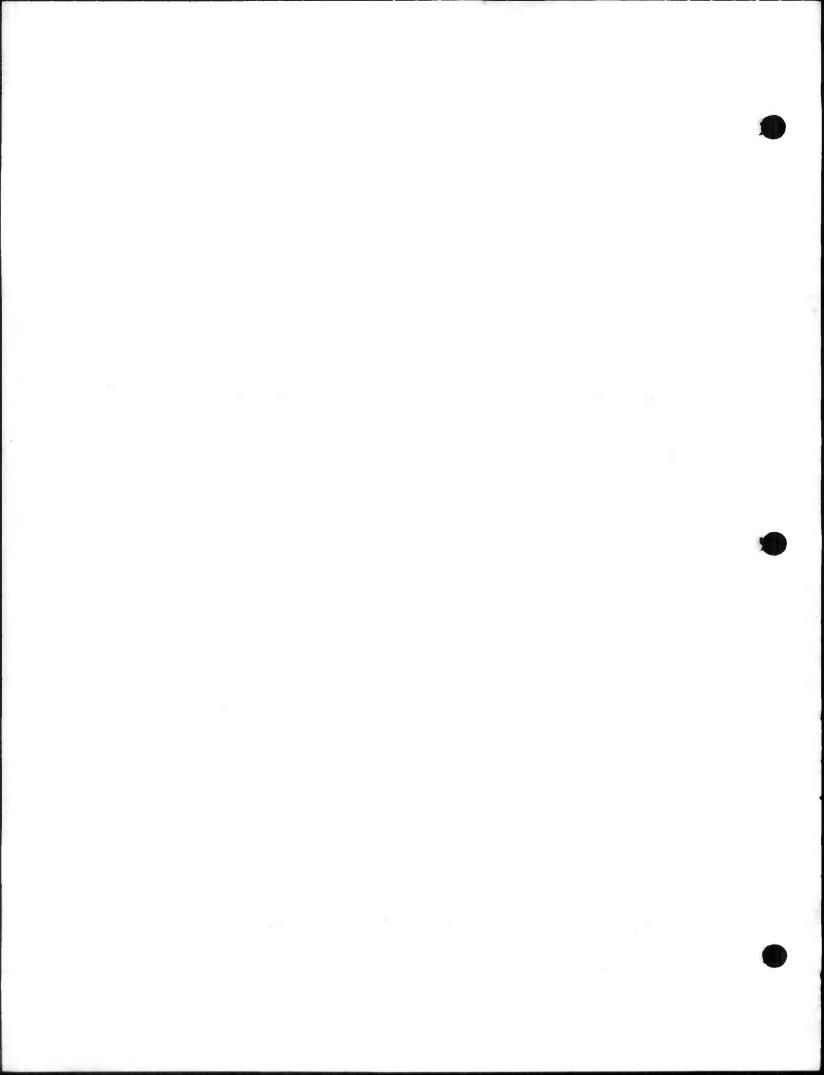


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH eth. 06 515 ant 93 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) HOURS 1 M 2 Q4 YRS. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT more 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced the 38 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY nse (Specify only highes ntary/Secondary (0-12) ò College (1-4 or 5+) lighnow detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WALTER PHILLIPS Ħ 8 JULIA PHILLIPS BE 5 should notified MANT'S NAME (Type/Print) or, Rural Route Town, State, Zip Code 2 open Westley 5 page pe BALTIMORE METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATES 20c. LOCATION ours after death. Page 6 ma must the funeral director, Cremation 3 🗌 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERNICE LICENSEE examiner medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate interval Betw IMMEDIATE CAUSE (Final **Onset and Death** event, the disease or condition_ resulting in death) executed within DUE TO (OR AS A CON neumony traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury VTENDING PHYSICIAN: The law requires that the death certificate be other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **MAJLABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 36. PLACE OF DEATH (Check only one) mis certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 YES 2 THO 5 - Residence & Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) PLAN OR ATENDE ENAL BREEDER: A 0.72 hour after of COMPLETED Could not be 4 Homicide IMPORTANT: IT Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EX 5: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. THE PERSON SHEET S 29b. SIGNATURE AND TITLE BE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER Mis 222 2 30. NAME AND RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pa Allen settlen A REASTAR'S SIGNATURAL

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use as the burial-transit permit. Pages 1, 2, 3 should

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	PLIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	THE UNRESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	in the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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93 16515 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ARK 210 A. 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 2.76 1 X M 2 - F 216-01-YRS. 1909 Maryland 9e, FACILITY NAME (If not instit 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NUISING +REHAD HOWART DIRECTOR ORIEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore Halethorpe 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 1911 Monumental Avenue 21227 USA 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 YES 2 XNO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 🛛 Widowed 4 🗌 Divorced white COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Machine Operator Glass 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Griffith Clark notified at Mary Elizabeth Knott BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Joseph S. Clark 5512 Bluecoat Lane, Columbia, Maryland 21045 90 20e. METHOD OF DISPOSITION

1 [X] Buriat 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE must Loudon Park Cemetery 6/11/93 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spr. Rd. Arbutus, Md. 21227 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) hour Cerebro vascular event, DUE TO (OR AS A CONSEQUENCE OF): or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TES 2 NO BE COMPLETED BY PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be item 28 4 Homicide 29a. CERTIFIER
(Chack ank)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) and manner as stated. MPORTANTAL 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 34613 M **▶** 6 93 en 8 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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22. REGISTRAR'S SIGNATURE

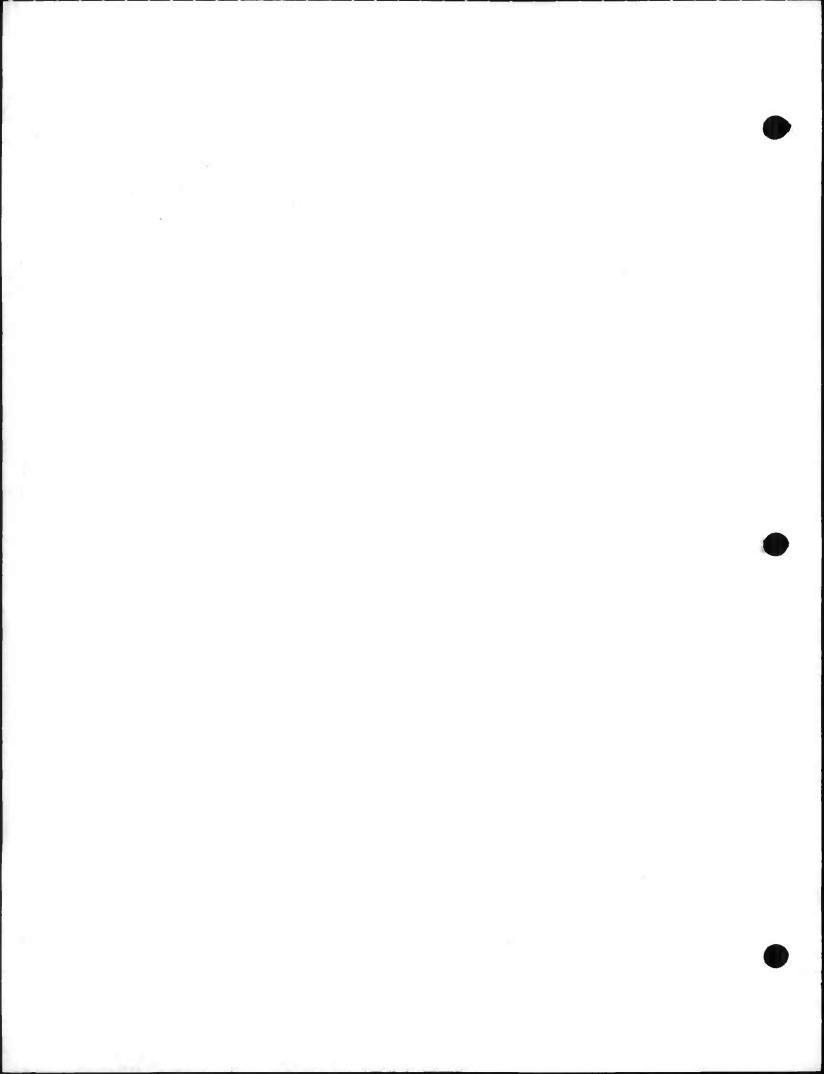
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEOENT'S NAME (First, Middle, La							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
	MA				06 08	6 A.M. M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest			IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	HPLACE (State or Foreign itry)				
	220-07-4292	1 □ M 2 🔀 F 84	YRS.	MONTHS DAYS	HOURS MIN.			RYLAND			
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DEATI	н	9c. COUNTY OF	DEATH			
O.	GREENERY EXTEN		ER	В	ALTIMORE						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY				
	MARYLAND				ALTIMORE			LIMITS?			
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
	1 WEST CONWAY STREET			1	21201		US	A			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI				CENDENT OF HISPANIC		or No.— 14. RAG	CE — American Indian, ck, White, etc.			
BY F	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES				ecify Cuban, Maxican, F	Puarto Rican, atc.)	cify:				
	3 Wildowed 4 Divorced	1				_	WHITE				
COMPLETED	15. DECEDENT'S E (Specify only highest gi	16a. DECEDENT'S (Give kind of life, Do NOT us	USUAL OCCUPATION work done during me	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY					
"	Elamentary/Secondary (0-12)	College (1-4 or 5+)		JSEWIFE							
M	17. FATHER'S NAME (First, Middle, Last)	12TH			10 MOTHER'S NAME	AME (First, Middle, Meiden Surname)					
ö	UNKNOWN					VKNOWN	surrienter				
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Rou		, State, Zio Code)				
2	DENNIS PERZYNS	KT	200 100 100 100	the second second	ROAD, WEST			D 21157			
	20s. METHOD OF DISPOSITION	200	D. PLACE OF DISPO				CATION — City or				
	1X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specily)	lemoval from State	other place) ew Catheo	dral Cem	etery 6/9	9/93 BALT	TIMORE,	MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	()		NO ADORESS OF FACIL						
	A. ALAN SEITZ, JR. FUNERAL HOME										
	23. PART I. Entar the diseases,	or complications that ceuse	d the death. Do	not enter the mo	ROLAND AV	FNUE RAI	ratory arrest,	MD 21211			
	shock, or heart failure. List only one cause on asch line.										
	disease or condition MVOGardis Lateration Lac										
	resulting in death) DUE TO (OIL AS A CONSEQUENCE OF):										
z	And the second s										
원	Sequentially list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury the Injury Due to (OR AS A CONSEQUENCE OF):										
E	that initiated events resulting in death) LAST	A CONSEQUENCE O	F):	sie			Yrs.				
CERTIFICATION	resulting in death) LAST A or tie stemosis Yrs.										
CAL	PART II. Other significant condi							Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	Ler	cular	- As	ci den	1 UYES 2		COMPLETION DF CAUSE OF DEATH?				
ME					_		1 - YE\$ 2 - NO				
ż											
PHYSICIAN: MEDI	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YSI	1 TES 2 NO	1 Inpatient 2 ER/Out		4 Nursing Hor	ne 5 🗆 Rasidence 8						
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY W	ORK?	sd. DEŞCRIBE HOW II	NJURY OCCURED				
BY	2 Accident Investigation 28e. PLACE OF INJURY — At hor				YES 2 NO						
	3 Suicide 8 Could not 4 Homicide determine	r — At nome, term,	street, factory, one		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	- C-										
COMPLETED	29s. CERTIFIER (Check only one) (Check only one) (Check only one) (Check only one)										
0	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Morith, Day, Year)							EO (Month, Day, Year)			
2	20 NAME AND ADDRESS OF BETTSON	WWO COMPLETED CALLES	EATH OF THE STATE OF	Defect)	101.	110	-010	112			
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1101 N. Calvert St. Baltimore, Ma. 21202										
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE				,				

• 1 Transfit Lord nit. No. 19 No. 10 Percent and Advanced to the Control of the Control o IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSSTINE TO THE FUNETAL De filed within The

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	John J.	DeVincen	t		2. DATE OF DEATH MONTH D	NY YEAR 04 1993	3. TIME OF DEATH			
DIRECTOR	4. SOCIAL SECURITY NUMBER 215 01 6480	15 01 6480 1 ⊠ M 2 □ F 78 YR			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/12/19	8. BIR'	THPLACE (State or Foreign ontry) est Virginia			
	Manath Barrell Brown Branch				urnie	R LOCATION OF DEATH 9c. COUNTY OF DEATH					
	Maryland Ani		ry, town on Local asadena	TION		10d. INSIDE LIMITS 1 YES					
FUNERAL	100. STREET AND NUMBER 7940 Royal Mint	10	101. ZIP CODE 10g. CITIZEN OF WHAT 21122 U.S.A.								
TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 XNO ATES	If yea, sp	CENDENT OF HISP/ ecity Cuben, Mexic 2 NO Spec	Bla	No- 14. RACE - American Indian, Black, White, etc. Specify: White					
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	18a. DECEDENT'S (Give kind of life. Do NOT us		ON st of working	16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Last) Emilio DeVincent				-	Maryland Paper Box NAME (First, Middle, Maiden Surmame) nna Marie Lombardi					
	19e. INFORMANT'S NAME (Type/Print) Charles DeVince	nd Number or Rural	Route Number, City or Town, State, Zip Code)								
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donestion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commence of comm										
	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225										
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or commissions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death Approximate interval Between Onset and Death Due To (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due To (or as a consequence or):										
	PART II. Other significant conditions contributing to doeth but not resulting in the underlying cause given in Part I. Conjutive Heart Particulary Performed? 1 yes 2 DMO 1 yes 2 DMO 1 yes 2 DMO										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 PROBLEM 1 PROBLEM 1 PROBLEM 1 PROBLEM 2 PROBLEM 1 PROBLEM 2 PROBLEM 2 PROBLEM 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify										
	27. MANNER OF DEATH 1 Watural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 Y							
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	пуј			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE	29th SIGNATURE AND TITLE OF CRITIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 (966) 6 (5(3)										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thickel Schwattis (006 Handout Lave Backs ord Z122)										
2	JUN 0 9 1993	32. DEGISTRAJES SIGNA	A fandell			V					

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_	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last)	NAME (First, Middle, Last) WITTITAM RENITAMEN DIDM TTT 2. DA					DATE OF DEATH DAY	Q 2 YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX. 8.	_	rs. last birthday) IF I	NOER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	- Co	RTHPLACE (State or Foreign puntry)
hould	TOR	183-14-2142 90. FACILITY NAME (If not institution, give	1 M 2 F		YRS.		R LOCATION OF DEATH	6-5-1	()	aryland
1, 2, 3 s		Stella Maris 1	tospice		10	w.son	MD		Baltin	nore
n 5 tage	DIRECTOR	10e. STATE 10b. COUNT Maryland Balt	v imore			www.orlocat	ION	-		10d. INSIDE CITY LIMITS?
t permit.		10e, STREET AND NUMBER		_	2010.		. ZIP CODE			1 TYES 2 TO NO
0 sician. lal-transi	FUNERAL	1713 Kennoway Rd	12. WAS DECEDENT EN	/ER IN U.	S. ARMED	13. WAS DEC	21234 ENDENT OF HISPANIC O	RIGIN? (Specify Yes o	U.S.A	ACE — American Indian,
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should call examiner must be notifiled at once.	TO BE COMPLETED BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 PA	OR DATES			ecify Cuben, Mexicen, Pu 2 NO Specify:	erto Rican, etc.)	Sp	pecify: Thite
2121 For after		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16	(Give kind of work of life. Do NOT use reti	AL OCCUPATIO done during mos red.)	N st of working	18b. KIND OF BUSII	NESS/INDUSTRY	Y
AND the hospital detached if		17. FATHER'S NAME (First, Middle, Last)	4 yrs		Salesman	1		Sal		
YLA d by the id be de		William Benjamin Durm Jr.					Agnes	irst, Middle, Meiden Surneme) Viehmyer		
		19e. INFORMANT'S NAME (Type/Print) Mary Ann Durm					nd Number or Rural Route y Rd. Balt			
BALTIMORE, s after death. Page 6 may be by the funeral director, page emoval.		20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	20b. PL	ACE AND DATE OF DIS ry, cremetory or other po KWOOD CET	SPOSITION (Nai			kyille	
ALTIM death. Page e funeral dire u,		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		kwood cel	22. NAME AN	D ADDRESS OF FACILIT	Υ		
BAI rs after dea n by the fur removal,	_	Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate								
Do or a		ehock, or heart fellure. IMMEDIATE CAUSE (Finel	List Dnly Dne ceuse	on each	ilne.	inter the mor	de Di dying, auch aa	Cerdiec Di reepira	itory erreat,	Approximate intervel Between Onset and Death
760, ed within 24 completely fills al, cremation, event, the		disease or condition resulting in death)	a. Colon Cancer Due to (or as a consequence of):							
OX 68760, e be executed within sician and completely infor to burlal, cremar traumatic event,	NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):							
A great in trans, leading to immediate										
S, P.O. B(death certificate attending physiental Hygiene printy, or other ta	ERTI	that initiated events esuiting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
	AL	PART II. Other algnificent condition	ns contributing to dec	oth but r	not resulting in th	e underlying	cause given in Part	I. 24e. WAS AN AI PERFORM		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
L RECOR law requires that as been signed by Pept. of Health an	MEDIC							1 TYES 2	₫ NO	OMPLETION OF CAUSE OF DEATH?
AL R he law re thas bee e Dept. o	SICIAN	25. WAS CASE REFERRED TO MEDICAL		_		26. PL	ACE OF DEATH (Check o	nly one)		
F VITAL SICIAN: The lav certificate has h the State Dep d, or item 23		EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		mt 3 🗆 DOA 4 🗆	HER: Nursing Home	5 - Residence	Other (Specify)	rospice	
ON OF DING PHYSICI After this cer death with th	ВУ Р	1 Netural 5 Pending Investigation	28e. DATE OF INJI (Month, Day, Y		28b. TIME OF INJURY	M 1 Y		I. DEŞCRIBE HOW INJ	URY OCCURED	,
DIVISION OR ATTENDING I DIRECTOR: After hours after death	ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — I (Specify)	At home, ferm, street	, fectory, office	281.	LOCATION (Street and City or Town, State)	d Number or Run	rel Route Number,
DIN TAL OR AL DIRE 72 hours If item	Z Z Z = 1 U (Chick only)									
THE STATE AND TITLE OF CRITIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end men men mental end of the cause(s) end mental end of the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner ee attated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end men end of the cause(s) end										
TO TH TO TH De file	PRE 1 20 C. LICENSE NUMBER 20d. DATE SIGNED (Montp. Day. Voir Day. Noir Day.									7/93
	3									
		JUN 0 8 1993	JUNIA DEVIDENT	SIGNATUL Language	dill					

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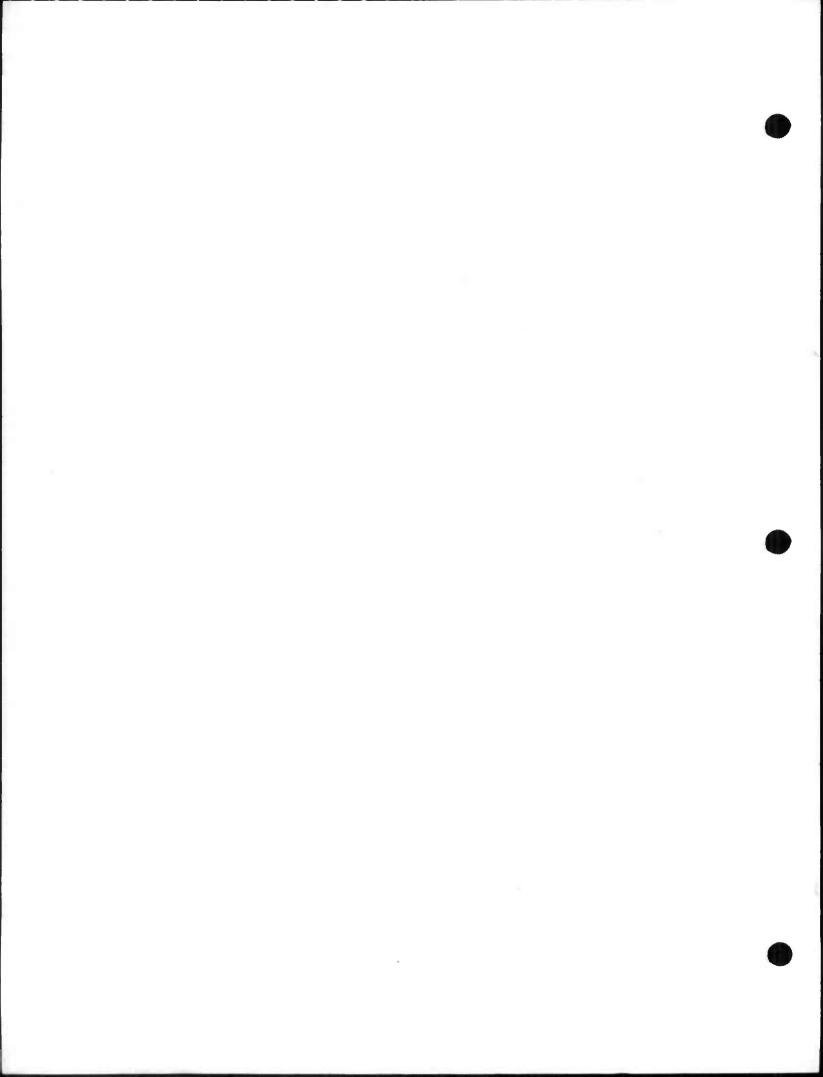
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	/ DEPAR ERTIF					MENT	AL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	,						_	****	TE OF DEATN		3.	TIME DF DEATN	_
	JAMES	MICH				ELLIS, SR 05			3"	1 9	9°53" 8	3:10 A	Ju-	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DAT	TE OF BIRTH onth, Day, Year)	- 1	8. BIRTHPLA Country)	ICE (State or Foreign	
	577-70-7490	1 X XM 2 □ F	42	YRS.	PETIDO.	1 2 112			_	-13-19	51	Mary	1and	
æ	9a. FACILITY NAME (If not institution, give :		3.DE E			Y, TOWN O		ON OF D	EATH			Y OF DEAT		
FUNERAL DIRECTOR	5361 HARPERS F	'ARM RD.	APT.5		CO	LUMI	BIA				HOW	ARD (COUNTY	
4EC	10a. STATE 10b. COUNT	TY		10c. CIT	TY, TOWN	OR LOCAT	ION					104	I. INSIDE CITY	_
DIE	Maryland Howa	ard Coun	ıty	1	Colu	ımbi	a						LIMITS?	
A	10e. STREET AND NUMBER					-	ZIP CODE	E			10g. CITIZE		COUNTRY?	_
ÉH	5361 Harpers F	Farm Roa	id, Apt	5. 5			210	044				US	A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FDRCES? 1	T EVER IN U.S. AR	AMED NO	13.	WAS DECI	ENDENT C	OF HISPAN	NIC DRIG	GIN? (Specify Yes o Rican, etc.)	or No- 1		American Indian, hite, atc.	_
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES				D Pricari, etc.)	- 1	Specify:		
	15. DECEDENT'S EDU	UCATION	16a, DI	ECEDENT'S	I IISIJAL C	VCC11DATIC	241		Ta	A KIND OF BUK	The state of the s		white	_
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +	(G	Give kind of a Do NOT us	work done	during mos	st of workin	ng	1	6b. KIND OF BUS	INESS/INDU:	STRY		
P	manage houseman to set	2+	+)	unse						Rehab	ilit.	atio	n Cente:	7
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First	, Middle, Malden		auto	II CEITUE.	_
BE C	James Samuel	Ellis				J				ucille		7.		
10 B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				mber, City or Town				-
F	Ms. Betty Elli	is								olumbi			44	
- 1	20s. METNOD OF DISPOSITION	noval from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Ner			_		CATION - CH			_
	4 Donation 5 Other (Specify)		cemetery, cre	tlar	wn M	lem.	Gdr	n	6-1	3-93 M	arri	otts	ville,M	D
	21. SIGNATURE OF FUNERAL SPINICE LIC	CENSEE /	/		22.	NAME AN	ID ADDRES	SS DF FA	CILITY	l Home				
	1 phundalle		//MO	0535	5	E11:	icot	++ 0	71+5	v Mar	wlan.	2 21	043	ì
1	23. PART I. Enter the diseases, or a hock, or heart fallure.	complications that	t caused the de	eath. Do r	not enter	the mor	de of dyl	Ing, auc	h as ca	rdiac Dr reapli	ratory arres	nt,	Approximate	-
	IMMEDIATE CAUSE (Final	List only Due can	se Dn each into).									interval Between Onset and Daath	
	disease or condition resulting in death) a. NORTRIPTYLINE INTOXICATION													
			(DR AS A CONSEC											
NO	Sequentially flat conditions,	b												
ATI	If any, laading to immediate cause, Entar UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	F):									
J.	CAUSE (Disease or injury	c	(DR AS A CONSEC	OHENCE O	Ε.									
CERTIFICATION	that initiated events resulting in death) LAST		(D): NO N 00.10_0	JUENOL C.	r);									
		d												-
CAL	PART ii. Other aigniticant condition	ns contributing to	death but not r	eaulting	In the ur	nderlying	cause g	jiven in	Part i.	24a. WAS AN / PERFORI			RE AUTOPSY FINDINGS	
										1 YES 2		CON	ALABLE PRIOR TO APLETION OF CAUSE DEATH?	
ME													YES 2 NO	
PHYSICIAN: MED													•	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE DF DE	EATH (Che	ack only (one)				
IYS	1 XYES 2 NO 27. MANNER OF DEATN	1 🗆 Inpatient 2 🗆			4 🗆 Nun	sing Nome		sidence	a 🗆 Oti	ner (Specify)				
4	1 Netural 5 Pending	28e. DATE DF (Month, Da	lay, Year)	2.0	JURY	28c. INJU WOR	RK?		28d. DF	EŞCRIBE HOW IN	JURY OCCU	RED		
B	2 Accident Investigation	5-31-9	- 0	12:3			'ES 2 💢	NO	SUBJ		STED NO			
	3) Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At horate. (Specify)	mir, sarre, a	Street, reco	ory, office			Cit	CATION (Street at y or Town, State)	nd Number or 5361 Ha	Rural Route	Number, Farm Road	
COMPLETED	290. CERTIFIER	0	HOME						Apt.	5 Columb	oia. MD			
MP	(Check only 1 CERTIFYING PHYSI	ER: On the best of a	my knowledge, der	ath occurre	ed at the th	ime, data r	and place,	, end due	to the cr	euse(s) and mani	ner as atated.			
8	2 X MEDICAL EXAMINE		amination and/or i	nveatigatio	n, In my o					is and place, and	dua to the o	cause(s) and	manner as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIES	-						ENSE NUM			29d. DATE S	IGNED (Mor	nth, Day, Year)	٦
ē I	TO MAKE AND PROPERTY OF PERSON WA	/1/21	-				<u> </u>	C.M	. · E ·		0-	1-19	93	
	36. NAME AND ADDRESS OF PERSON WHI	XOAN CAUS				Stre	eet,	Ва	lti	more,	Mary	land	21201	
JUN 0 9 1993 July Deviden Ronde									7					

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/14/93



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0	cuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	d completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should interpretation or semantic.
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BALTIMORE, MARYLAND 21215-0020	ay be	page
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DIVISION OF VITAL RECORDS, P.O. BOX 6

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up to filed within 72 hours after death with the State Deot; of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYG					
1	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH		
	CATHER	ZINE W	EAR	HAR	<i>T</i>	MONTH .	DAY	YEAR	12:50 M		
l W			rrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	Month, Day, Ye.		8. BIRTH Countr	PLACE (State or Foreign		
1	213-74-2772	1 M 2 1 9	VRS. MO	MONTHS DAYS HOURS MIN. (Month, Day, Year) 7 - 23 - 62					MARYLAND		
_	90. FACILITY NAME (If not institution, give stree	et end number)	96	CITY, TOWN OF	LOCATION OF DI			NTY OF D	EATH		
DIRECTOR	ST. JOSEPH S	HOSpita,		TOU	W504		N	100	1 land		
l m	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY										
ā	Maryland Bal	ltimore	Balt	imore					LIMITS? 1 YES 2 XNO		
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?		
FUNERAL	423 Elmwood Rd.				21206		US	SA			
1	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN U. FORCES? 1 YES	.S. ARMED	13. WAS DECE	NDENT OF HISPAI	IIC ORIGIN? (Specif n, Puerto Rican, atc	y Yes or No—	14. RACE	— Americen Indian, , White, stc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES 2	NO Specif		·'	Speci	White		
	15. DECEDENT'S EDUCAT	ION 1	se. DECEDENT'S USU	IAL OCCUPATION		16P KIND OF	BUSINESS/IND	HETM	MILTE		
E	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most tired.)	of working	IOU. KIND OI	DOSINESS/IND	OSINI			
APL	8		Housewif	e		Hou	sekeepi	ina			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mi		-115			
BE (Walter Wilmer				Caroli	ne Comfo	rt				
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City o	Town, State, Zip	Code)			
	John A. Earhart, S			mwood R		to., Md.	21206				
	20e, METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Remova	il from State 20b. PL	ACE AND DATE OF D ty, creptetory or other arkwood	ISPOSITION (Nem place)	_		LOCATION —				
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		arkwood		ADDRESS OF FA		Baltimo	ore,	Maryland		
	4 , -			22. NAME AND	ADDRESS OF FA	CILITY	, 134	1/0	MAD		
- 3	Lander time	rol Hom		140	112e11	An Ka	. 21	23	6		
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition	nplications that coused to it only one cause on each	ne danth. Do not			-0	espiratory arr	est,	Approximate Interval Between Onset and Death		
	resulting in death) a. Claute Projon as a Consequence of										
_	- arterioscleratio Condintescular Al										
2	Sequentially flat conditions, if any, leading to immediate	DUE TO JOR AS A CO	INSEQUENCE OF):	- CC	une	coon	-ceeu		cone_		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury								! !		
ᄩ	that initiated events resulting in dasth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
CERTIFICATION	resorting in destri) LAST										
AL C	PART II. Other significent conditions of	contributing to death but	not resulting in ti	ha undarlying	ceuse given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
							S 2 D NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						_ '''	3 2 2 110		OF DEATH? 1 YES 2 NO		
ž						_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			CE OF OEATH (Ch	eck only one)					
\SI	111	☐ Inpetient 2 ☐ ER/Outpatie		THER: Nursing Home	5 - Residence	6 Other (Specify,					
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF		RY AT K?	28d. DESCRIBE H	OW INJURY OCC	CUREO			
à	1 Natural 5 Pending 2 Accident Investigation				S 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office		28t. LOCATION (St City or Town, S	reet end Number Itate)	or Rural A	oute Number,		
COMPLETED	29e. CERTIFIER										
MP	(Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge									
8		On the basis of examination er	na/or investigation, in	i my opinion, dea	th occured at the	time, date end plac	e, end due to Ih	e cause(e)	end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2	41 11	1	29c. LICENSE NUN	IBER	29d. DATE	BIONED	(Morth, Day: Year)		
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CHISE OF DEATH	VITEM 27) (Torse Dais	ノ、 I	010	172	-6	19	143		
	DEATOIN D	1)/70	1 1	2	of W	enci Ti	RA		20/		
	31. DATE FILED (MPRIT), Day, Yagr)	32. REGISTRAR'S SIGNATU	IRE .	1	14 - 140	yura	Vou	307	r, ma.		
	31. BATE FILES (MONT), 00, 19, 1993	Julia Tavidson	- Rondess		-	-					

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9c. COUNTY OF DEATH

S

16b. KIND OF BUSINESS/INDUSTRY

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

1:20

6. BIRTHPLACE (State or Foreign Country)

W. Virginia

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 TYES 2 NO

White

P

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Mgnth, Day, Year)

6/2/23

DATE

28c. INJURY AT

1 YES 2 NO

29c. LICENSE NUMBER

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rial, cremation, or removal.

notified at

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other traumatic event,

CERTIFICATION

PHYSICIAN: MEDICAL

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MPORTANT: II

27. MANNER OF DEATH

5 Pending Investigation

8 Could not be

detarmined

Alexanderro

1 Natural 2 Accident

3 Suicide

4 Homicide

(Check only one)

Carla

JUN 0 9 1993

296. SIGNATURE AND TITLE OF CERTIFIE

ending physician and cor. Hygiene prior to burial,

MERAL DRECTOR: After this certificate has been signed by the attending physician is then 72 hours after death with the State Dept. of Health and Mental Hygiene prior to NT: If Item 28 is marked, or Item 23 shows any Injury, or other traum.

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IISION OF VITAL RECORDS, P.O. BOX 68760,	pacuted
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SPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) GENEVIEVE ELLEN ETHEM 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. 235-30-0133 Da. FACILITY NAME (If not instit 96. CITY, TOWN DR LOCATION OF DEATH DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Batlimore FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 6201 McClean Blvd <u> 21214</u> 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cubsn, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 ND BY 1 TES 2 ND Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12th grade Personnel Clerk 17. FATHER'S NAME (First, Middle, Last) Oscar Keckley 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah E. German 1801 Manchester Road 20s. METHOD OF DISPOSITION
1 □ Burial 2 1 Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) _____ 20b. PLACE AND DATE OF OISPOSITION (Name of Crematory 6/7/93
22. NAME AND ADDRESS OF FACILITY Metro 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home Terá 8521 Loch Raven Blvd. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or hasrt fallure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** disesse or condition Static 1)eta 000 resulting in desth) DUE TO (DR AS A CONSEDUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): It sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (DR AS A CONSEDUENCE DE): that initisted events resulting in death) LAST PART il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND 1 | Inpatient 2 | ER/Outpetient 3 | DOA 5 Residence

28a. DATE OF INJURY (Month, Day, Year)

eya

WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

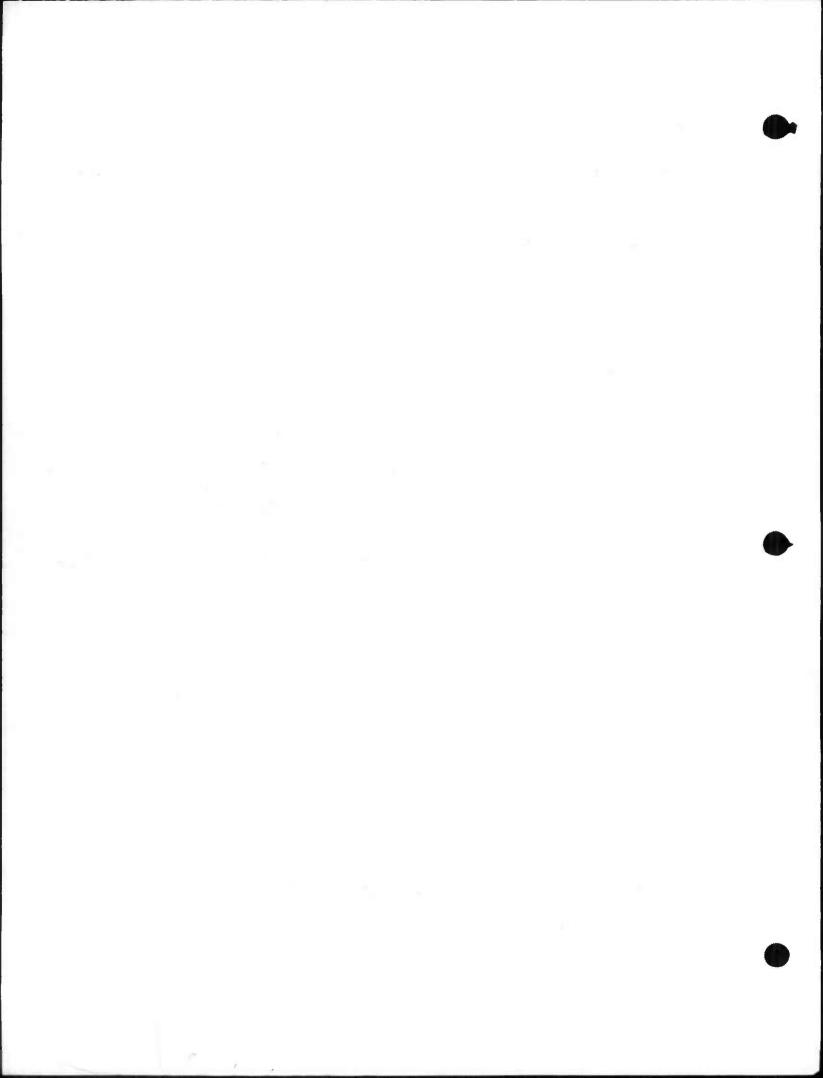
28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

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Merro Stella Maris Hospice

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Insurance 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daisy Shingleton Westminster, MD 20c. LOCATION -- City or Town, State Catonsville, Maryland Towson, 21286 Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TES 2 ND OF DEATH? 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 8 Other (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) -93



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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou
5	OR
	HOSPITAL
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	FOR STATE REGISTRAR	TATE OF	MARYLAND / DEPAR CERTIF	RIMENT OF H		MENTAL HYGIENE REG. NO.	70	it
1	1. DECEDENT'S NAME (First, Middle, Last)	M	Falik			2. DATE OF DEATH DAY	- 93	3. TIN
ш					7			

		1. DECEDENT'S NAME (First,	The state of the state of	am	Fa	lik					2. DATE OF I	DA		YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		5. SEX		(In yrs. last	birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	- Z		a. BIRTH	PLACE (State or Foreign
8		9a. FACILITY NAME (If not in:	an al a	1 □ M 2 🔀 F		82	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Di	4 19		Count	Maine
2, 3 should	OR	10050 Counse	elman						omac	OR LOCATION OF DE	EATH			nty of D	
	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	1			10c. CIT	r, TOWN	OR LOCA	TION				1	10d, INSIDE CITY
rit. Pag		Maryland	Mont	gomery			Pot	omac	;						LIMITS?
sit pern	RAL	100. STREET AND NUMBER	alman	Poad					10	20854			10g. CIT	USA	WHAT COUNTRY?
al-tran	FUNER	11. MARITAL STATUS	- IIIIII	12. WAS DECEDEN	IT EVER II	N U.S. ARN	IED			ENDENT OF HISPAN			or No-	14, RACI	- American Indian.
s the burial-transit permit. Pages	B	1 Never Married 2 3 Widowed 4 Divor		FORCES? 1						ecify Cuban, Mexica 2 2.NO Specify		1, e9C.)		Speci	white, etc. White
Yor use as	ETED		EDENT'S EDU- highest grade			16a. DEC	EDENT'S	USUAL O	CCUPATE during mo	ON ost of working	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
thed for		Elementary/Secondary (0-	-12)	College (1-4 or 5	+)		mema				F	Iome			
be detach at once.	COMP	17. FATHER'S NAME (First, Mi Rudolf E. I						•		18. MOTHER'S NA			Surname)		
s should b	BE	19a. INFORMANT'S NAME (7)				19b.	MAILING	ADDRES	S (Street a	Dora Da			. State. Zie	n Code)	
be not	5	Naomi Phelj								e East Se					11733
director, page 5 should be detached or must be notified at once.		20a. METHOD OF DISPOSITI 1 Burlal 2 Cremation 4 Donation 5 Other		over from State		PLACE AI				ardens	6/4	20c. 100		City or To	wn, State
e Tuneral der L examiner	1	21. SIGNATURE OF FUNERAL	SERVICE	ENGEE		/		17		ND ADDRESS OF FA		_			-
ed in by the funeral of , or removal. : medical examine:	<	Jan		N/e	w	De	_ ~			Pearson, Church,					
cremation		immediate cause (Final disease or sortdition resulting in death) Due to (or as a consequence of):												Onset and Deat	
niystean and con the prior to burial, or traumatic e															
Hygier of	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST d. d.													
Injury		PART II. Other signification	nt condition	s contributing to	death b	out not re	sulting l	n the u	ndertyin	g cause given in	Part i. 24s	. WAS AN		24b	WERE AUTOPSY FINDINGS
eatth a	EDICAL						_				_ [10	YES 2			COMPLETION OF CAUSE OF DEATH?
or of Health and Mental shows any Injury, o	Σ							- 12			-				1 YES 2 NO
State Dept.	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE		ACE OF DEATH (Ch	eck only one)				
e the	PHYSI	1 NVES 2 NO		1 Inpetient 2		patient 3	DOA 28b. TIM	_	rsing Hon	Ne 5 Residence					
death with s marked,	BY PI	1 Netural 5 🔲 I	Pending nvestigation	(Month, E			INJ	M	WC	YES 2 NO	28d. DESCRI	BE FIUW IF	DUNY OC	COMED	
after d	ETED		Could not be setermined	28a. PLACE C building,	otc. (Spec	(— At hom	io, farm, s	treet, fac	tory, affic	•	26f. LOCATIO City or To	N (Street a wn, State)	nd Numbe	r or Rural F	Route Number,
TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item	COMPL	anal .								and place, and due leath occured at the) and manner as stated.
ORTA	BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE		0					29c. LICENSE NUN	MBER	.	29d, DAT	E SIGNED	(Month, Day, Year)
E & C	5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Type	Print)	-2	NO8	,7 T/	>		5	2-43
1		John	1	aub	رو		8		8	(4),80	en s	a	4	se	Bethes
ν	15	JUN 0 9 1	993	Julia Davi	R'S SIGN	Pande	M.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.			
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE				3. TIME OF DEATH
	DOROTHY T	FRAZIER				JUNE	DAI A		YEAR	7.50 D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	ITH	1.9	A. BIRTH	HPLACE (State or Foreign
9	213-28-2471	1 D M 2 XF 6	2 YRS.	MONTHS DAYS	HOURS MIN.	1-29-3	Par)		Mar	ÿland
ا ہے	9a. FACILITY NAME (If not institution, give s	· ·			OR LOCATION OF DE	ATH			NTY OF E	
0	Greater Baltimore	ter	Towso	n.			Balt	timo	re	
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	10c CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
DIRECTOR	-	imore		nkton						LIMITS? 1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER 2 Manor Brook Road		101. ZIP CODE 2 1 1 1 1					S.A	WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS 0	ECENDENT OF HISPAN	IIC ORIGIN? (Spe	cify Yes	or No-	14. RAC	E — American Indian.
BY	1 Never Married 2 Nerried 3 Nidowed 4 Divorced	FORCES? 1 TYES	2 NO	II yes,	apecify Cuben, Mexica ES 2XXNQ Specify	n, Puerto Rican,			Spec	k, White, etc.
유	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND	OF BUS	INESS/INC		
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during ne retired.)	most of working	Dent	al:			ational
COMPLETED	12		Secretar	ÇY		неат	Enco	o Int	cerna	ational
ត្ត	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden S	Surname)		
BE	Richard Co	ulson T	odd		Mildre	ed E	liza	abeth	n L	inderwood
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural I	Route Number, City	or Town	, State, Zip	Code)	
F	Mr. John R. Frazie	er	same	as #10	a - #10f					
	20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem	20	b. PLACE AND DATE (OF DISPOSITION	Name of	OATE	20c. LOC	ATION	City or To	own, State
- }	4 Donation 5 Deter (Specify)	D	ulaney Va	alley M	em. Gdns.	6/7/93	Tin	noni	am, 1	Maryland
22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home,										
	Ernest L. Fe	-								21204
\neg	23. PART i. Enter the diseases, or	complications that ceuse	d the deeth. Do n	ot enter the r	York Rd.	h as cerdiec o	r respir	atory an	rest.	21204 Approximate
	shock, or heart fallure.	List only one cause on a	ech line.	1	1		0			Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	(andin	MAD.	10 10	en Kl	~ NO-	Ve			Onset and Death
	resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	7:0	-//	Vus				
z		. Mellask	afie	Tora	un ti	imes	5			
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:	.0		<u> </u>			
<u>১</u>	CAUSE (Disease or Injury	a Conci	nound	W /	Rew	7				
E I	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	n: ()		0				
ш	Tooling in dolling Exist	d								
C	PART II. Other significant condition	s contributing to desth	out not resulting I	n the underly	Ing cause given in	Part I. 24a. V	MAS AN /	AUTOPSY	246	. WERE AUTOPSY FINDINGS
CAL						-	PERFOR	MED?		MAJLABLE PRIOR TO COMPLETION OF CAUSE
MED						_ ['0	YES 2	100		OF DEATH?
						- 1		(THE ETHING
¥	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	ack only one)				1
PHYSICIAN:	EXAMINER?	HOSPITAL:	nestell 2 1 DOA	OTHER:				37/5		
Ë	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM		ome 5 Residence	28d, DESCRIBE		DIURY OC	CURED	
	1 Netural 5 Pending	(Mogth Day, I Year)	2 MINJ	URY	VORK?	NI	1/	-		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y At home, farm,	street factory, of	lics	28t, LOCATION	(Street a)	/ nd Number	r or Rural I	Nove Number,
	4 Homicide determined	building, etc. (Spe	OV ,	118		City or Town	, State)	1)	11	+
ا ت	29a. CERTIFIER	CIAN: To the best of my know	vlados danth conum	d et the time d		4-14		, ,	24	
COMPLE	one)	R: On the basis of examination								s) and manner se stated
_	296. BIGNATURE AND NITLE OF ICERTIFIES						100, 0110			
BE	h IIII	M			29c. LICENSE NUM	TO T	21	29d. DAT	E SIGNED	(Month, Day Year)
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF O	ATH OTEM 27 /5	Print)	14.29			(2/2	112.
	ANIL SANGIT	EROFMI) 6	91914AP4	ORD K	OAD, I	ALTIO	10R	E	21	234
31. DATE FILED (Month), Day, Year) 33. REGISTRAR'S SIGNATURE									4	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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marked, or item 23 shows any injury, or other traumatic event,

MPORTANT: If Item 28 is

2

30. NAME AND AGORESS OF PERSON WHO COM

PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE
Julia Devidon Randell

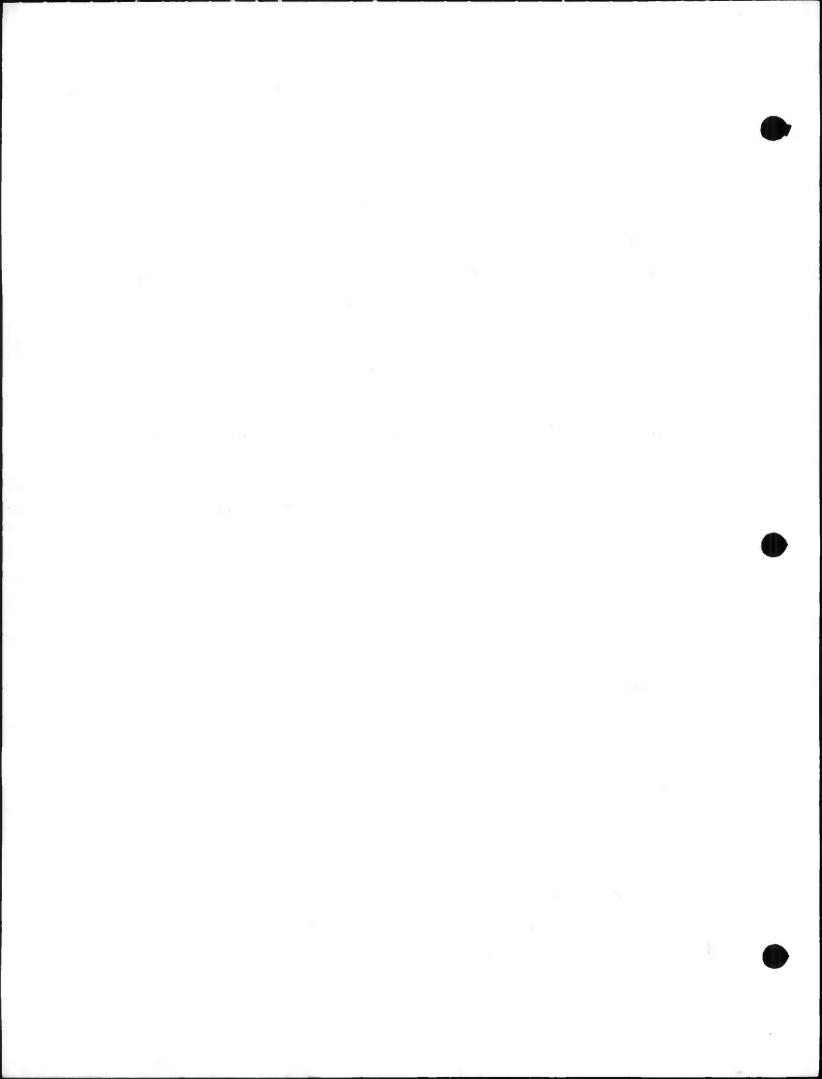
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 3 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 3 GEORGY T George KOS 0 AM /6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-09-9459 (Month, Day, Year) 9-24-18 74 1)[M 2 | F Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR University Hospital Baltimore City RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 W. Conway Street, Apt. 1213 21201 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cubsn, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, atc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 YES 2 XNO Specify 3 ₩Idowed 4 Divorced White WW II COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) llth Restaurateur Food 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Peter Georgelakos BE Pauline Thamagos 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Estelle Tselepis W. Conway Street, Baltimore, Md. 21201 20s. METHOD OF DISPOSITION
1 □ Burtel 2 X Cremation 3 □ Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donellon 5 Other (Specify) Cemetery 6. Green Mount 6-10 Baltimore, Md 21. SIGNATURE OF JUNERAL SERVICE LICENSES Matthews Funeral Home Eastern Ave., Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Nonsmall Cell resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Many DUE TO (OR AS A CONSEQUENCE OF): year 5 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Glon Cancer 1 TYES 2 1 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 V Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending ВУ 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only one)

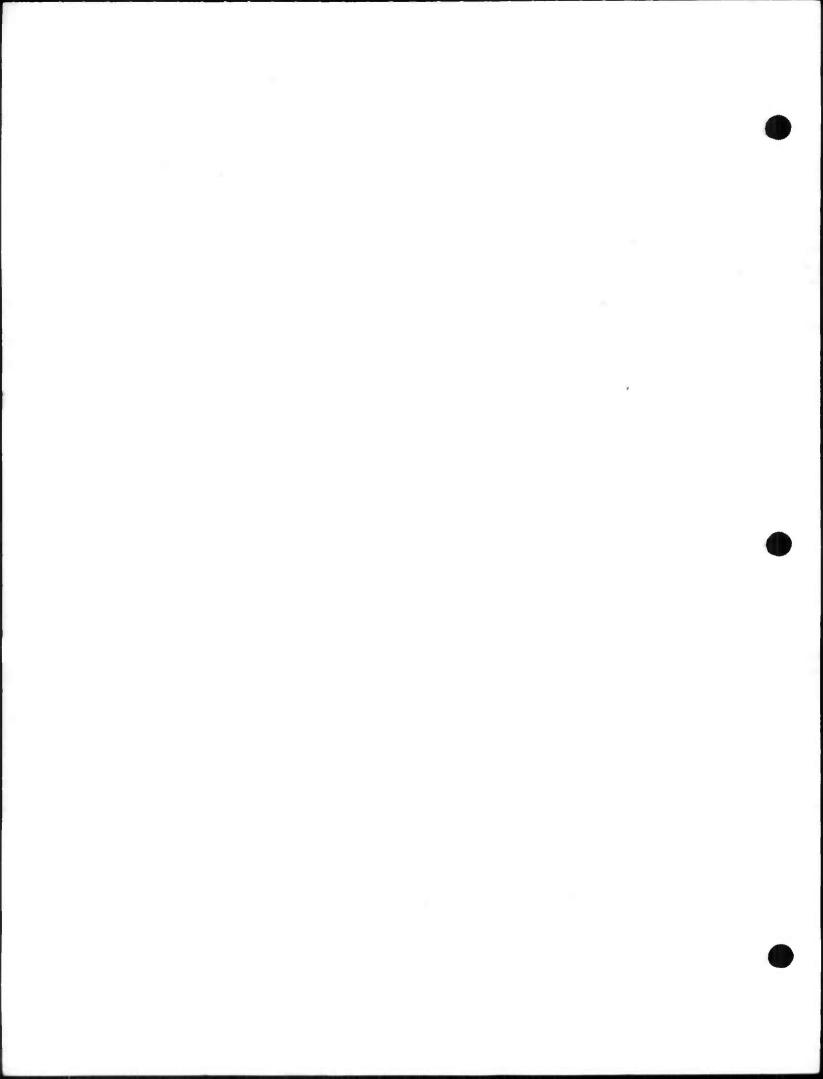
One)

MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Univof nd Med Kesiden BE nedical 29d. DATE SIGNEO (Month, Day, Year) Rosidon



ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/30/93 t.t

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIEN REG. NO	IE .	3	165	25
	1. DECEDENT'S NAME (First, Middle, Last)	(A.K.A. SUSAN	N BETH G	REENBERG)	2. DATE MONTH	OF OEATH	MY	YEAR	3. TIME OF	DEATH
	SUSAN 4. SOCIAL SECURITY NUMBER	BETH		McG	UIRE	06) 4	93	7:50	Аи
		1 🗆 M 2 💢 F	in yrs. last birthday) 33 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Morith 08	OF BIRTH), Day, Year) / 24/	59	8. BIRTH Count	MD	31.5
œ.	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	CITY, TOWN OR LOCATION OF DEATN			9c. COUNTY OF OEATH			
DIRECTOR	508 BALTIMORE RESIDENCE OF DECEDENT 104 STATE	letter to the le		OCEAN		-		WORCESTER COUNT			
	MD. WOR	CESTER COUNT		V, TOWN OR LOCA OCEAN CI						10d. INSIDE LIMITS 1 YES	7
FUNERAL	100. STREET AND NUMBER 508 BALTIMORE AV	ENUE		10	21842			10g. CITI		VHAT COUNT	RY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DV	U.S. ARMEO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 NO Specifi	en, Puerto R		n or No—	14. RACE	— American c, Whita, atc.	indian,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th.	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us NONE	vork done durina ma	ON st of working	16b.	KIND OF BU		USTRY		
	17. FATNER'S NAME (First, Middle, Lest) PAUL GREEN	IBERG	-		18. MOTHER'S NA						
BE	19a, INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS (Street a	nd Number or Rural	RUDY	BEHRE		0-4-1		
임	MR. PAUL GREENBE	ERG			GHTS AVE)	
	20a. METNOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State com	PLACE AND DATE C	PF DISPOSITION (Ne	me of	0ATE	20c. LO	CATION —	City or To	wn, Stata	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	somer of	ALTIMORE		O ADDRESS OF FA			BALT	J. /[1]	υ.	
	Andrey L.	Itellina	-	6010	EVINSON REISTERS	STOWN	RD.	BALTO	. , MD	ME .(212	15)
	23_PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory streat, shock, or hasn fajfure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
BY PHYSICIAN: MEDICAL (PART II. Other eignificant condition	a contributing to death be	ut not reaulting l	n tha underlying	g cause given in	Part I.	24s. WAS AN PERFOR 1 TES 2	MED?	24b.	WERE AUTOF AMAILABLE P COMPLETION OF DEATN?	RIOR TO I DF CAUSE
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATN (Ch	eck only one)				
XSI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	ntient 3 DOA	OTHER: 4 Nursing Hom	5XXResidence	8 Other	(Specify)				
Y PH	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) FOUND: 6-4-93	7:52	OF 28c, INJ	RK?		ORIBE NOW I	NJURY OCC	URED		
	3 Suicide 8 🖔 Could not be	28e. PLACE OF INJURY	- At home, ferm, a			28f, LOCA	TION (Street a	and Number	or Rural R	oute Number,	
	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, ferm, atreet, factory, office City or Town, State) 5 08 BALTIMORE OCEAN CITY, MD.								ORE AVE	NUE #2	
COMPLETED		CIAN: To the best of my knowledge. R: On the basis of examination				to the ceue	e(s) and mer	ner as atate		and manner	an stated
	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM		, p. 300, all				
BE	11	La.			O.C.M.					(Month, Day,	1941)
۵	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	enn Str	eet, Ba	altl!	nore,	мат	УΤδ	ina	21201



BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The retained that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	ched		IMPORTANT: If item 28 is marked, or item 23 mark any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Bay, Year)

JUN 0 9 1993

32. REGISTRAR'S SIGNATURE

Devidon Bondese

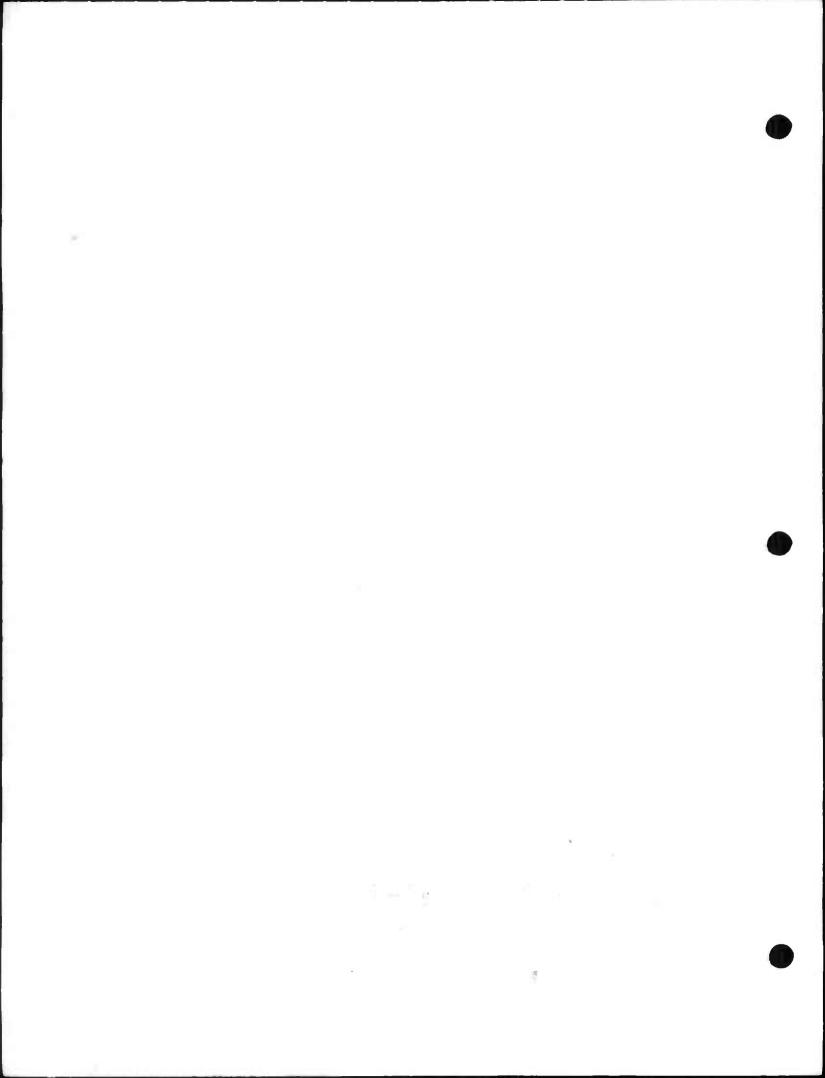
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/14/93 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR Joseph Eric 30 05 Howard 1993 11:50A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign 7. DATE OF BURTH 5-5-1951 1 💹 M 2 🗌 F 42 HOURS Md YRS 216-52-0723 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Townhouse Motel Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21206 USA 6002 St Regis Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If was assetly Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Ri
1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BΥ Specify: 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Estelle C.(Briscoe) Biscoe Milton Howard BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6002 St Regis Road Baltimore, Md 21206 2 Charlene Howard 20a. METHOD OF DISPOSITION
1XXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) New Cathedral Cemetery 16109\$ Baltimore, Md 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart failure. List only one cause on each line. intarvai Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition ACUTE NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the Underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 □ Nursing Home 5 □ Residence 6 1 Other (Specify) Motel 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending UNKNOWN M BY UNKNOWN 1 YES 2 X NO SUBJECT USED DRUGS 2 Accident 3 Suicide 26a. PLACE OF INJURY — At home, larm, street, lectory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 X Could not be determined COMPLETED 4 Nomicide UNKNOWN 29a. CERTIFIER (Check ank) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bi and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 396 SIGNATURE AND TITLE OF CERTIF BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) O.C.M.E. 05/31/1993 2 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn

Penn Street, Baltimore, Maryland

21201



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND C	/ DEPART	TMENT OF	HEALTH	AND I	MENTAL		100	93	16527
1. OECEOENT'S NAME (First, Middle, Last)	A			JAIL OF	DEA		2. DATE	REG. NO			. TIME OF OEATH
L <i>†</i>	Hma		٥.	Hay	VIS		MONTN	D.	AY 4	YEAR	0200 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTNPI	ACE (State or Foreign
213-62-9010	1 M 2 F	40	YRS.	MONTHS DAYS	HOURS	MIN.	7.	Day, Year)	2	Country)	HI
9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATI	ON OF OE	ATH	2.1	9c. COUN	ITY OF OEA	тн
Deton Hill	N.H.			1391	to						
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		10c. CITY	TOWN OR LOCA	TION						
Md			2	a (4)	11011						Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10	f. ZIP COO	E			10g. CITIZ		AT COUNTRY?
104 Sunma	or Ct				212	-(17)			/	1. <	. 1
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMEO	13. WAS OE	ENOENT C	F HISPAN	IIC ORIGIN	? (Specify Yes	or No —	14. RACE -	- American Indian.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	Хио	If yes, ap	2 NO	n, Mexicer	n, Puerto R	Ican, etc.)		Black, Specify:	White, etc.
15. OECEOENT'S EOU! (Specify only highest grade	CATION Completed	16e. C	ECEOENT'S L	ISUAL OCCUPATI	ON		16b.	KINO OF BUS	SINESS/INO	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+		le. Do NOT use	ork done during me retired.)	ost of workin	rg					
17. FATHER'S NAME (First, Middle, Last),					18. MOTE	FR'S NAM	MF (First M	iddle, Maiden	Cumamal		
· H	wis				M	la i	2 6	radia, maidan	1	des	
19e. INFORMANT'S NAME (Type/Print)	, ,	1	9b. MAILING /	AOORESS (Street)	nd Number	or Rural A	loute Numbe	er. City or Town	n. State. Zio	Code B	a Ni mal
Charmanne	· Harr	75		10	14	Sun	mai	-	+	an to	9 42/21.
20e. METNOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, co	ANODATE OF	er place)	ame of	M	DATE 6/7		CATION C	City or Town	, State
21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE	1000	21201	22. NAME A	O AOORES	S OF FAC	CHITY	1	a 401	150,1	10,M4
Sala	M	mel		Marc	LE		·we	1) al	Ares.	4	and .
23. PART I. Enter the diseases, or c	omplications that	ceused the d	esth. Do no	ot enter the mo	de of dyl	ng, such	ss cardi	ec or respi	ratory srre	et,	Approximate
ahock, or heart failure. I	List only one caus	e on eech lin	e.								Interval Betwee
disesse or condition regulting in desth)	500	215									
in doday	OUE TO	OR AS A CONSE	EOUENCE OF)	:							5 %
Sequentially list and datas.	AL	to ima	Une	de hic	levie	_	5	den			2
Sequentially list conditions, if any, leading to immediate					1						1
CAUSE (Disease or Injury		IV ir		760							80
thet initiated events resulting in death) LAST	OUE 10 (OR AS A CONSE	QUENCE OF):	:							
	1										
PART II. Other significent conditions	s contributing to d	leeth but not	reculting in	the underlying	ceuse g	iven in F	Pert I.	24e. WAS AN		24b. WI	ERE AUTOPSY FINDINGS
enolow hition	, 1110	deres	a Kla	HIV	4651	Sins		PERFOR	2	CC	MILABLE PRIOR TO OMPLETION OF CAUSE
								. [] 123 2	3 10		OEATH?
							_				VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA				ACE OF OE	ATN (Chec	ck only one)				
t TYES 2 THO	HOSPITAL:	ER/Outpatient	DOA	OTHER:	o 5 ☐ Res	sidence 6	□ Other	(Specify)			
27. MANNER OF OEATH	28s. OATE OF II (Month, Day	NJURY ; Year)	26b. TIME	OF 28c, INJ		-		RIBE NOW IN	JURY OCCI	JREO	
1 Natural 5 Pending 2 Accident Investigation	u)		2/1		ES 2	NO	N	100			
3 Sulcide a Could not be	26e. PLACE OF building, e	ic. (Specify)		eet, fectory, office			261. LOCAT	TION (Street as Town, State)	nd Number o	r Rural Rout	e Number,
4 Nomicide determined		N)	A			[Only Or	TOWN, State)	loop		
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	ry knowledge, d	eath occurred	at the time, date	end place,	end due to	o the ceus	e(s) end men	ner ee state	ı.	

29c. LICENSE NUMBER

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Zu co

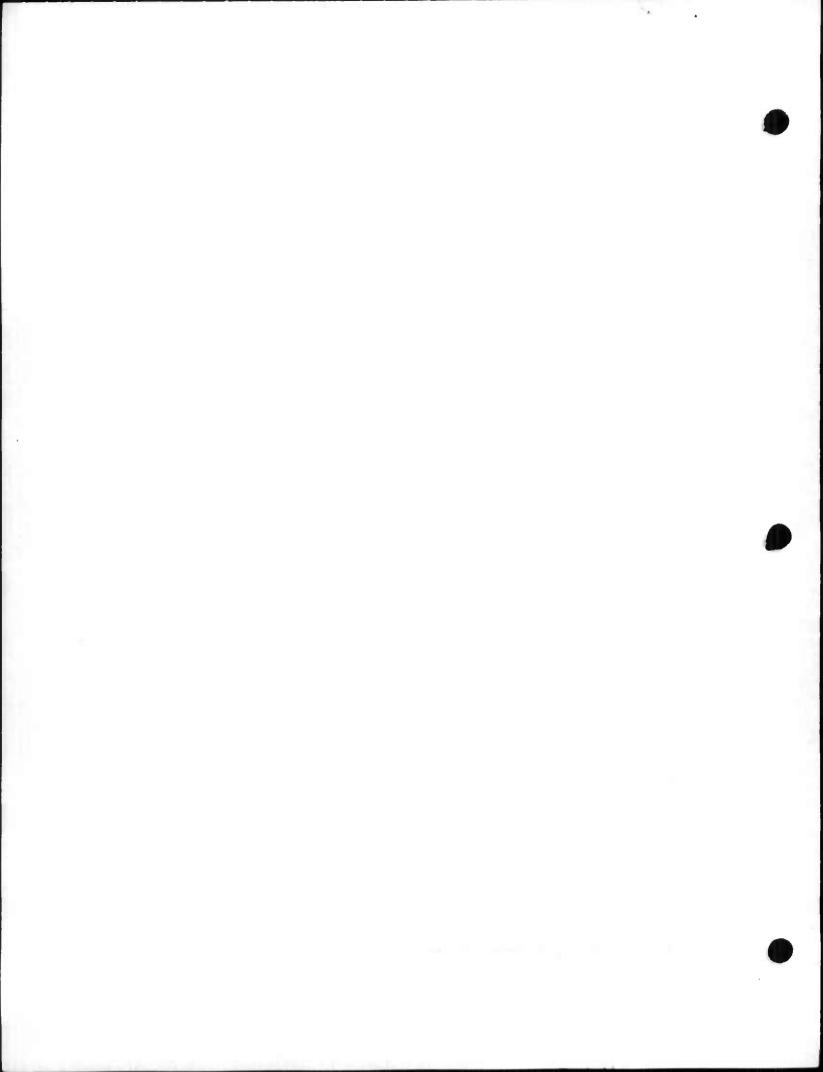
OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ave Poul house

OHMN-16 Flev 1/89

29d. DATE SIGNEO (Month, Day, Year)

6.4.93



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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examiner

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur fundance after death with the State Dept, of Health and Mental Hydiene prior to burlal, cremation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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PHYSICIAN: MEDICAL CERTIFICATION

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COMPLETED

BE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 4, 1993 Robert E. Hopkins 1214 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 214 22 9037 1 🔯 M 2 🗌 F 65 HOURS YRS. 9/5/1927 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County **Baltimore** 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2822 Vermont Avenue 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 X Merried 1 TES 2 NO Specify: ВҰ Specify. 3 Widowed 4 Divorced World War White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
We. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) **Analysis** Westinghouse 12th Grade 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Leroy B. Mildred D. Costin Hopkins 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Anneliese Hopkins 2822 Vermont Avenue Baltimore, Maryland 21227 20s. METHOD OF DISPOSITION
1 GrBuriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c. LOCATION — City or Town, State emetery, crematory or other place! Dulaney Valley Cemetery 6/7 Baltimore, Maryland 21. SIGNATURE OF WINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. nomewourter 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO 4 - Nursing No ne 5 - Residence 6 - Other (Specify) 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year)

4 Homicid	8 Could not be determined	building, atc. (Specify)	City or Town, State)
(Check only one)		N: To the best of my knowledge, death occurred at the time, date end place, end due in the basis of examination end/or investigation, in my opinion, death occured at the	

28b. TIME OF INJURY

290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,

28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

5 Pending Investige

1 Natural

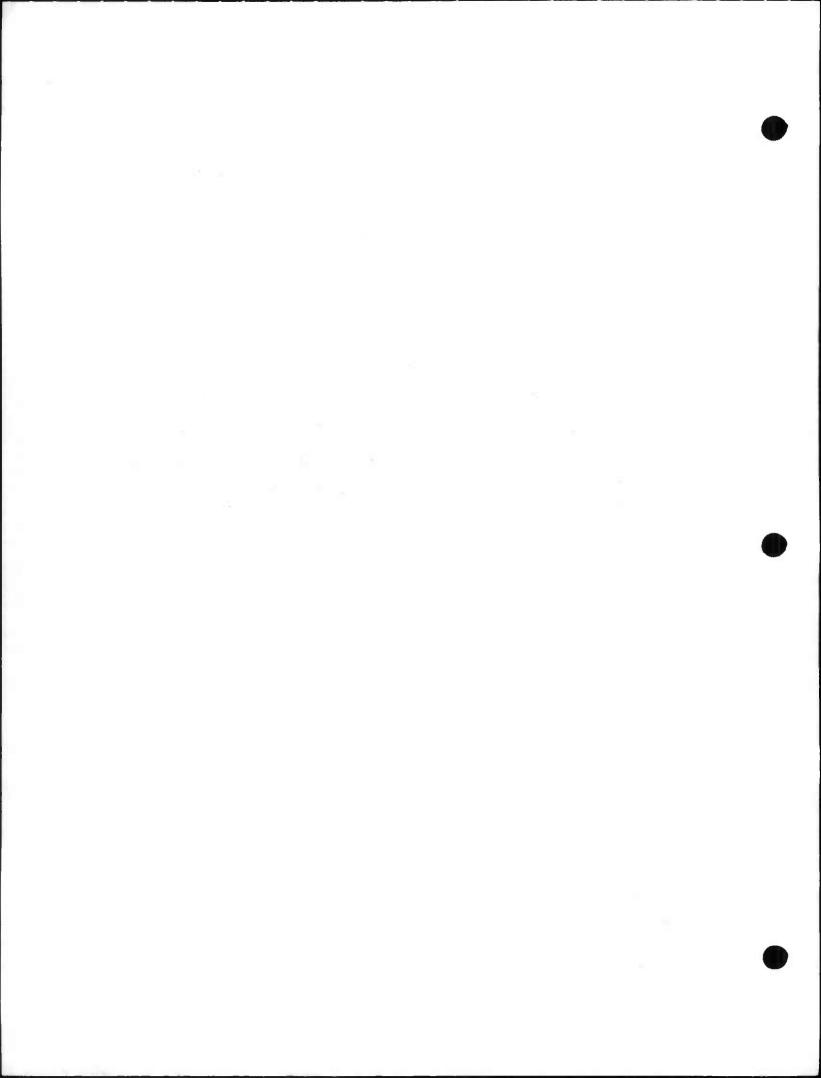
2 Accident

Dr. Emad Al-Banna, M.D. Prince Frederick, Maryland 20678

acco

28e, PLACE OF INJURY -- At home, ferm

31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE PURPLE 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

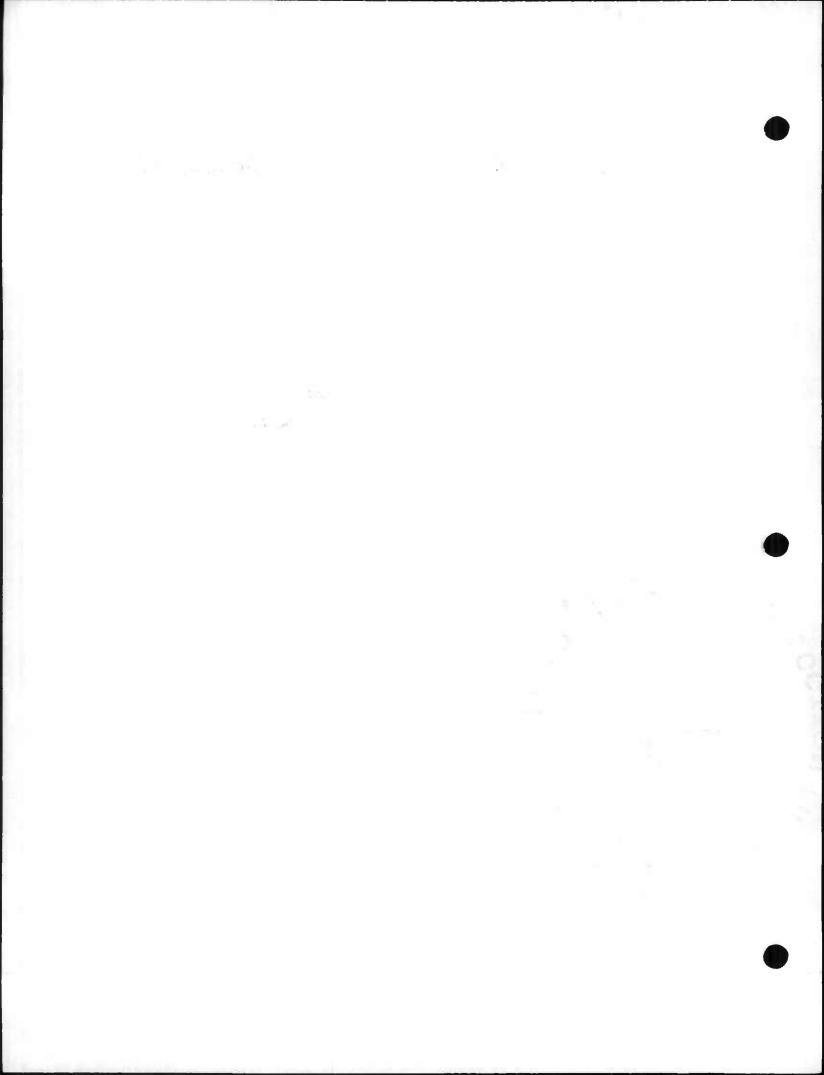
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	HEGISTHAH		CEN	HIFICA	IE OF	DEALL	1	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Charlotte	e Harris	НОРК	INS			2.	DATE OF DEATH	2 0	EAR 3.	130 DM M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	E (In yrs. last birt	thday) IF UM	DER 1 YEAR	IF UNDER 24	imt 7	DATE OF BIRTH	-	BIDTHO! A	CE (State or Foreign	
	The state of the s	1 D M 2 X F 8	3	6 DAYS	HOURS I	Maryland						
	9a. FACILITY NAME (If not institution, give it	street and number)		9b. C	TY, TOWN	R LOCATION	OF DEATH	2.50	9c. COUNTY	OF DEATH	4	
DIRECTOR	Charlestown Care	Center			Balti	more			В	alti	more	
E C	10a. STATE 10b. COUNT	Υ	10	Oc. CITY, TOW	N OR LOCAT	ION				104	I, INSIDE CITY	
1		ward				t City	r				LIMITS? YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 9450 Garnett Land	e			101	2104	2		10g. CITIZER		COUNTRY?	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER										
日	1 Never Married 2 AMarried	FORCES? 1 YES	8 2 NO	,	If yes, sp	entent of recity Cuban, I	Mexican, P	ORIGIN? (Specify Yes	or No- 14	Black, WI	American Indian, hite, etc.	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: White											
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEO	DENT'S USUAL tind of work do NOT use retire	OCCUPATION MO	ON at of working		16b. KINO OF BU	SINESS/INDUS	TRY		
J.	Elementary/Secondary (0-12)	College (1-4 or 5+) 2yrs		Person				N.S.A.				
OMI	17. FATNER'S NAME (First, Middle, Lest)	2915		rersor	шет	18 MOTHER	'S NAME	First, Middle, Meiden	Cumama!			
	Robert OLVER							arine		ITEHI	EAD	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Street a			Number, City or Tow				
2	Joan N. Reece		94	50 Gar	nett	Lane,	E11	icott Ci	ty, MD	21(042	
	20a. METHOD OF DISPOSITION 1XXX Burlel 2 Cremetion 3 Rem	ovel from State	b. PLACE AND	DATEOFDISE	OSITION (Na				CATION — City			
	4 Donation 5 Other (Specify)	M	leadowr	idge 1	lemor:			6/10 E1k	ridge,	MD		
0	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				D ADDRESS		HOME, I	NC.			
	MILITA	Jishu						e, Balti		MD 2	21229	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on	ed the death	. Do not en	ter the mo	de of dying	, such as	cardiac or respi	ratory arreal	t,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel	0									Onset and Death	
	disease or condition resulting in death)	· Sey	sus									
_	1 2 2	DUE TO (OR/AS		NCE OF):						j		
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEDUE	NCE OF):								
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NCE OF):						1		
岗		d										
	PART II. Other significent condition	na contributing to death	but not reau	ilting in the	underlyin	g ceuse give	en in Par	t i. 24a. WAS AN PERFOR		24b. WEI	RE AUTOPSY FINDINGS	
EDICAL								. 1 TYES 2		COI	MPLETION OF CAUSE DEATH?	
WE										111	YES 2 NO	
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	34	ОТН		ACE OF DEAT	TH (Check o	only one)				
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY		DOA 4 1	lursing Hom			Other (Specify)				
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	24	Bb. TIME OF INJURY M		UHY AT RK? /ES 2 N	_	d. DEŞCRIBE NOW I	NJURY OCCUR	NED		
ED B	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Sp	RY At home,	farm, street, 1	actory, offic		261	I. LOCATION (Street a	and Number or	Rural Route	Number,	
	4 Nomicide determined							City or lown, Steley				
17	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my kno	wiedge, death	occurred at th	e time, deta	and place, an	d due to t	he cause(a) and mer	ner as stated.			
COMPLET	000) 2 MEDICAL EXAMINE	ER: On the basis of examination	ion and/or inves	stigation, in m	y opinion, d	eath occured	at the time	, date end place, en	d dua to the c	euse(e) and	f manner as stated,	
BE (296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENS					nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF D	FATH (ITEM 07	7 (Time Drive)				-7				
	697 A111	ebacus M	0 7	74/	nail	de	160	relo	4 2	12.	28	
6	31. DATE FILED (Month, Day, Year) JUN 0 9 1993	32. REGISTRAB'S SIG	en-Rand	Les .								



TO THE HIGH AN ALTERIORS PHYSICIAN: The law requires that the death certificate be executed withinfunctious after death, Page 6 may be retained by the hospita TO THE FINEHAL DIRECTOR Ann. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours and certificate has been signed by the attending physician and completely filled in venoval. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN		3 16530				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DO		3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 3. 19-78-298/ 1	TAL SECURITY NUMBER S. SEX S. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)										
STOR	Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
L DIRECTOR	10a. STATE 10b. COUNTY M b 10a. STREET AND NUMBER		10c. CITY, TO	NN OR LOCATION	ione			10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO				
FUNERAL	2001 Lydonlea Way	-4 sleet			21239		U.S.					
BY	1 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 NO		cify Cuben, Maxica	NIC ORIGIN? (Specify Yee in, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TON 16 TON TO THE TON TO THE TON TO THE TON TO THE TON THE TON TO THE TON THE	Se. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most	N t of working	16b. KIND OF BUS	SINESS/INDUST					
BE COM	17. FATHER'S NAME (First, Middle, Leet) Thomas J. Henders	son			18. MOTHER'S NA Lula Mae	ME (First, Middle, Melden e Green	Surname)					
TO B	190. INFORMANT'S NAME (Type/Print) Barbara Green			RESS (Street en	d Number or Rural I	Route Number, City or Yow timore, Man						
	20a. METHOD OF DISPOSITION 1 № Burial 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	from State cemeter	ACEAND DATE OF DIS	POSITION (Nam	ne of	DATE 20c. LO	CATION — City					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	K. AN		WM.C.M		ашту H./1101 E.	NORTH	AVENUE				
	23. PART I. Enter the diseases, pr con shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	polications that caused the tonly one cause on sact	iline.		a of dying, sucl	h aa cardiac or respi	ratory arrest,	Approximate Interval Batween Onset and Death				
NOI	Sequentially list conditions, b				ciency	God	e ve	- 2,-				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST		Infe			,		10,				
AL CER	PART II. Other algorificant conditions of	ontributing to death but	not resulting in the	undarlying	cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICA	mycobechio	en hig		-11-1		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
ICIAN		OSPITAL:	Фт	26. PLA	CE OF DEATH (Che	eck only one)						
	1 YES 2 ND 1 27. MANNER OF DEATH 1 Netural 5 Pending	□ Inpetiant 2 □ ER/Outpetie 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WOR	RY AT K7	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	ED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	1 / .		S 2 ND	281. LOCATION (Street e City or Yown, Stete)	nd Number or Re	ural Route Number,				
COMPLETED	290. CERTIFIER (Check only	N: To the best of my knowledg										
BE CO	296 SIGNATURE AND TITLE OF CERTIFIER	on the basic of examination en	advor investigation, in r		29c. LICENSE NUM	IBER		INED (Month, Day, Year)				
70	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		D43	386	6.	6.43				
	2846 6. L- hors	1/4 54 1	0		21216	Den		/				

T V = X = 1 A = 1

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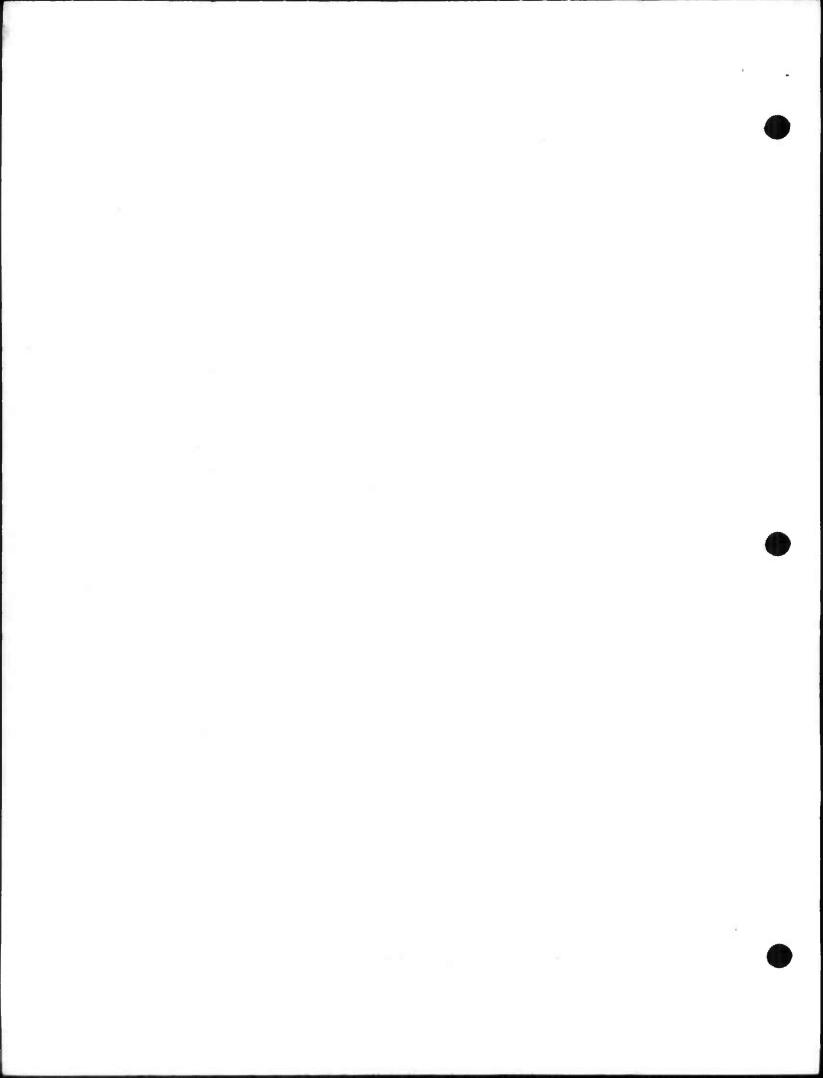
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

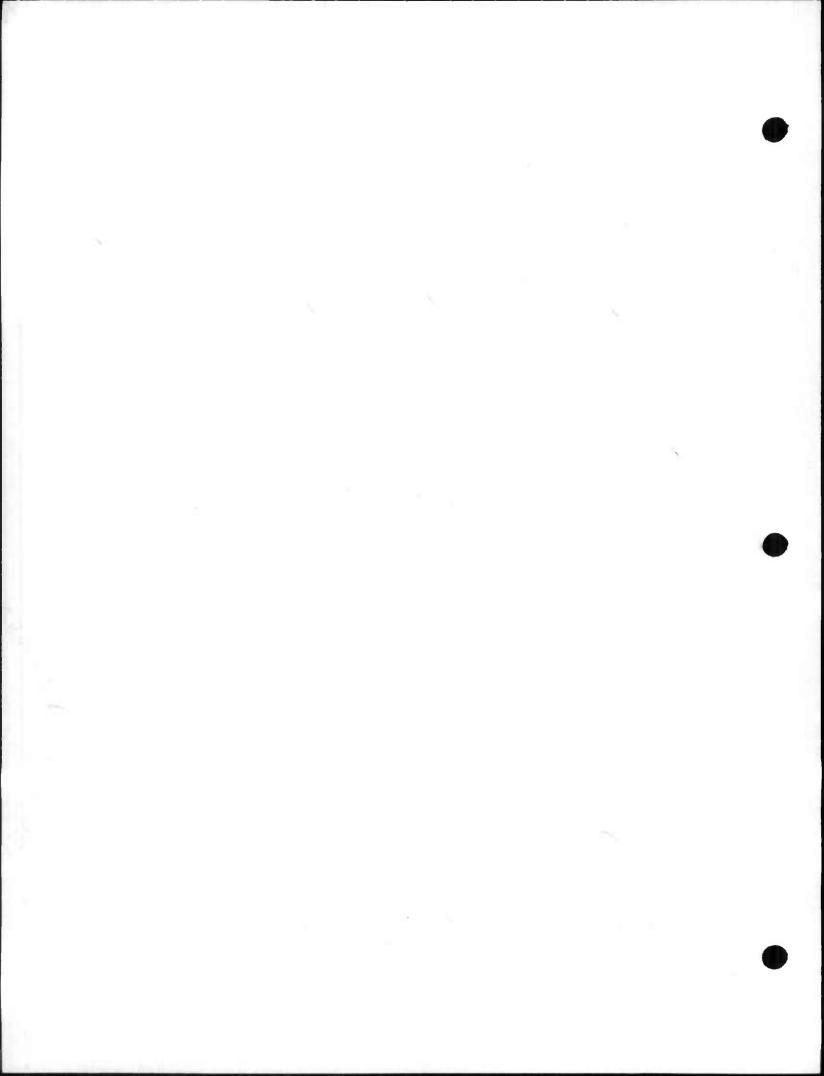
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)			<u> </u>	10/111				2. DATE OF I		-	:	. TIME OF DEATH	
	IVAN	Н	•		H	IART				06 03 93				0:06 PM M	
	4. SOCIAL SECURITY NUMB	IER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, De	ACE (State or Foreign				
	232-09-9309		1 🔀 M 2 🗌 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	5-27-1			Country)	/A.	
~	9a. FACILITY NAME (# not in					9b. CITY	, TOWN	OR LOCATI	ON OF DE			9c. COUR	TY OF DEA		
DIRECTOR	NORTH ARUN	DEL HO	SPITAL A	SSOCIA	TION	G	LEN	BURN	NIE				Α.Α.	COUNTY	
E	10a. STATE	10b. COUNTY	,		10c, CI	Y, TOWN C	OR LOCA	TION						Od, INSIDE CITY	
뜸	Maryland	Anne	Arundel					Burn:	i e					LIMITS?	
	10e. STREET AND NUMBER	711110	ATOMOT			- 01		f. ZIP COD				10a, CITI		AT COUNTRY?	
FUNERAL	108 Forestda	le Ave	enue					2106	61				ISA		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT (DF HISPAN	IIC ORIGIN? (S	pecify Yes		14. RACE -	- American Indian,	
BY F	1 Never Married 2XX 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	WAR OR DATES	(XIIIO			2 XXX		n, Puerto Rican	i, etc.)		Specify:		
60		EDENT'S EDUC	CATION	100										White	
	(Specify onl) Elementary/Secondary (0	highest grade	completed)		Give kind of life. Do NOT u	work done	during mo	ON ost of worldi	ng	16b. KIN	D OF BUS	INESS/IND	USTRY		
7	12th grade	-12)	College (1-4 or 5		ol Mf					Mar	rtin'	S			
COMPLET	17. FATHER'S NAME (First, MI	iddle, Last)		1.0		3.		16. MOT	HER'S NAI	ME (First, Middle					
ш	Hugh H. Har	t						Ef:	fie M	4. Simn	nons	,			
TO B	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRESS	(Street a			Route Number, C		, State, Zip	Code)		
٦	Laura Hart				108 F	orest	dal	e Ave	enue	Glen E	Burni	ie, M	d. 21	.061	
	20a, METHOD OF DISPOSITI X X Burlel 2 □ Cremetto		oval from State	20b. PLA	CE AND DATE	OF DISPOS	ITION /Na	ame of		DATE	20c. LO	CATION —	City or Town	, State	
	4 Donation 5 Other			- Naple	wood (Elk	ins.	W. V	а	
,	21. SIGNATURE OF FUNERAL	_						E AND ADDRESS OF FACILITY Ahn Funeral Home							
	Lessian	Tur	irel Ho	3 cm						d. Bal	ti moi	re. M	ld. 2	1236	
	23. PART i. Enter the di	seases, or c	omplications tha	t caused the	death. Do	not antar	tha mo	de of dy	ing, such	as cardiac	Dr respli	ratory arr	est,	Approximate	
	IMMEDIATE CAUSE (Fin	ai												Intarval Between Onset and Death	
	disesse or condition	→ ,	PNEU											HOANS	
				(OR AS A COA											
ON	Sequentially list conditi	ons,	BRAIN	OR AS A COL	ISECULENCE O	F42 8	NO	UAS (IN LA	n Ac	ap	こんし		46 DAYS	
Ä	if sny, lesding to immed cause. Enter UNDERLY	dista NG	P CEN	FBM	n- 1/2	711/5	AT	THE	100	FARI	_		50-DA45		
Ĕ	CAUSE (Disease or Injur that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):	, , ,		(/ -	(-// ()				30 107 12	
CERTIFICATION	resulting in death) LAST	' (,	ATRI	T F	LUTTE	R								520Ags	
	PART II. Other significan	nt conditions	s contributing to	death but n	nt resulting	In the un	deriving	Cause (alven in i	Part I 24a	. WAS AN	ALITOREY	1 000 10	TOT ALTOONY STRONGO	
EDICAL	UPPER G							g cause ;	Airen III I		PERFOR	MED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE	
	SEIZUN				0.0					- 10	YES 2	≥ KNO		F DEATH?	
¥			0 7 70 0							-			1 1	YES 2 NO	
X	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Che	ick only one)					
Sign	EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHER 4 - Nun		o 5 □ Ra	ssidence i	8 🗆 Other (Spe	ecify)				
PHYSICIAN:	27. MANNER OF DEATH	•	28a. DATE OF (Month, De		28b. TIM		28c. INJ	URY AT		28d. DESCRIB		JURY OCC	URED		
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2									NO						
2 Cultida — I 28s. PLACE OF IN HIPV — At home from street feeton, ettics									281. LOCATION City or Tox		nd Number	or Rural Rou	te Number,		
Ē,		City or Town, State)													
MP.			CIAN: To the best of												
COMPLETED			R: On the basis of a	ramination and	/or investigation	on, in my o	pinion, d	eath occur	red at the t	time, data and	place, and	due to the	cause(s) a	nd manner as stated.	
B	296. SIGNATURE AND TITLE	OF CERTIFIER	1.0	× 7.	7 117	0		-	ENSE NUM			29d. DATE	SIGNED (M	lonth, Day, Year)	
2	30. NAME AND ADDRESS OF	DEDOCAL WILL		to I				ν.	2771	2		- 0	16-0	04-93	
	ANASTACIO R	e. DE C	CASTRO/20	OO HOSE	PITAL	DRIVE	E #3	08/G	LEN I	BURNIE	, MAI	RYLAN	ID 210	061	
	31. DATE FILED (Month, Day,)	(bar)	32. REGISTRA	R'S SIGNATUR	E	•									
	JUN 0	9 1993	Julie.	Devidon	-Randa	٤									



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	Z	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending physicians.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-barrent permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor, of Health and Mental Modele order to burish, cremation, or remove.	at permit. Pages 1, 2, 3 should	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		

	REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)				-			E OF DEATN			3. TIME OF OEAT	'n	
	STEPHEN HEPNE	R					MON)6 č	7	93	9:17	рм	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. leat	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BUTTH	<u>. </u>	8. BIRTH	IPLACE (State or Fo	P*	
		1 M 2 - F	84	YRS.	MONTHS DAYS	HOURS MIN.	1 (Mon	787190	9	Countr	MD		
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF D		, -, -, -,		JNTY OF D		_	
5	THE JOHNS HOPKI	NS HOSPITA	L	l	BAI	TIMORE C	TTY		RA	LTIM	ODE		
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNT	TY		10c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY		
ā	MD			Ва	altimo	re City					1 YES 2	NO	
₹	10e. STREET AND NUMBER				31	Of. ZIP CODE			10g. CI	TIZEN OF V	VHAT COUNTRY?		
<u><u> </u></u>	3685 Kenyon A	ve.				2121	3			II S	Δ		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARM	ED	13. WAS OF	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	E — American India k, White, atc.	en,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		,		pecify Cuban, Mexico S 2 NO Speci		Rican, etc.)		Speci			
		1								I V	Vhite		
三	15. OECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(G/w	e kind of w	USUAL OCCUPAT	TION rost of working	166	b. KIND OF BUS	SINESS/IN	DUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	Do NOT us									
M	Unk.	Unk.	1	Mair	ntenan			Recr		ion			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			,				
BE	Michael Hepne	r						Bochin					
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				, ,			
	Stella Cituk					St. Bal	timo	re, M	D 2	1224			
	20e METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren	noval from State	20b. PLACE AN	ND DATE C	F DISPOSITION (I	Name of	OAT			- City or To			
	4 Donation 5 Other (Specify)		<u>Holy</u>	Ros	eary C		16/	11 Ba	1ti	more	, MD		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1.1			abrowski		on Fun	ora1	Home			
	Comarch	La locas	lux	1		E. Balt						224	
	23. PART I. Enter the diseases, or	complications that co	the dee	th. Do n	ot enter the m	ode of dying, suc	h aa car	diac or respi	ratory a	rrest,	Approxima		
	ahock, or heart fellure. iMMEDIATE CAUSE (Final	List only one ceuse	on eech line.								Onset and		
	disease or condition	Roma	1 E	21/1	v o						500		
İ	resulting in death)	OUE TO (OF	AS A CONSEQU	JENCE OF):						Jan	73	
z		. Paeu	monio	G.							1 mou	144	
은	Sequentially list conditions, if any, leading to immediate		AS A CONSECU):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	· Hon	tu	STA	Mosis						120 Ye	eaus	
	that initiated events	1	AS A CONSEQU										
CERTIFICATION	resulting in death) LAST	a. Mitv	al s	TR	nosis						10 ye	ears	
	PART II. Other aignificent conditio	ne contributing to de	ath but not rea	sulting l	n the underlyle	no ceuse given in	Part I	24s, WAS AN	ALITTOREV	245	WERE AUTOPSY FI	NONICO	
DICAL	Rheumafic					ng couce grown in		PERFOR	MED?	240.	AMILABLE PRIOR	TO	
		4					_	1 YES 2	NO		OF DEATH?	NOOE	
Σ	Upen heart	Surg	ery								1 YES 2 2	40	
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (CI							
¥	1 YES 2 NO 27. MANNER OF DEATN	1 Topetient 2 EF		28b. TIME		me 5 Residence	_						
	1 Netural 5 Pending	(Month, Day,		INJ	URY W	JURY AT	28d. QE	SCRIBE NOW I	NJURY OC	CURED			
B	2 Accident Investigation	28e. PLACE OF IN	HIRV As bon			YES 2 NO							
입	3 Suicide 8 Could not be determined	building, etc.	(Specify)	w, territ, s	treet, factory, on	ee e	City	CATION (Street a or Yown, State)	ind Numbe	or Humai H	toute Number,		
COMPLETED	290. CERTIFIER				_				_				
M M	(Check only 1 ERTIFYING PNYS	SICIAN: To the best of my											
S	2 MEDICAL EXAMIN	ER: On the basis of exam	ination and/or im	vestigation	n, in my opinion,	death occured at the	time, date	e and place, an	d due to t	the cause(e) end menner ee s	isted.	
H H	296. SIGNATURE AND TITLE OF CERTIFIE	PI .	0	. 1	/	29c. LICENSE NU	MBER		29d. DA	TE SIGNEO	(Month, Day, Year)		
e မြ	L. Schren	g_	Kesi	der	t				> (e/1/	13		
-	30. NAME AND ADDRESS OF PERSON WI	COMPLETEO CAUSE	OF OEATH (ITEM	27) (Type,	Print)	11>	7	7		1			
	WUU /Y WOOT	01	54211	mol	UE .	MO	41	205			0.		
	31. DATE FILE (100) 0 9 199	32. REGISTRADIS	SIGNATURE A	plate									



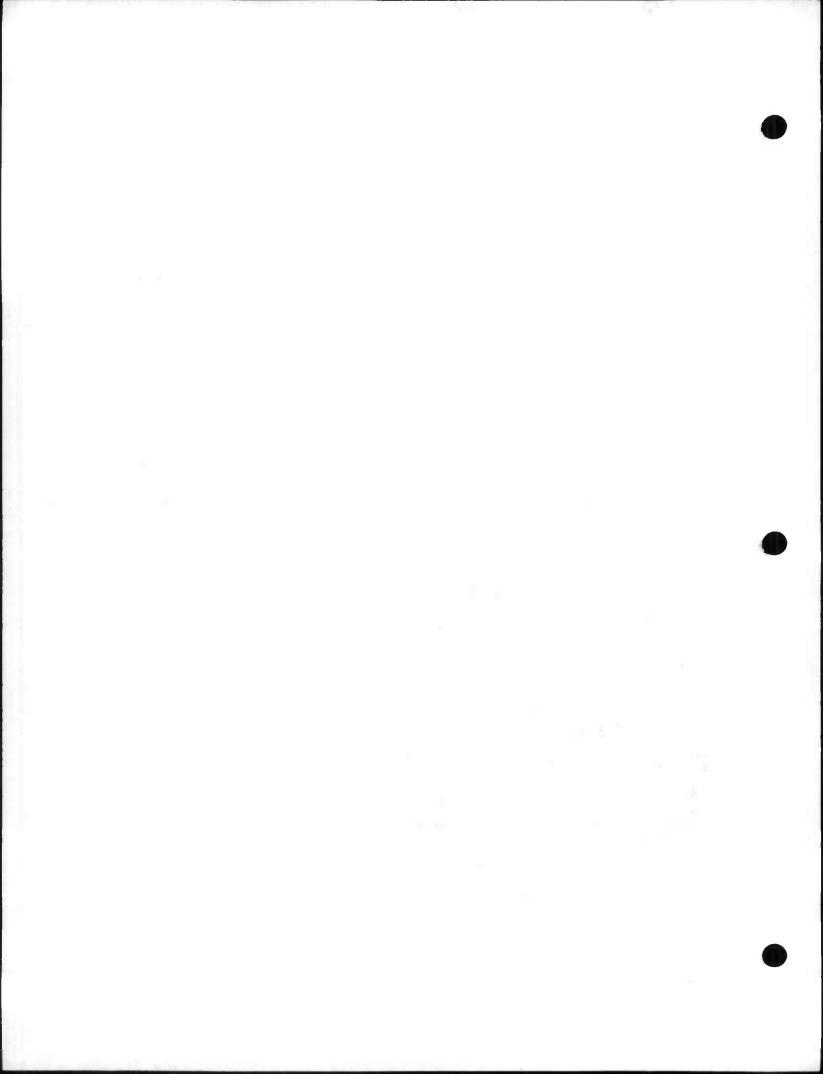
58760,	
BOX 68760	
P.O	
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DIVISION OF VITAL RECORDS,	
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DIX DIX	1
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31. DATE FILED (Month, Day, Year)
JUN 0 9 1993

		1 - FOR STATE REGISTRAR		STATE OF I	MARYL	AND / D CEF	EPARTI RTIFIC	MENT CATE	OF H	EALTH DEAT	AND I	MENTAL	HYGIE		93	16533
		1. OECEOENT'S NAME (First	I, Middle, Last)										OF DEATH			3. TIME OF DEATH
		Mary S.	John	son								MONTH 6-	7-19	993	YEAR	5:30 A. W
		4. SOCIAL SECURITY NUM	11.51	5. SEX	(In yrs. last bi				IF UNDER 24 HRS.		7, DATE OF BIRTH (Month, Day, Year)			8. BIRTH Countr	PLACE (State or Foreign	
9		217-22-26		1 M 2X F	8	3	YRS.	ONTHS	DAYS	HOURS	MIN.	2-2	23-19	910 N		
2, 3 should	-	9a. FACILITY NAME (If not in		,			9	b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH	-	9c. COU	NTY OF D	EATH
2, 3	DIRECTOR	Francis S		Key Med	. C	tr.		Ва	1ti	imor	e C	ity			-	
\$	EC	RESIDENCE OF DEC	10b. COUNT	Y		T	10c. CITY, 1	TOWN OR	LOCAT	ION						10d. INSIDE CITY
permit. Pages	HO	Md.	Ba1	timore		H.	Dun	dal	k							LIMITS?
i e	AL	10e. STREET AND NUMBER							_	. ZIP CODE	E		_	10g. CIT	IZEN OF W	HAT COUNTRY?
ust.	ER	ll Vista	Drive							2122	2.2			U.S	S.A.	
BALTIMORE, MARYLAND 21215-0020 rer death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit val. il examiner must be notified at once.	BY FUNER	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEOEP FORCES? IF YES, GIVE Y	YES	2 XNO	0	13. W	AS DEC	ENDENT Cook	OF HISPAN n, Mexical Specify	IIC ORIGIN n, Puerto R	? (Specify Y lican, etc.)		14. RACE	— American Indian, , White, etc.
215-0 attending se as the	0 8	3 Widowed 4 Dive		<u> </u>											Whi	*
2121 al or atte	ETE	(Specify onl	EDENT'S EDU ly highest grade			(Give	DENT'S US	k done du	CUPATIO	ON st of workin	ng .	16b.	KINO OF B	USINESS/IN	DUSTRY	
AND 21 the hospital or detached for u		12 yrs	0-12)	College (1-4 or 5	+)		emak						\ T	T		
AND. The hospit detached detached	COMPL	17. FATHER'S NAME (First, M	(iddle, Last)			HOM	emak	eı		16 MOTE	HED'C NA		Wn F			
A de		Frank Sp	ear									Guwi		n Surname)		
MARN retained b	BE (19e. INFORMANT'S NAME (19b. N	AAILING AD	DORESS (Street a					wn, State, Zie	Code)	
be reta ge 5 sl	임	John Spe	argas													21032
ALTIMORE, teath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSIT		auni fram Casa		. PLACE AND	DATEOF	DISPOSIT				OATE	7	OCATION —		
M Se 6		4 Donation 6 Other	(Specify)		_ I	petery, cremet Parky	rood	Ce	met	ery	6-	9-93	В	alto	., N	ld.
ALTIMORE death. Page 6 may e funeral director, pag il. examiner must b		21. SIGNATURE OF FUNERAL SERVICE LICENSEE T. J. C. C. M. M. T 1 . 22 NAME AND ADDRESS OF FACULTY														
BAL er deat the fun wal.		DO0083 DO0083 DO0083 DIAGIEY ASSILON Funeral Home, Inc.														
B, nours after d in by the or removal		23. PART I, Enter the d	liseases, pr	complications the	at caused	d the death	n. Do not									Approximate
A hou		shock, Dr heart fallure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) a. End SFect Demute. Due to (or as a consequence or): Sequentially list conditions b. Sequentially list conditions														
thin 2 ertely 1 ematio		disease or condition resulting in death)	→	8	En	d 87	uch	- Z	Der	nen	Tee	Ja_				Sears
cecuted within and completely burial, creman				DUE TO	(OR AS A	CONSEQUE	NCE OF):		1	^	,					Va.
OX 68 e be execute sician and c orior to buria traumatic	NO N	Sequentielly list condit		b	(OR AS A	CONSEQUE	NCE OF	0>	J	110	20	are				year
Tage of the Community o	CERTIFICATION	if any, leading to imme cause. Enter UNDERLY			(3											10
Phy De y	띮	CAUSE (Disease or Inju that initiated events	ary	c. DUE TO	(OR AS A	CONSEQUE	NCE OF):									
, P.O eath certi attending ttal Hygie Y, or oth	ᇤ	resulting in death) LAS	iT (d												
Ge att de att	Ö	PART II. Other significa	nt condition	e contribution to	doub b		-141 1 4				nesia.	[
_ 22 _	8			al Prin				ine una	eriying	cense 5	iven in	Pairt I.	PERFO	PRMED	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
RECOF requires that een signed b of Health ar shows any	MEDIC	1 and	1 000	freteor	2	- 202						-	1 TYES	NO NO		OF DEATH?
REC. v requires been sign it, of Heali		P	- ru	FROYCO	V		-		_		_	-				1 TES 2 NO
has be la	NA	25. WAS CASE REFERRED TO	O MEOICAL					_	726. PL	ACE OF O	EATH (Che	ick only one	o)			
AN: The fifeate State	SICIAN	EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3 🗆		NUMBER:				6 🗆 Other				
OF VI PHYSICIAN: this certifical with the St rked, or it	РНУ	27. MANNED OF DEATH		28a. DATE OF (Month, E		2	86. TIME O	OF 2	Sc. INJI					INJURY OC	CUREO	
NG PHYS fler this eath with	BY F		Pending Investigation	(11101111, 2	ray, roury		INJUN	м	-	ES 2) NO					
0 5 4 5 0	0	3 Suicide 6	Could not be	26s. PLACE (building,	of INJURY	— Al home,	, farm, atre-	et, factor	y, office				TION (Street		or Rurel R	oute Number,
DIVISION ATTEN OR ATTEN DIRECTOR: hours after tem 28 i	ETE	4 Homicide	determined											,		
	MPL		TIFYING PHYSI	CIAN: To the best of	f my know	ledge, death	occurred a	nt the tim	e, date	and place,	and due	to the cau	e(a) and m	enner as sta	ted.	
Ann. 125 Ave.	COM	one) 2 MED	ICAL EXAMINE	R: On the basis of a	xaminatio	n and/or inve	estigation, i	in my opi	nion, de	eath occur	ed at the	time, data	and place, a	ind due to th	ne cause(a)	and manner as stated.
THE POST OF FURE POSTANT	w	296. SIGNETURE AND TITLE	or comme	4					I	29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
653	0 8	John K.	Burl	mm	7					0	0/8	87		16	-7-	53
No.	F	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF OE	ATH (ITEM 2	7) (Type, Pri	int)	,		0			1	/	
1.		// / /				- Annual - A		- //						/ "		- 4/
To an		31. DATE FILED (Month, Day,	K 150	32. REGISTRA	M		505	Ha	pk	123	150	5 115	W C	, RCE	2	21224

32. REGISTRAR'S SIGNATURE

From Davidson-Ample

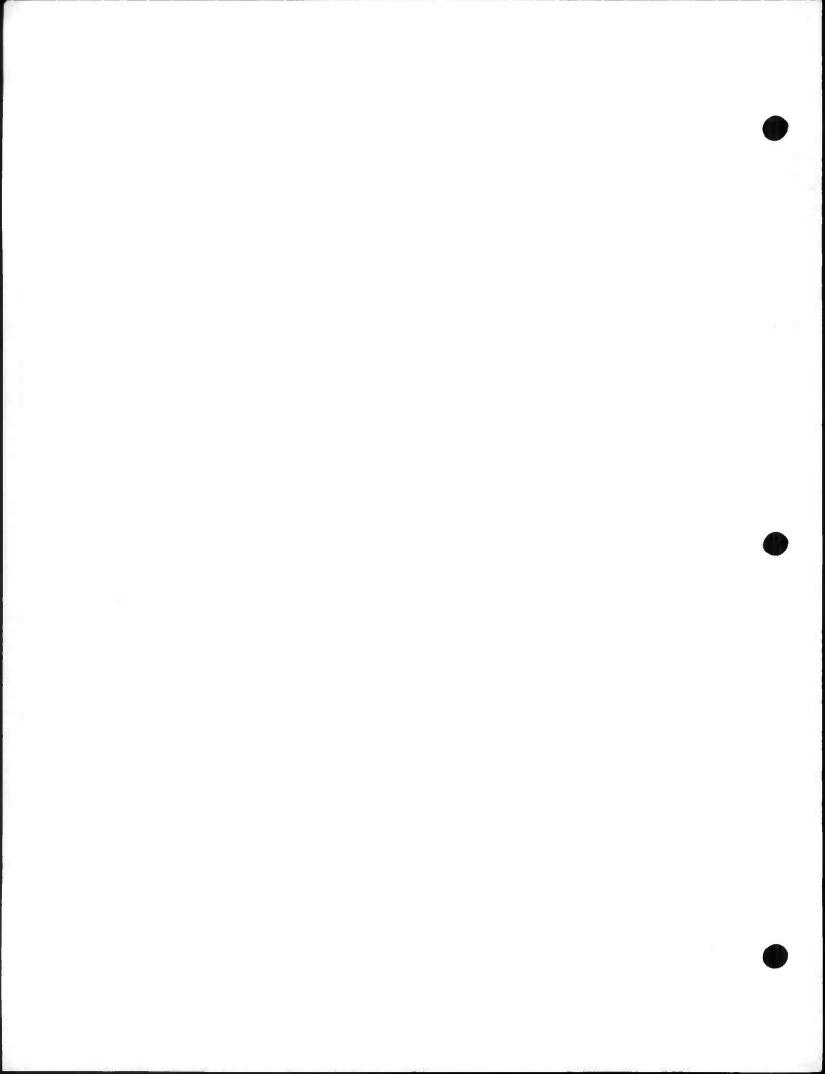


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRA
1. DECEDENT'S
MILD
4. SOCIAL SECU
216-10
9s. FACILITY NA
623 B
RESIDENCE
12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR).											
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED ANNA							3. TIME OF DEATH					
	MILDRED ANNA					06 08		-					
	216-10-8655		GE (In yrs. last birthday) : 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)					
	9s. FACILITY NAME (If not institution, give s		32	AL CITY TOWN	OR LOCATION OF DE	APRIL 26,		BALTIMORE, MD.					
œ	623 BRAESIDE ROA					EATH	9c. COUNTY OF DEATN						
	RESIDENCE OF DECEDENT	4D		DAL	TIMORE		BALTIMORE						
DIRECTOR	10a. STATE 10b. COUNT	٧	10c. CIT	Y, TOWN OR LOCAL	TION			10d. INSIDE CITY					
		BALTIMORE		BALT	IMORE			1 TES AT NO					
ERAL	10s. STREET AND NUMBER			101	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
E E	623 BRAESIDE ROA				21229 U.S.A.								
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{ YE}	ES 2 NO	13. WAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (Specify Yea on, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc.					
B	3) Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Specify		1.5	Specify: WHITE					
8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST						
Ш	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	work done during mo ne retired.)	at of working								
COMPLET	12TH GRADE		TAILOR			CLOTHING MANUFACT							
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NAME (First, Middle, Malden Surname)								
BE	WALTER PETRUSKA				MARCELLA (UNKNOWN)								
2	194. INFORMANT'S NAME (Type/Print) ROBERTA IMBRAGIII	TO		ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) GEORGIA AVENUE - BALTIMORE, MD. 21227									
1					0. 21227								
	20s. METHOD OF DISPOSITION 1.A. Burlel 2 Cremation 3 Rem 4 Departure 6 Other (Specific)	ioval from State	20b. PLACE AND DATE (ther place)			CATION — City						
	4 Donation 5 Other (Specify) LOUDON PARK CEMETERY 6/10 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	HUBBARD FUNERAL HOME, INC.												
	1. Illas	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases or c shock, or heart failure.	complications that cause List only one cause or	ed the death. Do not each line.	ot enter the mo	de of dying, such	h as cardiac or respi	iratory arrest,	, Approximata interval Between					
	IMMEDIATE CAUSE (Final disease or condition)												
	resulting in death) a. CCUL DE TO (OH AS A CONSEQUENCE DE)												
2	Severe Goroncay Heart discore												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	CAUSE (Disease or Injury											
TIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
H	Tooding in death, and	d											
	PART II. Other significant condition	na contributing to death	but not resulting	n the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS					
EDICAL	Seulre	Emple	yrema	2;		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MED	Cor Rule	non alel	14	-				OF DEATH?					
	1 U YES 21 NO												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATN (Che	eck only one)							
YSi	1 TES 2 NO	1 - inputient 2 - ER/O		OTHER: 4 - Nursing Nom	ne 5 Residence	8 Other (Specify)							
H.	27. MANNER OF DEATN 1 Natural 5 Pending	28a. OATE OF INJUR (Month, Day, Year		URY WO	DRK?	28d. DESCRIBE NOW I	EŞCRIBE NOW INJURY OCCURED						
BY	2 Accident investigation	20 21 405 05 1018			YES P NO								
<u>a</u>	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJU- building, atc. (S)	JRY — At home, farm, a Specify)	treet, factory, offic	•	281, LOCATION (Street City or Town, State)	P. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u> </u>	20. CENTIFIED												
COMPL	(Check only	ICIAN: To the best of my known						was a second of					
8	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIE)		DIGZ									
2	30. NAME AND ADDRESS OF PERSON WH	O COMBI ETER CAUSE OF	PPATH (ITEM 27) (Sens										
	DR. NORBERTO M 31. DATE FILEO (Month, Day, Year)	• MACHIRAN	- 720 MAI	DEN CHOI	CE LANE	- CATONSVI	LLE, M	D. 21228					



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		IARYLAND / DEP			MENTA	93	16535					
	1 - STATE REGISTRAR			FICATE	MICHIM	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Kasev	Moni	ane Je	effers		2. DATE OF CEATH DAY YEAR 05 26 1993 8:10							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde	y) IF UNDER 1.1		7. DATE	OF BIRTH 8	BIRTHPLACE (State or Foreign Country)					
1.1	9a. FACILITY NAME (If not institution, give	street and number)		9/	OWN OR LOCATION OF		9c. COUNTY OF GEATS						
DIRECTOR	4507 Pimlico	Road			ltimore								
REC	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR				10d. INSIDE CITY					
	Md.			Balti	more			1 PES 2 NO					
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT CO												
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 AND AR OR DATES	13. WA	Black, White, etc.								
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind	of work done duri	IPATION ng most of working	160	16b. KIND OF BUSINESS/INDUSTRY						
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Roderick Jefferson 18. MOTHER'S NAME (First, Middle, Maiden Symama) Pamela Cooper 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number of Burel Bourle Number City or Your State S												
TO B	190. INFORMANT'S NAME (Type/Print) MISS Pamela	Coope			treet and Number or Rure	Route Num	Bor City or Town, State, Zip Co	d. 2/2/5					
	20a, METHOD OF DISPOSITION 1 Serial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DA			19/83	E 20c, LOCATION — CR	y or Town, State					
	21. SIGNATURE OF FUNEDAT SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Lewis J Gwynn Lewis T. Gwynn Funeral Monde												
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SUDDEN UN	de on each line. EXPECTED DEATOR AS A CONSEQUENCE	ГН	e mode of dying, su	ct as cen	diec or reapiratory arree	t, Approximata interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
I T. I	PART II. Other algnificant condition	na contributing to	death but not resulting	g in the unde	rlying ceuse given in	n Part I.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL							PERFORMED?	AM/LABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
<u>×</u>								1 YES 2 NO					
SIAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	check only or	ne)						
YSIC	EXAMINER? 1 VES 2 NO												
	27. MANNER OF DEATH 1 \(\sum_{\text{A}} \) Netural 5 Pending Investigation	26a. DATE OF I (Month, Da	NJURY y, Year) 28b. 1	NJURY	C. INJURY AT WORK?	28d. OES	28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — Al home, farm rtc. (Specify)			281. LOC City							
COMPLETED	29a. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my enowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 X MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
ш	296 SIGNATURE AND TITLE OF CENTIFIE		1		29c. LICENSE NU			IGNEO (Month, Day, Year)					
TO BI	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUS	OF DEATH OTEN 27 C	na Privat	0.C.			5/26/1993					
	MARN + GOLL	GIF N	/-		reet, Ba	ltim	ore, Maryl	and 21201					
. 1	31. DATUR O'D 04993 A LEA WASHINGTON CONTROL OF THE OWNER OWNER OF THE OWNER OWNE												

U 2 = 1

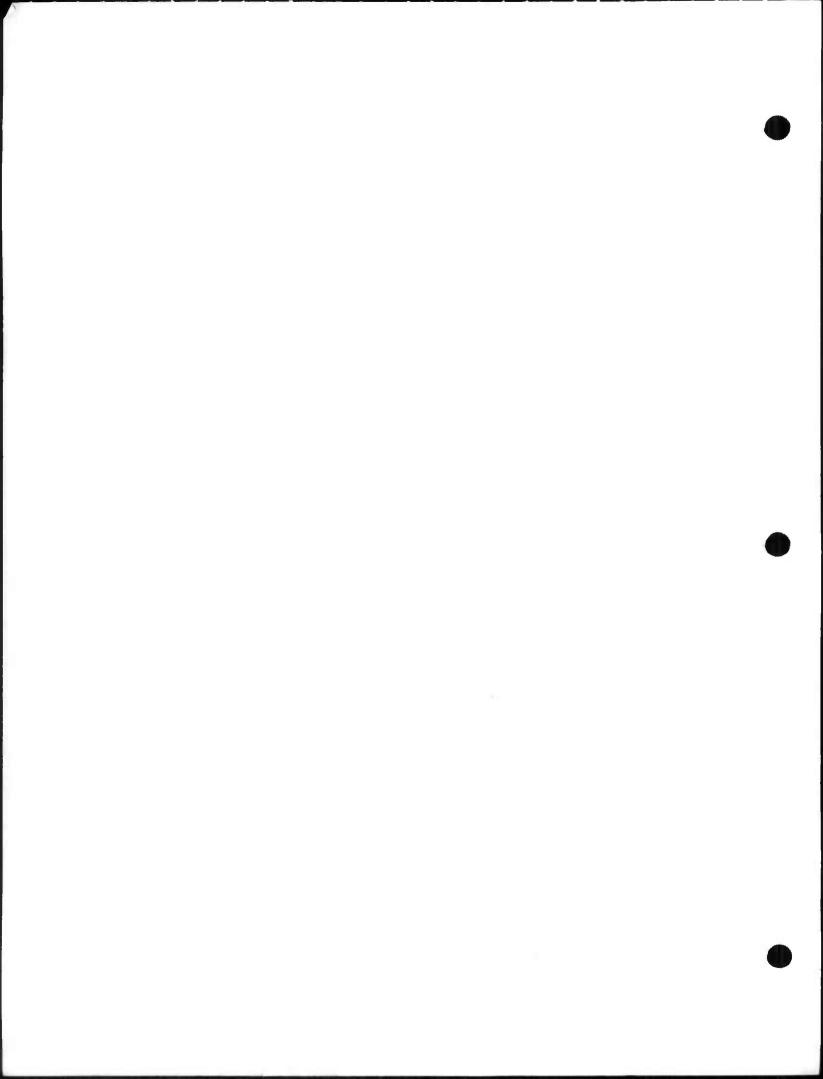
DIVISION OF VITAL DECOLORS. The law regulars that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FINERAL DIRECTOR After this certificate has been aloned by the attending physician and completely fised in by the funeral director, page 5 should be detached for use as the benefit result permit. Pages 1, 2, 3 should be detached for use as the benefit result. Bages 1, 2, 3 should be detached for use as the benefit result in the State Dest. of Health and Merial Hygiene plor to buring, or other traumable event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR				CERTIF	ICATI	E OF	DEA	IH	RE	EG. NO.				
1. DECEDENT'S NAME (First,	Mickle, Last)	UNDDV	7 700	ODCON	1				2. DATE OF D	DAY		YEAR	3. TIME OF DEA	
4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER		J. JAC	L last birthday)	IF UNDER	D 1 VEAD	IF IMPORT	R 24 HRS.	JUNE (993		3:20	
218-22-8406		s. sex 1 X u s □ F	65		MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Yber)		Countr	PLACE (State or I y) RYLAND	oreign
Se. PACILITY NAME (If not ins					100			ION OF DE			9c. COUNT	Y OF D	EATH	
UNIVERSITY	EDENT					BALI	'IMOF	Œ						
MARYLAND	MARYLAND BALTIMORE					10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSID LIMIT: 1 YES								
6972 MILBRO	6972 MILBROOK PARK DRIVE, APT.					101. ZIP CODE 21215				10g. CITIZE USA	CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 X Married FORCEST 15 TYES 3 Widowed 4 Divorced FY. See With OR DATE				- 1	13. WAS DECENDENT OF HISPANII If yea, specify Cuben, Mexican, 1 YES 2 NO Specify:				n, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: WHITE	
(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Becondary (0-12) College (1-4 or 5+)				16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
7. FATHER'S NAME (First, Middle, Last)					MAIL	ROC								
The Court of the C	ISRAEL JACOBSON				18. MOTHER'S NAME (First, Middle, Meiden Surname) MARY L. MILLER									
The second secon	ISPACIA JACOBSON IN INFORMANT'S NAME (Typo/Print)			MARY I. MILLIFIK 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
MRS SARAH	MRS SARAH JACOBSON			6972 MILBROOK PARK DRIVE, APT. 2C BALTO							LTO.,MD	21:		
4 Donation 5 D Other (erial 2 Cremation 3 Permoval from State can				PLACE AND DATE OF OISPOSITION (Name of litery, crematory or office, place) BNAI JACOB 6-8-93 BALTIMORE, MD									
21. SIGNATURE OF FUNERAL	1. SIGNATURE OF FUNERAL STROVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 2121								
disease or conditions resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):														
PART ii. Other significen	•	d. a contributing to	deeth but no	ot resulting	in the un	derlying	cause (given in		WAS AN AU PERFORMI YES 2	ED?		WERE AUTOPSY II AMAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	28. PLACE OF DEATH (Check only one)												
1 TYES 2 NO		1 Inpatient 2		-		ing Hom		sidenca	6 Other (Spec	cify)				
1 Weturni 5 P	ending vestigation	28e. DATE OF (Month, D	28c, INJURY AT WORK? 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED							
	puid not be darmined					street, factory, office 28f. L				81. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
2 MEDIC	AL EXAMINE	CIAN: To the best of R: On the beste of e											end menner ee :	stated.
296, SIGNATURE AND TITLE O	Non	non		20			29c. LICE	NSE NUM	BER	2	Pd. DATE S) A	(Month, Day, Year)	
Dr Iaw IPN	le i	O OMPLETED CAUS	SE OF DEATH (TEM 27) (Type,	Print))/d	6	Ur	+ RC	1	2	1/0	208	P
(Check only 2 MEDIC	AL EXAMINE F CENTERER PERSON WHE	R: On the beale of e	xamination end	TEM 27 (Type	on, in my o		eth occur	red at the	time, date end p	lace, and d	due to the c	:Auto(0)		



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

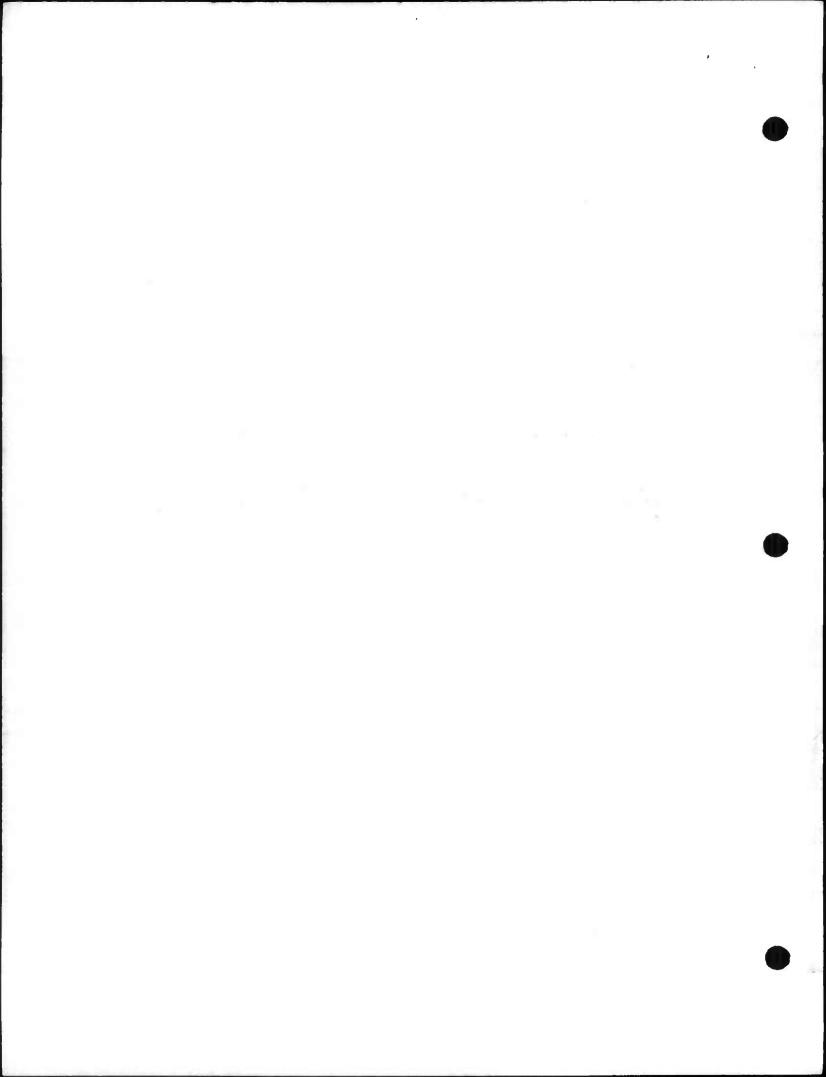
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest)

	Frances	Rebeco	ca	J	ONES			June 6,	1993	3. TIME OF DEATH 5:27 p	M			
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. le:		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreit Country)	gn			
	217-20-3657	1 □ M 💥 🖾 F	68	YRS,		- 2		7-13-19	24	Maryland				
Œ	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN			4	men se	TY OF DEATH				
5	Franklin Square Ho	spital			Hoss	sville			Balti	more County				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA					10d, INSIDE CITY				
	Maryland Ba	ltimore				ville				1 TYES X NO)			
FUNERAL					10	. ZIP CODE	0.4			EN OF WHAT COUNTRY?				
NS	2801 Hillcrest Av	12. WAS DECEDENT	EVER IN U.S. AF	RMEO	13. WAS DEC	212		ORIGIN? (Specify Ve	US Doc No.	SA I4. RACE — American Indian.				
	1 Never Married XX Married	FORCES? 1 [YES XX	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.					a or No.	Black, White, etc. Specify:				
D BY	3 Widowed 4 Divorced									White				
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of w Do NOT us	USUAL OCCUPATION FOR Making Michael Company Co	ON ost of working		16b. KIND OF BU	ISINESS/INOU	STRY				
2	Elementary/Secondary (0-12) 12 Vears	College (1-4 or 5+)			Teller			Marylan	d Nati	onal Bank				
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)			Julik	101101	18. MOTHER	R'S NAME ((First, Middle, Maider		Oligi Dalik				
BE	Charles McKinley	Thompson,				Mari								
6	19a. INFORMANT'S NAME (Type/Print)							Number, City or To-						
	Mr. James H. Jone	s. Jr.					ue E			yland 21234	1			
	XXXBurial 2 Cremation 3 Rem	oval from State	cemetery, cre	ematory or of	prosposition (Ne	eme of	ndon	OATE 20c. LO	Dol+:	more, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME A	ND ADDRESS	OF FACILIT	TY	рати	more, Mu.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 2										1000				
	23. PART I. Enter the diseases, or o	complications that	caused tha de	ath. Do n	ot anter the mo	de of dying	, such as	a cardiac or read	I'IU . ∠	at, Approximate				
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	e on each iine	.						interval Betwoon one and D	veen			
	disease or condition resulting in death)	Ath	eroscle	eroti	c Cardio	vascu	lari	Disease						
1		OUE TO (O	OR AS A CONSE	OUENCE OF	7):									
MEDICAL CERTIFICATION	Sequentially list conditions,	If any, leading to immediate												
CAT	cause, Enter UNDERLYING CAUSE (Disease or Injury													
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
EH	d.													
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 13/percholesterolemia 24a. Was an Autopsy Performed? 24b. Were Autopsy Findings 24b. Were Autopsy Findingsy Findin													
2		нур	erchole	ester	o rem ra			1 TES		AVAILABLE PRIOR TO COMPLETION OF CAU	SE			
									^	1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		1							1				
Sici	EXAMINER?	HOSPITAL;	ED/Outrotton 2	. □ pos	OTHER:	ACE OF DEAT								
PHYSICIAN:	27. MANNER OF OEATN	1 Inpetient 2 E	JURY	28b. TIME	4 Nursing Nom E OF 28c. INJ	URY AT		Other (Specify) d. OESCRIBE NOW INJURY OCCUREO			\dashv			
BY P	1) Netural 5 Pending 2 Accident Investigation	(Month, Day,	, 19 <i>ar)</i>	INJ		RK? YES 2 🗌 N	10							
	3 Suicide 8 Could not be	28s. PLACE OF I	INJURY — At ho c. (Specify)	me, farm, s	treet, factory, offic		281	I. LOCATION (Street City or Town, State		r Rural Route Number,				
E,			·											
COMPLETED	(Check only	CIAN: To the best of m												
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.													
	296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, De													
H	296. SIGNATURE AND TYPLE OF CENTIFIER	hIII		30. NAME AND ADDRESS OF PERSON WHIT COMPLETED CAUSE OF DEATH (ITEM 27) (INSE. PRINC)										
TO BE	WV 1.	hW	OF DEATH (ITE)	M 27) (1)gle.	Print)	D2/3	15		1	-6-97				
ω	30. NAME AND ADDRESS OF PERSON WH	W.D., 900	0 Fran	kl ih	Sauare			timore.	Marvla	and 21237				
ω	30. NAME AND ADDRESS OF PERSON WH	V.D., 900	0 Fran	kl ih	Sauare			timore,	Maryla	and 21237				

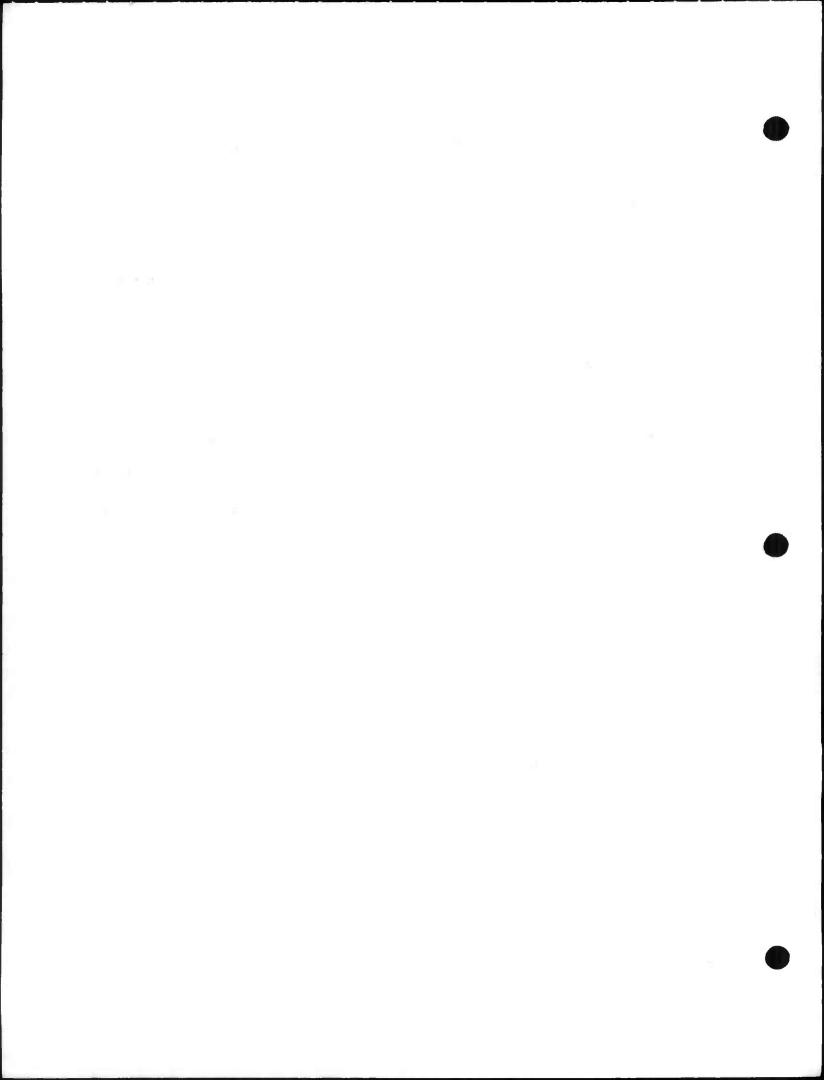


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Sician.	ial-transit p		
ending phy	as the bur		
spital or att	ed for use		
by the ho	d be detact		d at once
be retained	ige 5 shoul		e notified
аде 6 тау	director, pa		er must b
ter death. P	the funeral	moval.	al examin
24 nours af	filled in by	on, or remo	he medica
rted within	completely	nal, cremati	c event, t
ate be exect	ysician and	prior to bu	traumati
G PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	attending ph	ital Hygiene	f, or other
that the de	ed by the	th and Men	any Injur
aw requires	s been sign	ept. of Heal	23 shows
CIAN: The	ertificate ha	the State D	or Item 2
DING PHYSI	After this c	death with	marked,
OR ATTEN	IEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Depti. of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT. If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified a
HOSPITAL	FUNERAL	within 72	TTANT: If I
3H CP	THE	be filed	IMPOF

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 45 A" SOCRA KAYNOUDIS 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 3-12-1900 93 HOURS Greece 1 🔀 M 2 🗌 F YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6712 Gary Avenue 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Ri
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify 4th College (1-4 or 5+) Sorter Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Demetrios Kavnoudis Despina BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Angela Kavnoudis Gary Avenue, Baltimore, Md. 21222 20a. METHOD OF DISPOSITION
102 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Donation 5 Other (Specify) Oak Lawn Cemetery Baltimore. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Ce representas una tente OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HQSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 11 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO ВҰ 26a. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be detarmined COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TURE AND TITLE OF CERTIFIER BE 29d. DATE SIQNEO (Month, Day, Year) 4375 9 RSON WHO COMPLETED CAUSE OF DEATH (LIEW 27) (Type, Print) 50 32. RESISTRAR'S SIGNATURE

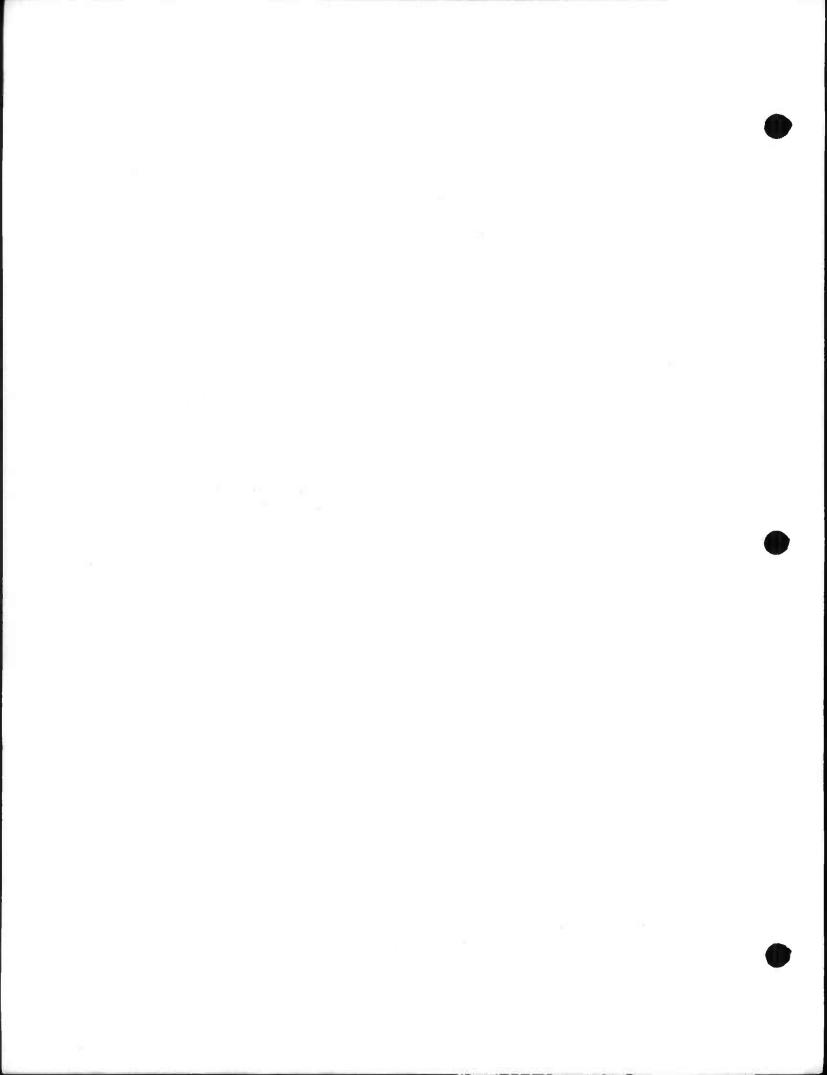
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		filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the fune
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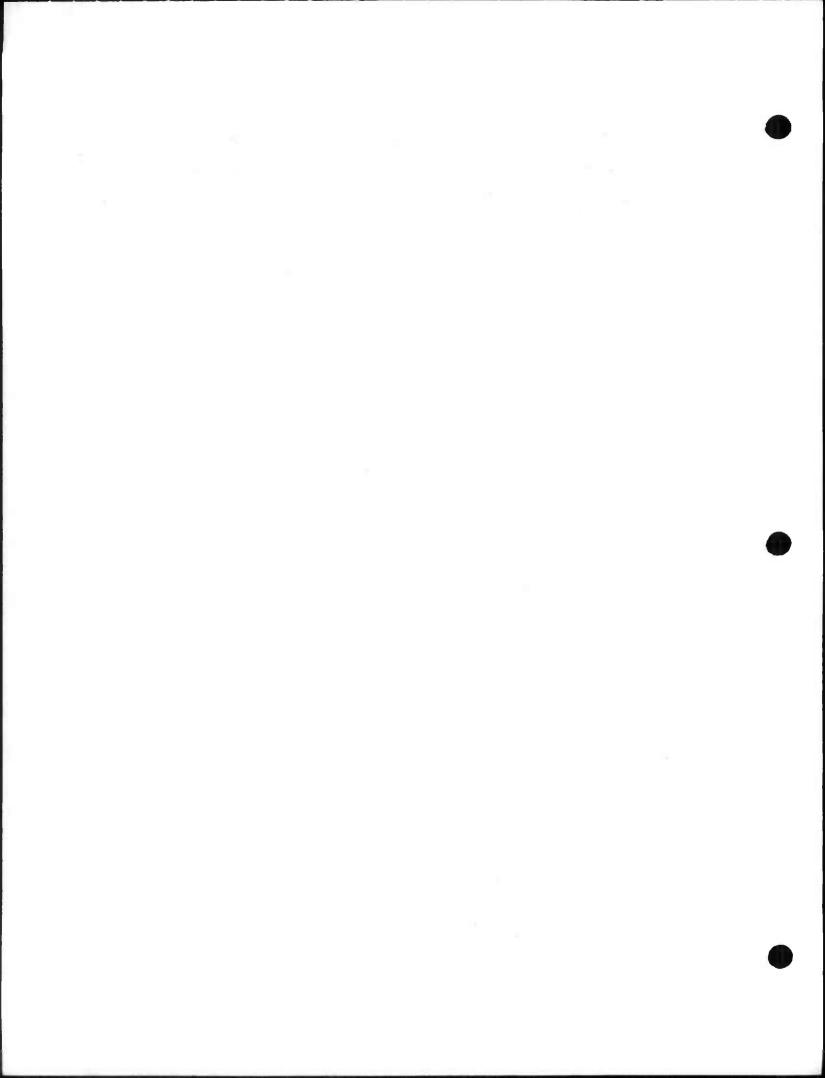
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO HE MASSIGNAL THE JOSEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in the fluic RAL DIRECTOR: After this certificate has been signed by the aftending physician and completely fille be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	BALTIMORE, N	hours after death. Page 6 may be re	d in by the funeral director, page 5 or removal.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MGRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR STATE REGISTRAR	ENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Lat.		MM			2. DATE OF DEATH	w 9 vs	3. TIME OF DEATH 3. 4 SM	
	4. SOCIAL SECURITY NUMBER 212 227041	1 - M 2 F 69	n yrs. last birthday) YRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/26/192		SHITHPLACE (State or Foreign Country) [aryland]	
CTOR	I I I I I I I I I I I I I I I I I I I	e street and number) General Hospit		96. CITY, TOWN C Annapol	R LOCATION OF DEAT	TH	9c. COUNTY		
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	Maryland An	ne Arundel	May					LIMITS? 1 YES 22 NO	
ERAL	1417 Mayo Road	l .		101	109. CITIZEN OF WHAT COUNTRY? 21106 U.S.A.				
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spi	ENDENT OF HISPANIC city Cuben, Maxican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
亞	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16a. DECEDENT'S U (Give kind of wo	ork done during mo:		16b, KIND OF BUS	INESS/INDUST	White	
PLET	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Cashier		-	Grocer	V		
at once.	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Meiden			
111 00	19a, INFORMANT'S NAME (Type/Print)	Walter F. Kamm		DDDECG (Om.)	Anna	Wheeler			
TO BI	Louise Wandasi	ewicz		ark Road		adena, Mar			
nst po	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Re	amoval from State 20b.	PLACE AND DATE OF others, gramatory or other Dudon Par	DISPOSITION (Ne.	ne of		CATION — City		
mer m	4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE		oudon Par	22. NAME AN	D ADDRESS OF FACIL	JITY		, Maryland	
ехэш	> Keome	Francisco	rlu			e Funeral wy. Balt:			
event, the medical examiner must be	23. PART Enter the diseases, of shock, or heart failur immediate Cause (Finel disease or condition resulting in death)	s. List only one cause on as	ch lina.	et anter tha mo	`	es cardiac or respli	ratory arrest,	Approximata interval Between Onset and Death	
right of the standards of the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	CONSEQUENCE OF)						
A AL	PART II. Other significant conditi	ions contributing to death bu	it not reaulting in	the underlying	cause given in Pa	ert I. 24a. WAS AN . PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
shows any						_ 1	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (Check	conty one)			
Z 6 2	1 VES 2 NO	HOSPITAL:	itient 3 DOA		5 - Residence 8				
BY PH	1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO		8d. OEŞCRIBE HOW IN	JURY OCCURE	:0	
# C	3 Suicide 6 Could not b	28s. PLACE OF INJURY building, atc. (Special	At home, term, str fy)	eet, factory, office	2	8f, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,	
ANT: If item 2		YSICIAN: To the beat of my knowle						use(a) and manner as stated.	
IMPORTANT: II TO BE COMF	296. SIGNATURE AND TITLE OF CERTIF	U Colsius			DI43	SY	29d. DATE SIG	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON NEW COLD 31. DATE FILED (MORITI, DBy, Year)	900	BESTO	ATE	RD.	ANNAR	POLIS	Md 21401	
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		10040
		1. DECEDENT'S NAME (First, Middle, Last)	1171	11			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
,		4. SOCIAL SECURITY NUMBER	olph Joh	n Ko	NTNE	R		6 9:	3 6 P M
2		152-22-9697	5. SEX 6. AGE ((In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day, Year)	_2/I .º	IRTHPLACE (State or Foreign ouritry) EW Jersey
2, 3 should	S S	9e. FACILITY NAME (If not institution, give s 12702 SILVE	street and number)	ine	1	OR LOCATION OF DI	EATH	9c. COUNTY	
- -	DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCAT			111-610	10d. INSIDE CITY
iit. Pag		100. STREET AND NUMBER	NCE BEN 200	es L	aun	در			LIMITS?
physician. burial-transit permit. Pages	FUNERAL	12702 STWE	on Binch L	ane	101	20708		10g. CITIZEN	OF WHAT COUNTRY?
physician burial-tra		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 2 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No. 14. I	RACE — American Indian, Black, White, etc.
attending p se as the b	р ву	3 Widowed 4 Divorced		WII		2 NO Specifi	y:		Why
5 2	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON st of working	16b. KIND OF BL	SINESS/INOUSTF	ry
15 B	COMPLET		5+	Co	lonel		US	Army	
by the hox be detach at once.		17. FATHER'S NAME (First, Middle, Last) Rudolph Kontnet	r				ME (First, Middle, Melder		
5 should b	BE	19a. INFORMANT'S NAME (Type/Print)	<u></u>	19b, MAILING	ADDRESS (Street a		Klepeis Route Number, City or Tox	vn State Zin Code	1
	10	Reynold Kontner				t., Clif		7011	,
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1	ovel from State cem	PLACE AND DATE (ther place)		- 4	CATION - City of	110-0
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Calvary (S. ID ADDRESS OF FA		terson	NJ
		+ A Grow	Att. on		1		ENBURG FU		
within 24 hours af pletely filled in by cremation, or remorent, the medical cent, the medical cent, the medical cent.		IMMEDIATE CAUSE (Final	s. CANDIA	CALR	hy Thu	de of dying, suc	h as cerdiac or reap	iratory arrest,	Approximate interval Between Onset and Death
h certificate be execute ending physician and c Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	c	CONSEQUENCE OF	ŋ: 	Mound	win D	TEA38	
The de d	AL CI	PART ii. Other significant condition	s contributing to desth b	ut not resulting i	Part 1. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
hen signed by or Health an	: MEDIC						1 YES :		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
在 自報 日	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ack only one)		
P The P	HYS	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA	4 - Nursing Hom	S Rasidence			
NG PHYS flar this eath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCURE	'
ATTENDING ATDR. After a fifer death	TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, larm, s	treet, lactory, office		281. LOCATION (Street City or Town, State	and Number or Ru	rai Route Number,
9645	Æ	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurre	d at the lime, data	and place, and due	to the cause(a) and ma	nner as stated,	
Special Specia	1 00		R: On the basis of examination						se(a) and manner as stated.
THE HE PO THE PO THE PO THE PO THE PORT	BE	296. SIGNATURE AND TITLE OF CERTIFIER	10 Deput	y medi	Cal	29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)
₽ ₽ 2 X	5	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	DOIS	-52	6-	7-93
	12	31. DATE FILED (Month, Day, Year)	ORE MID 4.	2034be	ensbu,	ny Rol 1	Yyalt so	ille ou	18006
	+	JUN 0 9 199		con fandal	L				



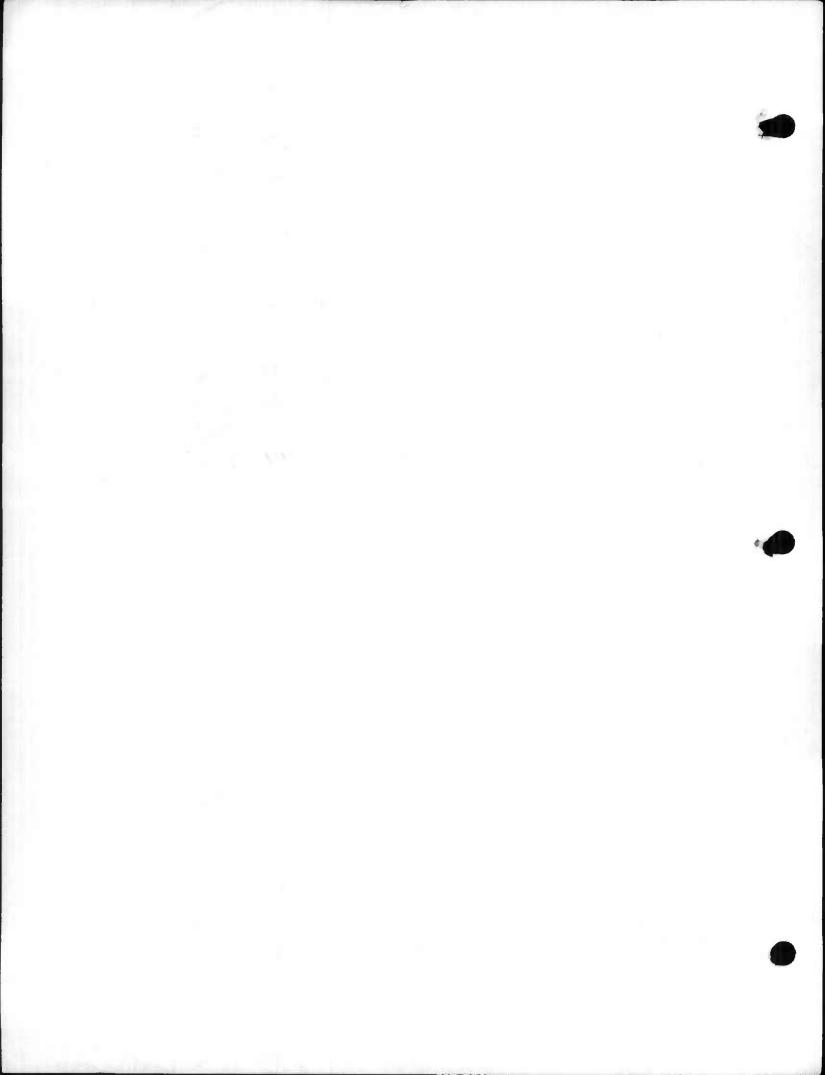
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IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
	FLORENCE KAI					June 5, 1993			12:45 A. M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	MOM		R IFU	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	355-12-5249	1 M 2 DE	83	YRS.	aloutine DA	1100	wite.	4-20-19	10	CHI	CAGO III.	
	9e. FACILITY NAME (If not institution, give atr	eet and number)	9b. CITY, TOV	VN OR LO	CATION OF D	EATH	-	TY OF DEAT				
DIRECTOR	PICKERSGILL	BAI	BALTIMORE Towson BALT.									
Ä	10e. STATE 10b. COUNTY			10c. CITY	r, TOWN OR LO	CATION				10	Id, INSIDE CITY	
a	MD BA	LT.		B	ATTT	ORF	To	wson		1	YES 2 NO	
4	10e. STREET AND NUMBER					10f. ZIP (CODE		10g. CITI	ZEN OF WHA	T COUNTRY?	
FUNERAL	615 CHESTNU	r AVENII	E			21204 7/5					7	
5	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN H & AD	MED		DECENDE	NT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE	American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES ZON	10		YES 2		an, Puerto Rican, etc.)		Specify:	Thite, etc.	
BY	3 Wildowed 4 Divorced					5					White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18e. DE	CEDENT'S	USUAL OCCUP	ATION	enridaa	16b. KIND OF BU	SINESS/IND	USTRY		
	Elementery/Secondery (0-12)	College (1-4 or 5	ilfa.	Do NOT us	vork done during se retired.)) most or w	Orking					
필	12			SUPI	ERVIS	OR						
0	17. FATHER'S NAME (First, Middle, Lest)						MOTHER'S N	AME (First, Middle, Maiden	Surname)			
	PETER WEY						DT T	ZABETH J	ODDA	NT.		
BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Str	eet and Nu		Route Number, City or Tow				
2	TIIT.TA HTT.T.			C1 F	a							
	20s, METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Name o			BALTO 20c. LO	CATION -	2120 City or Town	. State	
	1 Buriel 2 Cremetion 3 Remo	eval from State	other pla	ece)		k Cemetery 6/8/93 Baltimore Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- I LOUGO	II Fa.			DRESS OF F			J.C 110	A	
	•	Ruc	k Mos	wson F	Funeral Hon	ne. Tr	nc. 10	050 York Ro				
	23. PART i. Enter the diseases, or c		A accord the de	-44 - 50							Approximate	
CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Uve mi A Due to (or as a consequence of): Let y per tense. Due to (or as a consequence of):											
Ē	that initiated events resulting in death) LAST	· V	enov	450	ulm	r d	iser	95 e				
B												
	PART II. Other aignificent condition	contributing to	death but not i	reauiting i	in the under	lying ceu	ise given in	Part I. 24s. WAS AN			ERE AUTOPSY FINDINGS	
MEDICAL	Coronary snutiple	arter	y des	La	ee,	1 YES 2			NO D	0	OMPLETION OF CAUSE F DEATH?	
	shultiple (erebr	al cr	ya	etr	eters 1 YES 2 [☐ YES 2 ☐ NO	
=	/			6								
¥	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE	OF DEATH (C	heck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5	☐ Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Calletural 5 Pending	28e. DATE OF (Month, L		28b. TIM	IE OF 280	WORK?		28d. DESCRIBE HOW	INJURY OC	CURED		
8√	2 Accident Investigation	28a PLACE (E IN HERY At he	una farm i			2 10	201 LOCATION (Street	and Mumba	or Dund Bou	de Mumber	
	3 Suicide 6 Could not be 4 Homicide determined	building	etc. (Specify)		, 12010. //	reet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or lown, State)						
9	29e. CERTIFIER									_		
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE							e to the cause(e) and ma e time, data and place, e			nd manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CENTIFIED	0,	m	0		29c	LICENSE NU	- 3 -	29d. DAT	E SIGNED (A	forith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAL	SE OF DEATH STE	M 27) (Type	, Print)		123	205	- 0	17/7	3	
		0		7.7			- (
	JUN 0 8 1993	Schie Dev	don-Mand	ese.								



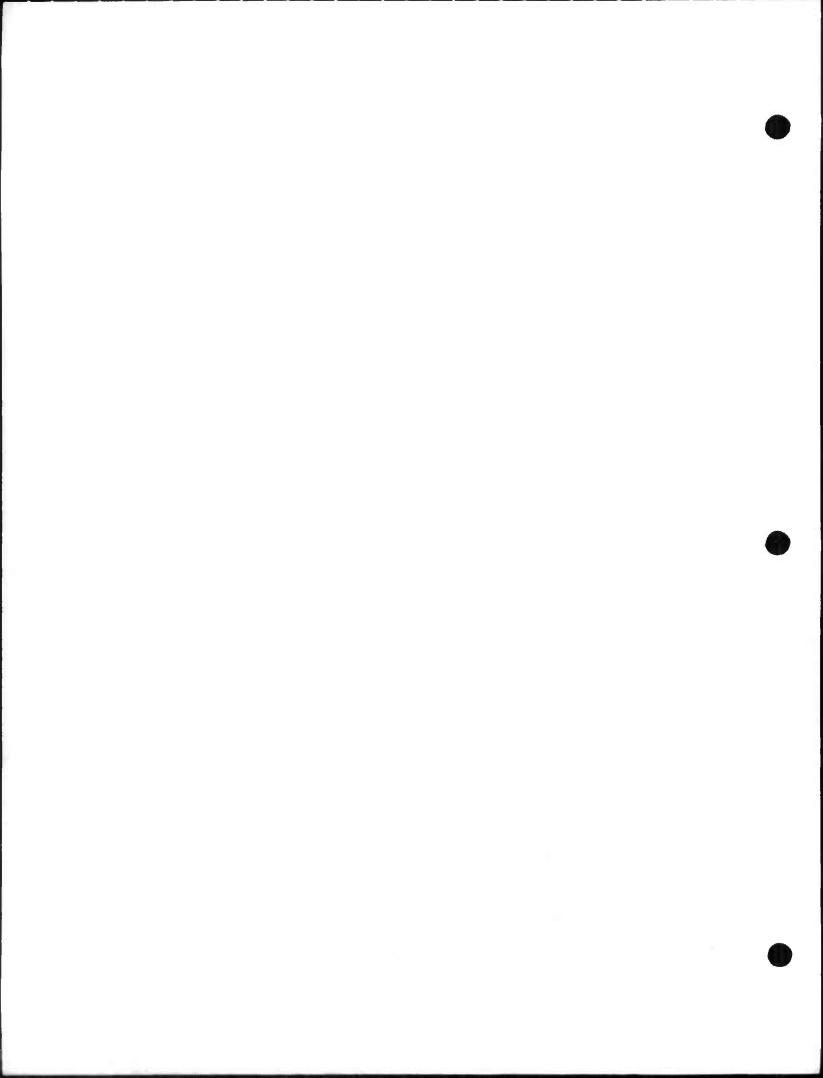
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 • STATE REGISTRAR	STATE OF M	TARYLAND /	DEPART	MENT OF	HEALTH AND	MENT		E	j i	6542	
1. DECEDENT'S NAME (First, Middle, Las	t)	- CI	ERITE	CATE OF	DEATH	T a par	REG. NO				
·	stor		TT	TWT C		MOI	ATH D	7	YEAR 93	4:45	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		EWIS IF UNDER 1 YEAR	IF UNDER 24 HRS.	-	E OF BIRTH	<i>J</i> /		PLACE (State or Fore	P
214-26-1703	1½ M 2 □ F	62	-	MONTHS DAYS	HOURS MIN.	(Mo	rith, Day, Year)	001	Countr	y)	ign
9a. FACILITY NAME (If not institution, give	street and number)	02	_	9b, CITY, TOWN	OR LOCATION OF C		-27-1		Mary JNTY OF D	vland	
FRANCIS S KEY RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md.	FRANCIS S KEY MEDICAL CENT							50.00		LAITI	
10e. STATE 10b. COUN			_	TOWN OR LOCA	TION					10d. INSIDE CITY	_
Md.			Ba	altimo	re				ľ	LIMITS?	10
10e. STREET AND NUMBER					f. ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?	_
100. STREET AND NUMBER 5917 St. Regi 11. MARITAL STATUS	s Rd.				21206				TICA		
11. MARITAL STATUS						NIC ORIG	iiN? (Specity Yes	or No	USA 14. RACE	- American Indian	_
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	"Air		S 2 NO Spec		o Rican, etc.)		Black Speci	, White, atc.	
	1951-1	955 F	orce							Black	
15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	(G	ive kind of wo	SUAL OCCUPATI	ON ost of working	-10	Sb. KIND OF BUS	SINESS/IN	OUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +) Hfo.	. Do NOT use	retired.)	-						
		We	elder	<u> </u>			Armco		el		
17. FATHER'S NAME (First, Middle, Last) John Lewis					18. MOTHER'S N.						
					Mildr	ed	Wilsor	1			
19s. INFORMANT'S NAME (Type/Print)					and Number or Rural						
Anita Lewis		5	5466	Cedon.	ia Ave.	Ba	Baltimore, Maryland 2				2
20e, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Re	moval from State	20b. PLACE A cemetery, cre		DISPOSITION (N	ame of	DA	TE 20c. LO	CATION —	City or To	wn, State	
4 Donation 8 Other (Specify)		Garri	isón	Forre:	st Vet		Gar	ris	on M	laryland	1
21. SIGNATURE OF FUNERAL SERVICE	JICENSEE	7	22. NAME AND ADDRESS OF FACILITY Derrick C. Jones, 4611 Park Heights Ave. Balto., N						nec I	7	
Dence	- (-)	fores	0	4611	Park H	eig	hts Av	re.	Balt	o., Md.	1
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	d										
PART ii. Other algnificant condition	one contributing to	daeth but not n	esulting in	the underlyin	g cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FIND	
DIABETES	MENITUS	MELLITUS					PERFOR			AMILABLE PRIOR TO COMPLETION OF CAL	
							1			OF DEATH? 1 YES 2 NO	,
							INQU	TKY		T TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				28. P	ACE OF OEATH (C)	heck only i	one)				_
EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ne 5 🗆 Residence						
27. MANNER OF DEATH	28s. DATE OF	NJURY	28b. TIME	OF 28c. IN.	URY AT	_	ESCRIBE HOW IN	JURY OC	CURED		_
14 Natural 5 Pending	(Month, Da	y, Year)	INJUI		YES 2 NO						
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hor	me, ferm, str	eet, tectory, offic	•	281. LO	CATION (Street a	nd Numbe	r or Rural A	oute Number	_
4 Homicide determined	building, a	itc. (Specify)				Cit	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of st	my knowledge, dea	ath occurred	at the time, data	and place, and due	to the co	euse(s) and man	ner as ata	ted, he cause(s)	and menner as stat	ed.
296. SIGNATURE AND TITLE OF CERTIFI					29c. LICENSE NU		1			(Month, Day, Year)	
Monald & W	right				o.c.		. 1	•		08/1993	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS				et, Bal			Mari			1
31. DATE FILED (Month, Day, Year) JUN 0 9 199	32. BEGISTRAF	S SIGNATURE	ndett	Latre	et, Dd]	LLIII	ore, I	rial)	/ Tail	2 2120	Т_



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO HE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO HE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit.

	1 - STATE REGISTRAR	STATE OF MAR			MENT OF H		MENTA	L HYGIEN		3 16543
	1. OECEDENT'S NAME (First, Middle, Last,	Lemen	+				2. DATE	OF DEATH	AY	YEAR 2 26
	4. SOCIAL SECURITY NUMBER 578 - 82 - 5/31	AKA: Robert Lander AGE (In yrs. Inst birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTN (Month, Day, Year) 8.		BIRTHPLACE (State or Fore Country)			
TOR	9a. FACILITY NAME (If not institution, give	11	DITA	٩		DR LOCATION OF D	EATN		160. 4 - 450.	4Himore
DIRECTOR	10a. STATE 10b. COUN	altimore			rown on Locat	TION				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 21/2 Gorsuch Rd.	archiore		1 11		21093			10g. CITIZ	EN OF WHAT COUNTRY?
BE COMPLETED BY	11. MARITAL STATUS 1 \(\overline{\text{Never Married}} \) 2 \(\overline{\text{Married}} \) Married 3 \(\overline{\text{Widowed}} \) 4 \(\overline{\text{Divorced}} \) Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 \(\overline{\text{Mar}} \) Yes, GIVE WAR OR DATI Vietnam 1963-			NO	If yes, sp	ENDENT OF NISPAI ecify Cuben, Maxica 2 X NO Specifi	in, Puerlo	N? (Specify Ye Rican, atc.)	a or No—	14. RACE — American Indiae Black, Whita, atc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			Give kind of wor Do NOT use r			168	. KIND OF BU		JSTRY
	2 Dispatcher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME							Middle, Malden	Sumame)	ency Service
	Hyman 19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	ODRESS (Street a	C.		Lemen		Code)	
5	Clara Lander		3161 B		6th St		Brookl	yn, l	NY 11235	
	1 Burlel 2 Cremation 3 Ref 4 Donation 5 Other (Specify) 21. SIGNATURE OF FRINERAL SERVICE L	A ANTI			lore Ce		6/4		elawn	
	· Duane	1. Ku	nca	ud	ROBERT	C. ALTH	ENBUE	Balt	imore.	, MD 21214
NOI	23. PART I. Enter the disessea, or ahock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions,	e. OUE TO (OR)	AS A CONSE	OUENCE OF):		de of dying, auc			fratory arre	Approximatinterval Bellionset and
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition Dice Condition Good TO (ndc)	th but not	1	the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3		THER:	ACE OF OEATN (Ch				
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJU (Month, Day, Ye		28b. TIME O		RK?	28d. DE	SCRIBE NOW I	NJURY OCC	PREO
- 1	3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number. City or Town, State)								or Rural Route Number,	
COMPLETED		ICIAN: To the best of my k								d. cause(a) and manner as sta
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		Cill	29c. LICENSE NUMBER			MBER			SIGNEO (Month, Day, Year)
۲ خ	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Pro	ine)	Joseph	24	<u>ರ್ಭಾ</u> ನ	PI	Soft Ma
۲ ۱	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GIGNATURE	Rando #			-			

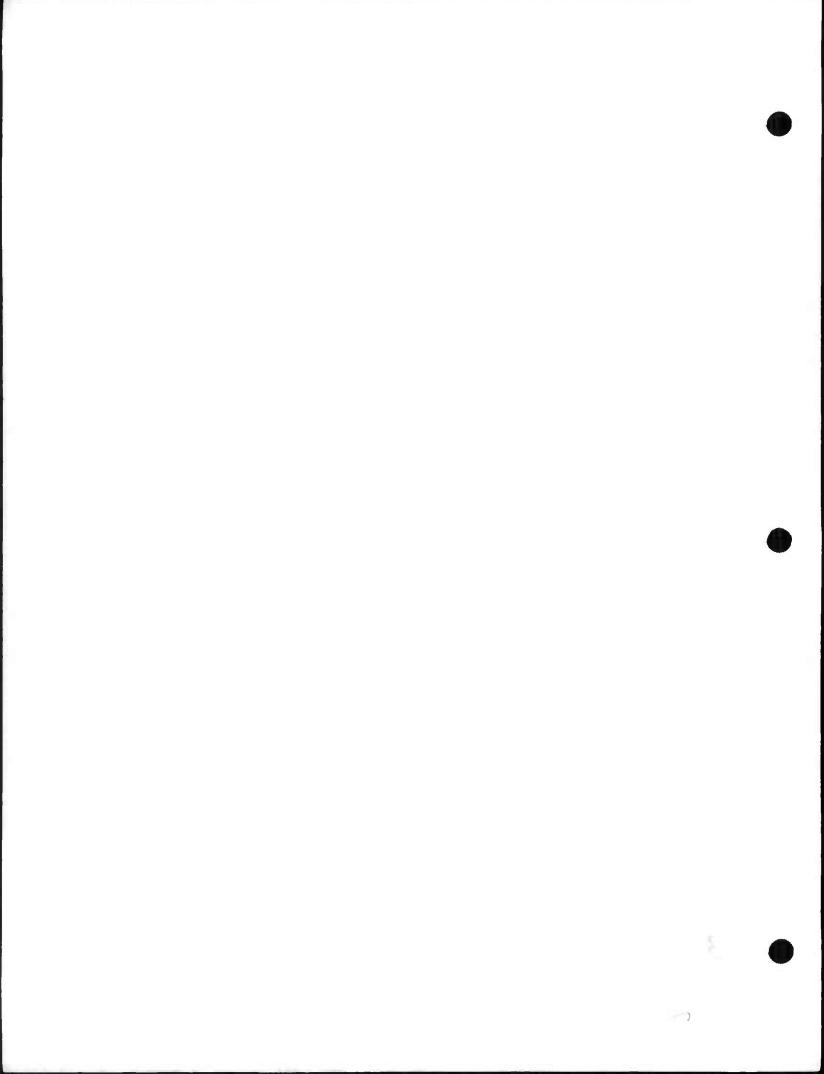
32. REGISTRAR'S SIGNATURE

Julia Davidon Rendale

1993

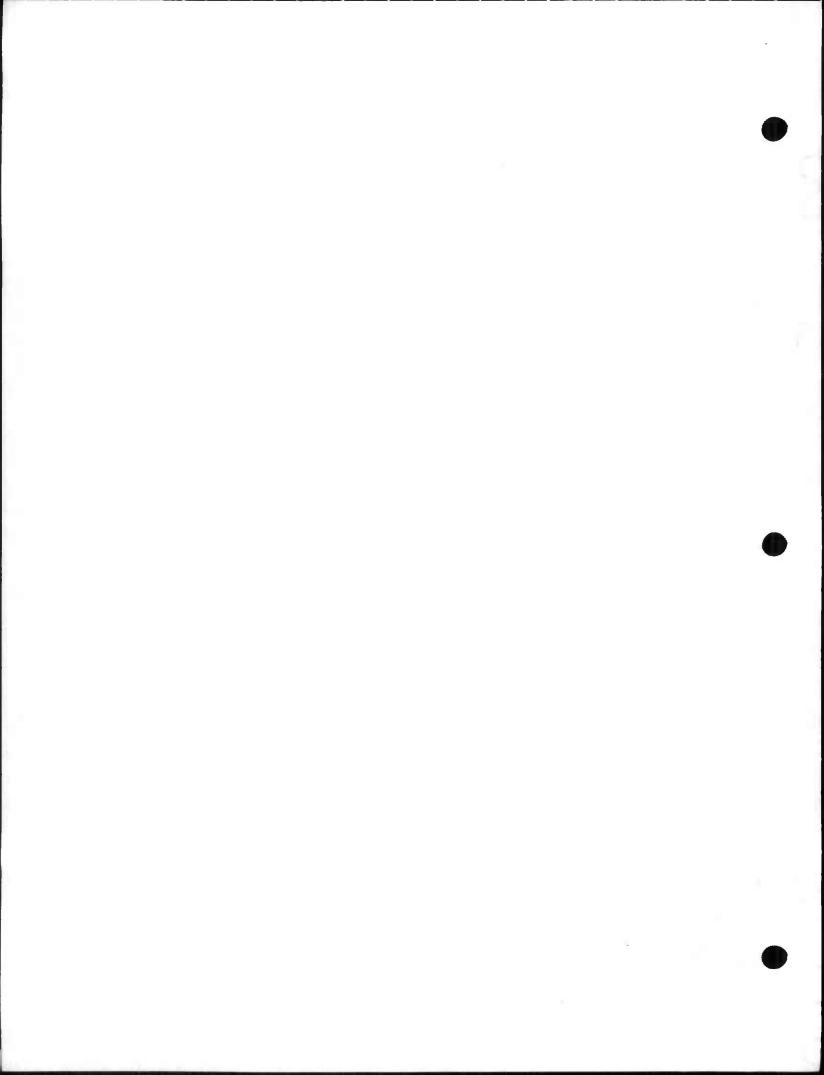
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	h the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	. The law requires that the	ate has been signed by the	tate Dept. of Health and M	tem 23 shows any Inj	
	A ATTENDING PHYSICIAN.	HECTOR: After this certific	hours after death with the Si	Im 28 is marked, or i	
9	PITAS	THE DE	n 72 hou	T If Ibe	
4	经里	E	d with	RTAN	
	TO T	TO THE	De file	MPO	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH	MENTAL HYG	IENE	0 1004	4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH	3. TIME OF DEATH	
	Delores 4. SOCIAL SECURITY NUMBER		tle			6-		93	M
	216-34-1715	5. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 6-10-3	er)	BIRTHPLACE (State or Forei Country) MT	lgn
	9a. FACILITY NAME (If not institution, give s	treet and number)	- 55	9b. CITY, TOWN C	R LOCATION OF D			TY OF DEATH	
DIRECTOR	1629 N. PATTERSON PARK BALTIMORE								
H.	F-20-74				ION			10d. INSIDE CITY	
	MD 100. STREET AND NUMBER		1	Baltimor				tXXYES 2 □ N	0
FUNERAL	1629 N. Patterson Park Avenue				21213			EN OF WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Speci	-	S.A. 14. RACE — American Indian,	
BY FI	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxico 2 NO Specia	en, Puerto Rican, et	i.)	Black, White, etc. Specify:	,
	3 Widowed 4 Divorced	1000			**	,		Black	
COMPLETED	15. DECEOENT'S EQU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo	ON st of working	16b. KIND O	F BUSINESS/INDU	JSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Unemplo						
OM	17. FATHER'S NAME (First, Middle, Last)		OTTOMPE	Jy Cu	18. MOTHER'S NA	ME (First, Middle, M	tiden Surname)		_
ш	John Thaxton				Mable S				
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Floute Number, City of			
	Cynthia Addison					/Baltimo	re, Mar	yland 21212	
	20a. METHOD OF DISPOSITION Description March Marc	oval from Stata cemei	PLACE AND DATE Of tery, crematory or of	her place)		1		ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	altimore	Cemeter 22, NAME AN	D ADDRESS OF FA	CILITY	Baltimor	ce, Maryland	
	Kimer	the B.	pore				01 E.	NORTH AVE.	
	23. PART I. Enter the diseases, or cashock, or heart failure.	complications that caused List only one cause on as	the death. Do n	ot antar the mo-	da of dying, suc	h as cardiac or	eapiratory arre	st, Approximate	
	IMMEDIATE CAUSE (Final							interval Bety Onset and D	
	disease or condition resulting in death)	· CANCER	01-71	46 1:	BREAS	7 W171	METHS	572515	
_		a. CANCER OF THE 13 REAST WITH METASTASIS DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A (CONSEQUENCE OF);					
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	с							
	that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF);					
H	Total and a second control of the second con	d							
4	PART ii. Other significant condition	s contributing to death but	t not resulting in	tha underlying	cause given in		S AN AUTOPSY	24b. WERE AUTOPSY FIND	
PHYSICIAN: MEDIC							S 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
M								1 🗆 YES 2 🗀 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
S S	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
¥	27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28s. DATE OF INJURY	28b. TIME			8 Other (Specify 28d. OESCRIBE H		IDED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WO	RK?	and OESCHIBE I	OW INJUNT OCCU	THEO	
- 4	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	At home, ferm, st	reet, factory, office	,	281. LOCATION (S	reet and Number o	r Rural Route Number,	-
	4 Homicide determined	Surraing, etc. (Opocii)	"			City or Town,	itate)		
COMPLETED		CIAN: To the best of my knowled							
g S	one) 2 MEDICAL EXAMINE	R: On the beals of examination a	and/or investigation	, in my opinion, de	eth occured at the	time, data and plac	s, and due to the	cause(s) and manner as state	ed.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1///			29c. LICENSE NUI	MBER		SIGNEO (Month, Day, Year)	\neg
2	TO NAME AND ADDRESS OF PERSON	/ / ///	in 1)		D 100	89	> C	18/93	
	AAME AND ADDRESS OF PERSON WHO	A COMPLETED GAUSELOF DEAT	н (ITEM 27) (Туре,	Print)					
3 H	31. DATE FILEO (Month, Day, Year)	2. REGISTBAR'S SIGNAL	URE-						
51	31. DATE FILEO (MONTH) 09 1993	Julia Davidson	jandelle.						



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEI		, 00, 0
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH		3. TIME OF DEATH
	Ethel		Lockett		June 2,	1993 YE	9:00am
		. 0	(In yrs. lest birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give stre	set and number)	9b. CITY, TOW	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
TOR	Maryland Ge	eneral Hospi	tal I	altimore	City		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY
	10e. STREET AND NUMBER	1	20001	10f. ZIP CODE		I to a CITIZEN	1/1 YES 2 NO
FUNERAL	607 Kenne	ratorania	1- 900	212 0		U .	OF WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Married	12 WAS DECEDENT EVER II		ECENDENT OF HISPAI specify Cuban, Mexica	in, Puerto Rican, etc.)	ns or No— 14. I	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1 7	ES 2 NO Specif	y:	5	Specify:
8	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S USUAL OCCUPA	TION	16b. KIND OF B	ISINESS/INDUSTI	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	most of working	14	147	1 - malles
MP			MANAGET		MAYE	11 1	ONE LAUNCHY
	17. FATHER'S NAME (First, Middle, Last)	>		18. MOTHER'S NA	ME (First, Middle, Meide	Sumame)	11
BE	19a. INFORMANT'S NAME (Type/Print)	- 1		DLA	Nene	-mi	119
2	A A A A A A A A A A A A A A A A A A A	Katt	19b. MAILING ADDRESS (Street	t and Number or Rural	Route Number, City or To	vn, State, Zip Code	" AHTE
	20s_METHOD OF DISPOSITION	120	D. PLACE AND DATE OF DISPOSITION	OSELV	7777	2/2/	1-7013F
	1 Burial 2 Cremation 3 Remov		netery, grematory on other place)	Name of P	DATE 20c. L	OCATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22. NAME	AND ADDRESS OF FA	CILITY) - 1-0- Zsaf	y W.T
	1 P) 1.	1	T	194	1	. 11
	23. PART I. Enter the diseases, Dr co	omplications that cause	d the death. Do not enter the r	node of duing suc	enal Han	- / 130	14 Nentrolo
	Shock, or heart failure. Li	iat only Dne ceuse Dn e	each line.	ioua bi dying, suc	ir au cardiac Di Tea	matory arreat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	G					Onset and Death
	resulting in death) a.	Septicen DUE TO (OR AS A	11.2 A CONSEQUENCE OF):	·			
z		Pneumoni	0				
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
2	CAUSE (Disease or Injury	Cerebrov	(ascular of accide)				
Ë	that initiated events resulting in death) LAST	DUE TO FOR AS I	CONSEQUENCE OF CCTUE!	1.6			
CERTIFICATION	d.						
AL	PART ii. Other significant conditions	contributing to death b	out not resulting in the underly	ing ceuse given in	Part i. 24e. WAS A		24b. WERE AUTOPSY FINDINGS
2		Urinary	tract infection	1	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ij					_	- 10.10	OF DEATH? 1 YES 2 NO
ż							0.22.00.
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOODITAL.		PLACE OF DEATH (Ch	eck only one)		
YSI		HOSPITAL: 1 inpatient 2 ER/Outp	petient 3 DOA 4 Nursing H	ome 5 🗆 Rasidence	6 C Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
B	1 Metural 5 Pending 2 Accident Investigation			YES 2 NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	 Al home, larm, street, factory, of city) 	fice	261. LOCATION (Street City or Town, State	end Number or Ru)	ural Route Number,
12	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	riedge, death occurred at the lime, d	rts and place, and due	to the cause/et and m	nner as stated	
WO			n end/or investigation, in my opinion				use(e) and menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			NED (Month, Day, Year)
BE	Ronny Santors	amo- H	ouse Staff	n/a		1	2 - 93.
5	30. NAME AND ADDRESS OF PERSON WHO ROTHLY ntosa, I		* *	nd Genera	l Hospital		- 12.
	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S SIGN	ATURE				
1	31. DATE FILED (Month, Day, Year)	Julia Davidson	~ Pandelle				



REG. NO.

page 5 should be notified at

the funeral

and completely filled in by o burial, cremation, or remo

24 hours

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must

examiner

medical

the

event.

traumatic

Injury,

DIRECTOR: After this certificate has been signed by the aftending physician an hours after death with the State Dept. of Health and Mental Hygiere prior to Item 28 is marked, or Item 23 shows any Injury, or other traums

PORTANT: If

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for use as the burial-transit permit. Pages 1, 2, 3 should

FOR

1 -

STATE REGISTRAR

	24	₩ E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

2. DATE OF DEATH 3. TIME OF DEATH 06 0239 AH 4 SOCIAL SECURITY NU A. AGE (In yrs. last birthday)
93 YRS. e. BIRTHPLACE (State or Foreign Country)
London, E 7. DATE OF BIRTH (Month, Day, Your) Sept. 18, 1899 IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 1 M 2 F 059 10 5992 Engla 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Kensington 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10231 Carroll Place 20895 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X 80 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES ※② NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married: 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working ntary/Secondary (0-12) College (1-4 or 5+) Legal Secretary Law Firm 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Samuel Archibald de Bear Jennie Block BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Sonia Boin 4716 Listra Rd., Rockville, Md. 20853 20s. METHOD OF DISPOSITION
1 図 puriel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Washington Cemetery 6-6 Brooklyn, NY 21. SIGNATURE OF RUNGRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
IVes—Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate Interval Betwee IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING aileero CAUSE (Disease or Injury IOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4
Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 WO 1 Impatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Distural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. COMPL 2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Alexent, DO9834 5 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FARRAGUT AUE. KENSINGTON, M.D. 20195 3720 32. REGISTRAR'S SIGNATURE Julia Davidson Bandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

use as the burial-transit permit. Pages 1, 2, 3 should

for

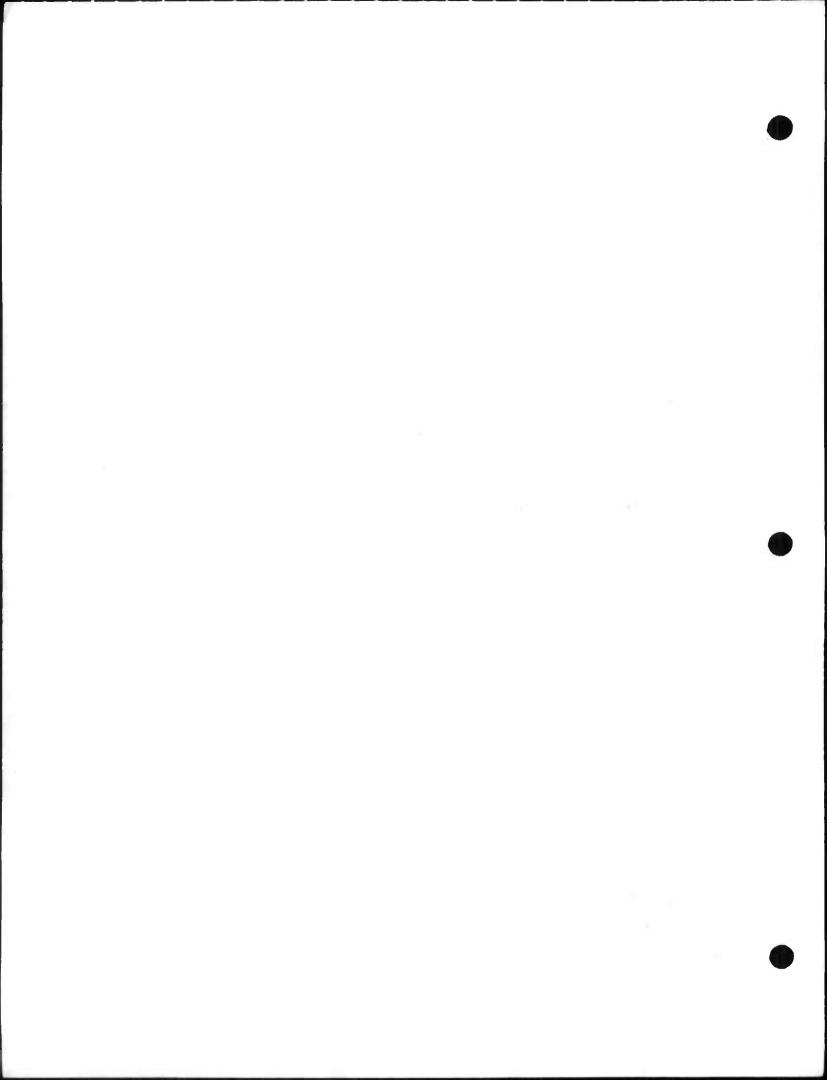
detached

. BOX 68760,
P.0.
RECORDS,
OF VITAL
DIVISION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELMA MCDANIEL 30 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6-19-1898 IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 218-48-2720 1 🗌 M 2 🔯 F MONTHS DAYS HOURS 94 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL DIRECTOR BALTIMORE CITY _ RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 34 N. Lakewood Ave. 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, Whita, etc. 1 Never Merried 2 Married ВУ IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) J. Elmer Webster filled in by the funeral director, page 5 should be on, or removal, 7 Iva Jones notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Annabelle Darby Niece P.O.Box 91, Princess Anne, Md. 21853 9 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Parkwood Cemetery 6-10-93 Balto...Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkin 32. NAME AND ADDRESS OF FACILITY Moran-Ashton Funeral Home, Inc. 3000 E. Baltimore St., Balto., Md. 21224 examiner 8 J medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line 0 Interval Between IMMEDIATE CAUSE (Final Onset and Death TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires own the attending physician and completely fille TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the disease or condition SEPS15 resulting in death) DECUBITAS GLEEKS IMPECIED CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing Ho e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 V CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 whie Davidson





use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. ĮQ. by the funeral director, page 5 should be detached removal. 16 notified 9 must examiner medicai filled in 0 the event. bunal, traumatic and prior to the attending physician I Mental Hygiene prior to other t 6 shows any injury, has been signed by the Dept. of Health and Man 23 shows any inj ltem . TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to field within 72 hours after death with the State IMPORTANT: If Nem 28 is marked, or Nem

DIRECTOR

FUNERAL

ВҮ

COMPLETED

9

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

1 Natural

2 Accident

3 Suicide

4 Homicide

5 Pending investigation

6 Could not be

93 16548 Item6, Film700, 6/11/93, 1t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Helen G. Mohler 6/8/93 2:30 a. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 88 1 M 2 F HOURS 89 4/8/1905 216-46-2310 YRS. Md 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 303 Seminole Avenue Catonsville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Catonsville 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 303 Seminole Avenue 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Pu 1 YES 2 SNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced Specify: white 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edmund Jospeh McGraw Mary M. Peters 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Helen Fraiji 303 Seminole Avenue, Catonsville, Md. 21228 20e. METHOD OF DISPOSITION

1 💢 Burlal 2 🗆 Cremetion 3 🗀 Ramoval from State
4 🗆 Donation 6 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE New Cathedral 6/10Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 000/1 736 Edmondson Avenue, Catonsville Md.21228 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximate shock, or heart failure. List only one ceuse on each line Interval Bstween Onset and Death **IMMEDIATE CAUSE (Finei** disesse or condition DUE TO (OR AS A CONSEQUENCE OF): oosly resulting in desth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 _ YES 2 _ NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Mesidence 6 (Other (Specify) 26e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH

29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) while no 9 00724 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 900 CATON AVE BALTO ILERVR MD. 32. REGISTRAR'S SIGNATURE

26b. TIME OF

26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

28c. INJURY AT WORK?

1 YES 2 NO

28d. OEȘCRIBE HOW INJURY OCCUREO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)



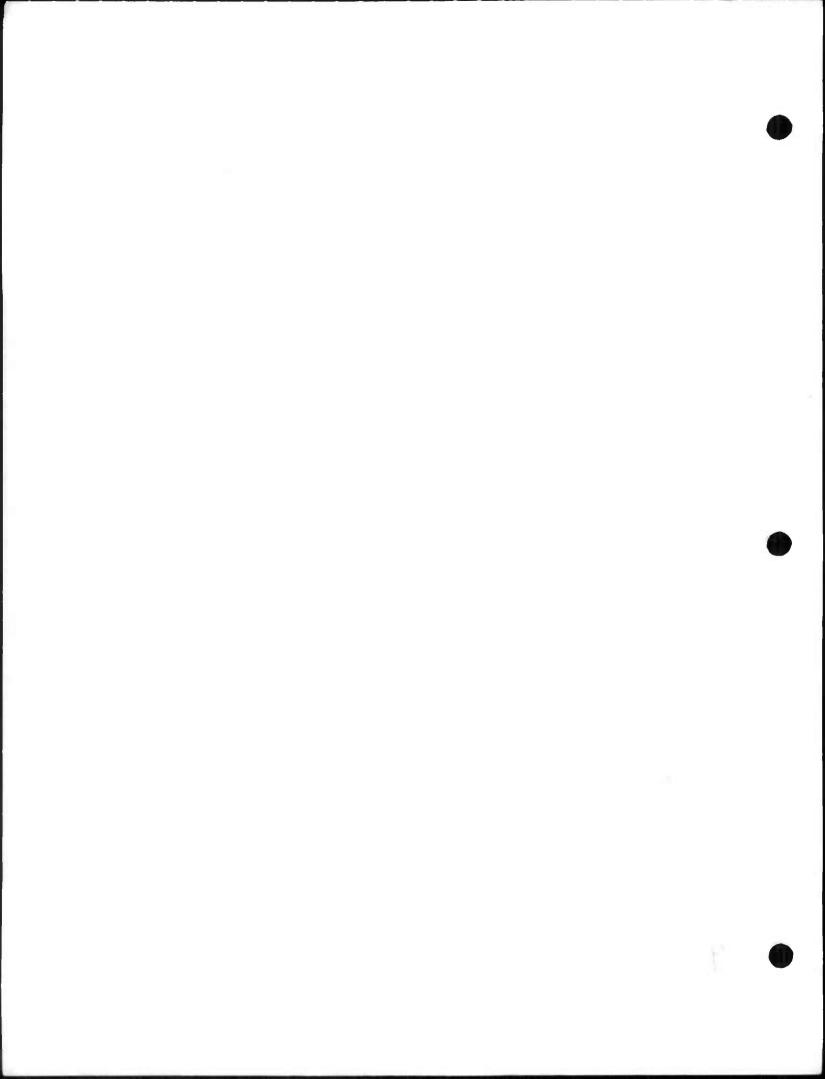
TO THE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Obpt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR		C	EHIIF	ICATI	E OF	DEAT	Ή		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)									OF OEATH			3. TIME OF DEATN	
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1	IF UNDER		7. DATE (OF BIRTH			HPLACE (State or Foreign	
	218-76-1096	1 - M 2 X F	8	2 YRS.	MONTHS	DAYS	HOURS	MIN,	7-15-10			Coun	VIRGINIA	
_	9e. FACILITY NAME (If not institution, give s	treet and number)			9b, CITY	r, TOWN O	R LOCATIO	N OF DE			9c. COU	NTY OF I		T
OR	2124 CALVERT S		BAI	LTIM	ORE	CIT	Ϋ́							
DIRECTOR	RESIDENCE OF DECEDENT					OR LOCAT								
NIC.	MD				ltin		ION						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				11 6 111		ZIP CODE						1 X YES 2 NO	4
RA	2124 N. Calvert Street					101.	2121						WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	FVER IN U.S. AR	MEO	12	WAS OFC			O OBIONE	(Specify Yes		S.A.		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XI	NO		If yes, spe	city Cubar	, Mexican	, Puerto R	(Specify res (can, etc.)	or No-	Blac	E — American Indian, ik, White, atc.	
B√	3XXWidowed 4 Divorced	11 123, 0172 14	AN ON DATES			1 YES	² XNO	Specify:				Spec	ally: lack	
	15. DECEOENT'S EQUI	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/IND		Lucit	ᅥ
<u> </u>	Elementary/Secondary (0-t2)	College (1-4 or 5 +	Hita.	. Do NOT us	e retired.)	auring mos	st of working	7						
N P	6th		Ho	ousew	ife									-1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ts. MOTH	ER'S NAM	IE (First, M	iddle, Malden S	Surnama)			
BE	Goldman Garlick								Mill	_				
ဝ	19a. INFORMANT'S NAME (Type/Print)									er, City or Town				T
-	Lillian Pollard			1406	N. E	utaw	Pla	ce/B	alti	more,	Mary	land	21217	
	20g. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rame	oval from State	20b. PLACE / cemetery, cre			SITION (Ne	me of		OATE		ATION —		•	٦
	4 □ Donetion 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	TARGE	King	Memo					1	Ran	dall	stow	m, Maryland	d
	21. SIGNATURE OF POWERAL SERVICE CIC	1 L	1		22.	NAME AN	D ADDRES	S OF FAC	ILITY					
	Moneil	TUD)	· fon	200						101 E.			VENUE	
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that	caused the da	ath. Do n	ot entar	tha mod	de of dyli	ng, such	ss cardi	ac or respir	atory srr	est,	Approximats	
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		DUE M	OR AS A CONSEC	OUENCE OF):									\neg
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¥	if sny, leading to immediate	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								- 1				
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RTIF		с.	OR AS A CONSEC											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):									
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\text{\text{YES}}\) YES 2 \(\text{\text{NO}}\) NO 27. MANNER OF OEATN Naturel 5 Pending Investigation	DUE TO (d. BE CONTRIBUTING TO (BE CONTRIBUTING T	death but not r ER/Outpetient 3 NJURY y, Year) INJURY — At hote, (Specify) my knowledge, de amination and/or i	DUENCE OF resulting is	OTHEF 4 Nun	26. PL R: sing Home 28c. INJL WOF 1 Y ory, office	MCE OF DE	ATH (Check of the check of the	Other 28d. DESC	PERFORM 1 YES 2 (Specify) CRIBE HOW IN TION (Street ar Town, State)	JURY OCC and Number ther se state due to the	or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO Route Number, s) and manner se stated.	S
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATN Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide determined 2 Pending Investigation 6 Could not be determined 2 Pending Investigation 7 MEDICAL EXAMINER 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (d	death but not r ER/Outpetient 3 INJURY At horic. (Specify) Try knowledge, deamination and/or i	DUENCE OF Ceaulting in DOA 26b. Timinume, farm, a seth occurre attraction investigation	OTHEF 4 Nun E OF URY M treet, fact d at the ti	26. PL R: sing Home 28c. INJL WOF 1 Y ory, office	MCE OF DE	ATH (Check of the state of the	Other 28d. DESC	PERFORM 1 YES 2 (Specify) CRIBE HOW IN TION (Street ar Town, State)	JURY OCC and Number ther se state due to the	or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO	S
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (d	death but not r ER/Outpatient 3 NJURY y, Year) INJURY — At hote, (Specify) my knowledge, de amination and/or i	DUENCE OF resulting is resulting in poor poor poor poor poor poor poor poo	OTHER 4 Nun E OF URY M Itraet, fact d at the ti	26. PL	ACE OF DED 5X Year 1RY AT 1RY AT 1RY 2 1RY 3 1RY 2 1RY 3 1RY 4 1RY 3 1RY 4 1	ATH (Check of the check of the	City or one of the cause ime, data a	PERFORM 1 YES 2 (Specify) (Specify) TION (Street at 7 Town, State) e(s) and many and place, and	JURY OCC And Number There is attacted due to the control of the	or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO Route Number, s) and manner se stated.	s



	TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A Thous after death. Page 6 may be retained by the hos	THE ALL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	. OR /	OIRE	tem
	HTAL	FRAL III 72	11:11
4	H	A P	RTAN
<	T D	THE ALL CHERAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the from a filed in by the from within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPO

										03	16550
	1 - FOR STATE REGISTRAR	STATE OF MARY		EPARTMENT RTIFICATI			MENTAL	REG. NO.		70	10001
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	OF DEATH		EAR 3. TIM	E OF DEATH
ľ	EUGENIO MUSCOLI	NO					6	5	93		43P. M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last bi			IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8.		(State or Foreign
	N/A 9a. FACILITY NAME (If not institution, give str	1 M 2 F	84	YRS. MONTHS	DAYS	HOURS MIN.	12/	07/08	La saunz	Ita	ly
œ				96, CH	, IOWN O	R LOCATION OF DE	EATH		9c. COUNT	Y OF DEATH	
٥ ٩	6 Brown Cove Ga	rth			Park	ville			Bal	timore	2
DIRECTOR	10a. STATE 10b. COUNTY		1	IOC. CITY, TOWN	OR LOCATI	ON				10d. I	NSIDE CITY
		altimore		Par	ckyil						YES 2 NO
FUNERAL	10s. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE	N OF WHAT C	OUNTRY?
빏	6 Brown Cove Gar	th				21236			It	alv	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 YE	R IN U.S. ARME	D 13.	WAS DECE	ENDENT OF HISPAN	NIC ORIGIN?	(Specify Yes	or No-	RACE - Am Black, White	erican Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				2 NO Specify		curi, etc.)		Specify:	
											nite
回	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECE (Give	DENT'S USUAL C kind of work done NOT use retired.)	during mos	N at of working	16b.	KIND OF BU	SINESS/INDUS	STRY	
<u>"</u>	Elementary/Secondary (0-12)	Cotlege (1-4 or 8+)									
₹	12 yrs		Po	olicemar	1					Dept.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA			Surname)		
BE	Giuseppe Muscoli	no				Catri	na Ca	scio			
6	19a. INFORMANT'S NAME (Type/Print)		19b. R	ALLING ADDRES	S (Street ar	nd Number or Rural i	Route Number	er, City or Tow	n, State, Zip C	ode)	
۴	Ricardo Muscolin	0	. 6	Brown	Cove	Garth	Bal	timor	e, MD	21236	5
	20s. METHOD OF DISPOSITION	umi fanas State		ID DATE OF DISI		(Name	DATE	20c. LO	CATION - CH	y or Town, Bt	nte
	1 Burial 2 Cremation 3 Ramo 4 Oonation 6 Other (Specify)	STATE OF STATE	Parkwo	ematory or other	etery	7	6/15	/93 B	altimo	re, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	. NAME AN	D ADDRESS OF FA	CILITY				
	· 1/1/1/	/_/		,		Loch Ra			П	MT	21286
	23 PART i. Enter the diseases, Dr c	nmplications that cau	end the deat	h Do not ente							Approximata
- 1	ahock, Dr haert fallure. I	List Dniy Dne ceuse Di	n each line.	ii. oo iiot aiite	tile ille	as Di aying, aac	on ea card	ac or reap	and y arrow		interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition										Onset and Death
	reaulting in daeth)	R									
			A CONSEQU	ENCE OF):	,	Ille.		A.		i	
8	Sequentially list conditions,		AS A CONSEQUE	ENCE OF:	5	od kl		Mune	Down		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR A	S A CONSECU	ENCE OFJ:						i	
ें	CAUSE (Diseese or injury	DHE TO COD A	S A CONSEQU	ENCE OF						—— <u> </u>	
Ē	that initiated events reaulting in death) LAST	00E 10 (0N A	IS A CONSEQU	ENGE OF J.						j	
買		d									
	PART II. Other aignificant condition	s contributing to deat	h but not res	uiting in the u	inderiying	cause given in	Part i.	24a. WAS AN			AUTOPSY FINDINGS
<u>ა</u>								PERFO		COMP	ABLE PRIOR TO LETION OF CAUSE
	-						_	1 TYES	Z NO	OF DE	
Σ			-				—			Ι '''	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	beck only on	a1			
고 디	EXAMINER?	HOSPITAL:		OTHE	R:						
PHYSICIAN: MEDICAL	1 YES 2 NO	1 Inpatient 2 ER/C		28b. TIME OF	28c. INJ	e 5 🗌 Residence	_		INJURY OCCU	RED	
4	1 Natural 5 Pending	(Month, Day, Yel		INJURY	WO	RK7	200. DES	CHIDE HOW	MOONT OCCU	neo	
BY	2 Accident Investigation	00 - 51 405 05 111	11001 000							0 10	
<u>۵</u>	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJI building, atc. (Specify)	v, carrol, atroot, fa	оюу, отте	•		ATION (Street or Town, State		r Rurel Route N	raniow,
	-117										
4	Create tray	CIAN: To the best of my ke	nowledge, desti	h occurred at the	time, deta	and place, and due	e 10 the cau	se(a) and me	nner as stated	1.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basie of axamin	ation and/or inv	reatigation, in my	opinion, d	eath occured at the	e lime, date	and place, a	nd dua to the	cause(a) end	manner ee stated.
	296, SIGNATURE AND TITLE OF CERTIFIER	3				-29c LICENSE NU	MBER		29d. DATE	SIGNED (Mon	h, Day, Year)
BE	C+ 65					031	40	1	> C	0171	93
5											

1104 Kenilworth Drive Suite 300

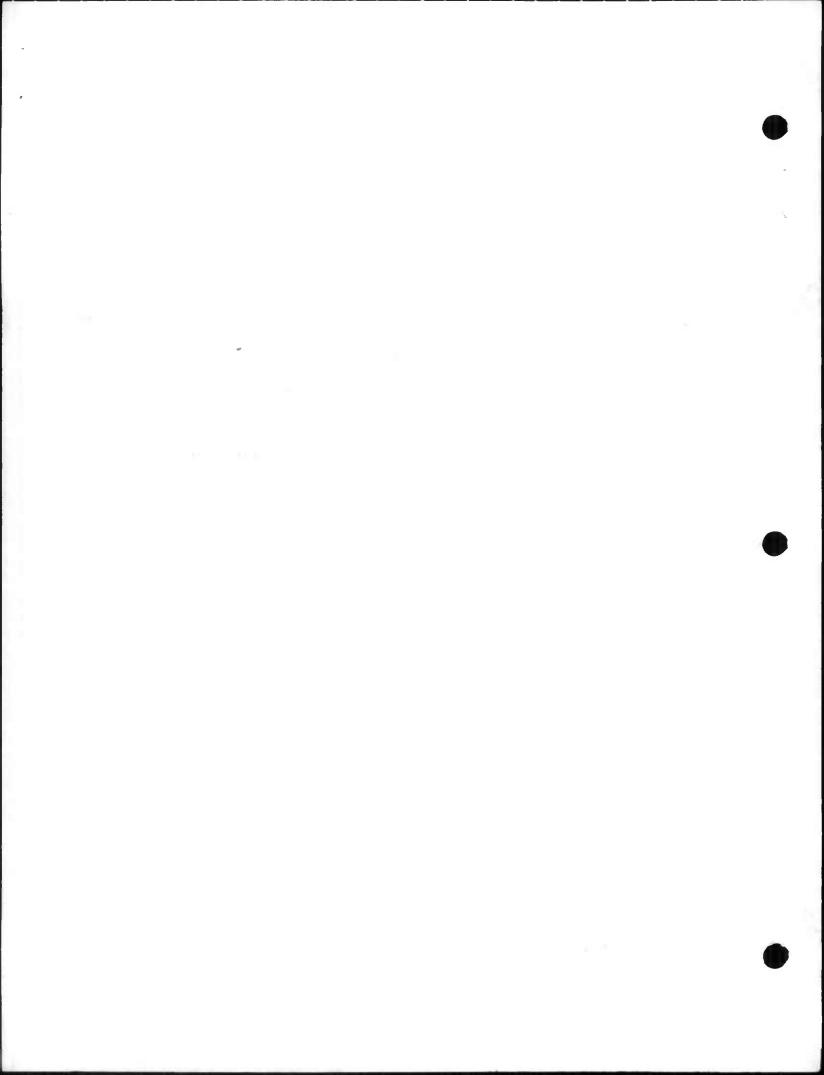
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dr. Melvin Duckett
31. DATE FILED (Mornh, Day, Year)
JUN 0 9 1993

•

	DECEDENT'S NAME (First, Middle, Last)	JOSEPH J. M			DEATH	2. DATE OF DEATH MONTH	0. /93 YEA	3. TIME OF DEATH	
9	4. SOCIAL SECURITY NUMBER 197-05-8241	5. SEX 6. AGE (in yrs. lest birthdey)	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	4.00	ATTHPLACE (State or Foreign unity) nnsylvania	
1, 2, 3 should	9a. FACILITY NAME (If not institution, give s GOOD SAMATCHA RESIDENCE OF DECEDENT		9		R LOCATION OF DE	ATH	9c. COUNTY O	F DEATH	
ift. Pages	Maryland Balt	imore		ry Hall				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ysician. urial-transit perm FUNERAL	8613 Lawrence E	Hill Road		101. ZIP CODE 21128 ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN?			U.S.A.		
by the hospital or attending physician. be detached for use as the burial-tran at once. E COMPLETED BY FUNE	1 Nover Married 2 Married	FORCES? 1 YES	2 XNO	If yes, spe	effy Cuban, Mexicar 2 XNO Specify	n, Puerto Rican, etc.)	6	ACE — American Indian, lack, White, etc. pacify: White	
retained by the hospital or attent 5 should be detached for use as notified at once. TO BE COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 YYS .	CATION completed) College (1-4 or 5+)	16m. DECEDENT'S US (Give kind of won life. Do NOT use of Machini	k done during mos etired.)	N it of working		ers Comp		
d be detach at once.	17. FATHER'S NAME (First, Middle, Last) Hugh Mc I	Donald			18. MOTHER'S NAM	ME (First, Middle, Maiden Gladden	Surname)		
ge 5 should notified TO BE	19a. INFORMANT'S NAME (Type/Print) Vincent R. McDona	ald	196. MAILING AI Same a		nd Number or Rural R	loute Number, City or Tox	vn, State, Zip Code		
hours after death. Page 6 may be retained ed in by the funeral director, page 5 should or removal. TO BE	20s. METHOD OF DISPOSITION 1 St Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF POSITIONAL SERVICE LIC	oval from State	PLACE AND DATE OF I	Tey Cer	metery 6,	/9/93 Tim	ocation — city of nonium,	Maryland	
er death. P the funeral val.	· Earl	1. Janon	/	Ruck !		uneral Hor		1050 York Ros Towson, Md. 21	
within 24 pletely fill cremation rent, the	23. PART I. Enter the diseases, or canonic shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ATRIC	the deeth. Do not lich line. Server Consequence of:			as cardiac or resp	Hratory arrest,	Approximate Interval Between Onset and Death	
cerinicate be executed of the physician and companies of the property of the physician and companies of the physician and the physician an	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2	CONSEQUENCE OF):						
A Page	PART II. Other significant condition RESPIRATORY PENAL FAIL	AILURE IN	ut not resulting in			Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
HYSICIAN: The law required his certificate has been with the State Dept. of ted, or Item 23 sho PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che				
this with the control of the control	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU Y WOF	FRES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED		
DRECTOR: After hours after death hours after death ltem 28 is mar PLETED BY	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office		28f. LOCATION (Street City or Town, State,	and Number or Ru	al Floute Number,	
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT De filed within 72 hours 2 IMPORTANT: If Item 2 D BE COMPLET		CIAN: To the best of my knowless: On the basis of examination						ne(a) and manner as stated.	
TO THE HOSPITAL (TO THE FUNERAL C be filed within 72 h IMPORTANT: If It	29b. SIGNATURE AND TITLE OF ERTIFIER	EDICAL INTER	N		29c. LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO	IN SANICU, P	4.D, 6	EDOD SAN	APITAN	HUPTA			
	31. DATE FILED (Month, Day, Year) JUN 0 8 1993	32. REGISTRAR'S SIGNA	ature and the						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The First OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

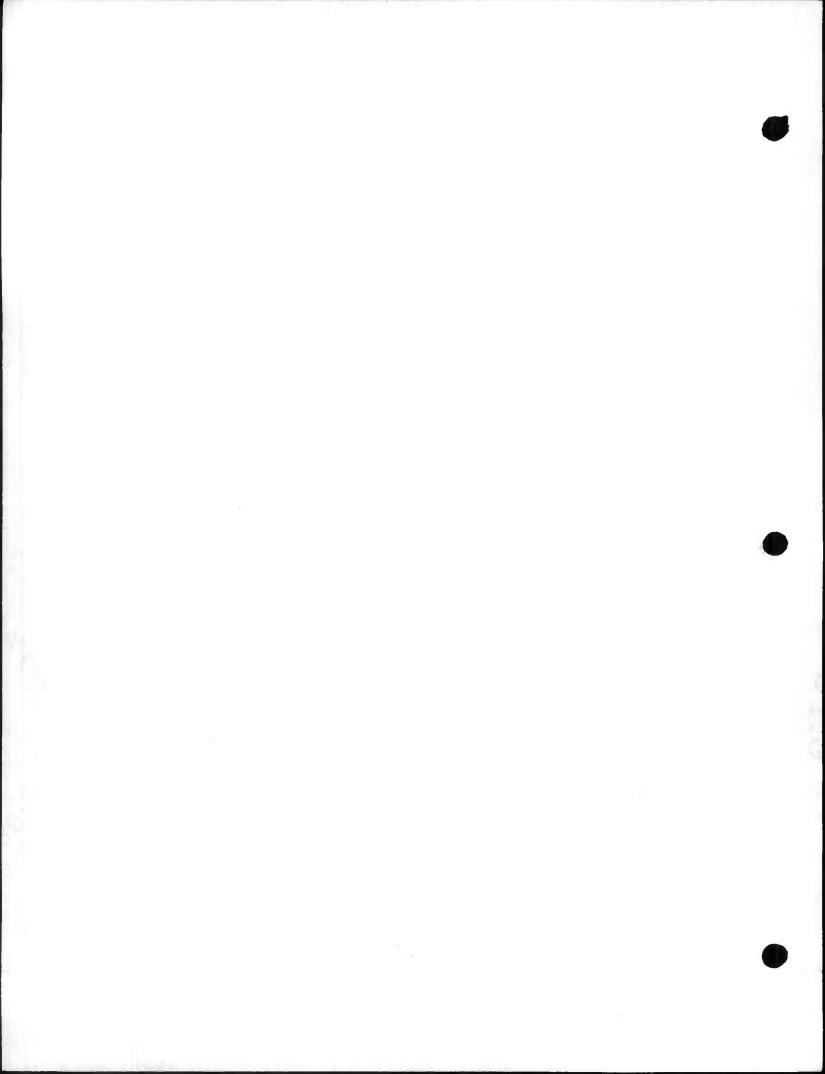
The First OF ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find with the State Dept. of Health and Mental Hygiene prior to burial, certainlon, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

16552 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

	1 - FOR REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E 93	16552
1	1. DECEDENT'S NAME (First, Middle, Last)				<i>D L I I I I I I I I I I</i>	2. DATE OF OEATH		3. TIME OF DEATH
1	HENR	Y J. NIEME	YER			June 8,	1993	2:05 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. Bit	RTHPLACE (State or Foreign untry)
- 9	216-05-2230	1 x M 2 □ F 88	8 YRS.	ONTHS DAYS	HOURS MIN.	July 1, 1		aryland
_	9a. FACILITY NAME (If not institution, give stre	et end number)	6	b. CITY, TOWN OF	R LOCATION OF D	EATH	9c. COUNTY O	F OEATH
DIRECTOR	6113 Birchwood Ave	e		Ba	altimore			
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCATI	ON			10d. INSIDE CITY
H	Maryland			Baltimo				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
EB/	6113 Birchwood Av	۵.			2121	4	US	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	U.S. ARMEO	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. R.	ACE — American Indian.
BY F	II I treated weighted 7 IV method						lack, White, etc.	
				<u> </u>				White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of		(Give kind of wor life. Do NOT use	k done during mos	N t of working	16b, KIND OF BUS	SINESS/INDUSTR	Y
12	Elementary/Secondary (0-12)	College (1-4 or 5+)				C.L	1	
NO	17. FATHER'S NAME (First, Middle, Last)		Broke	3Ľ	18 MOTHED'S NA	ME (First, Middle, Melden	ocks	
	Julius Henry Niem	over				abeth Wort		
B	19a. INFORMANT'S NAME (Type/Print)	CACT	19b. MAILING A	DDRESS (Street en		Route Number, City or Town		
임	Frances Niemever		6113 1	Birchwoo	d Ave.	Baltimore	, MD 2	1214
	20a. METHOD OF DISPOSITION	20b. P	LACE AND DATE OF	DISPOSITION/Nan			CATION - City or	
	1 Burial 2 To Cremation 3 Remov		ery, crematory or other een Moun		tory	6/9 Ba	altimore	e, MD
1 1	21. SHUMATURE OF FUMERAL SERVICE LICES	NSEE			ADDRESS OF FA		ווים אד ווכ	ME INC
	A Genre	Allela				ENBURG FUN Rd., Balti		
	23 PART I. Enter the diseases, or co	mplications that caused i	the deeth. Do not	enter the mod	le of dying, suc	h as cardlec or reepi	ratory arrest,	Approximata
	shock, or heart failure. Li	et only one ceuse on jeto	ch line.	0.	0			Interval Between Onset and Death
	disease or condition resulting in death)	Metas	Flate	(ollor	(A	ncer		
		DUE TO (OR AS A C	CONSEQUENCE OF):					
Z	Sequentially list conditions, b.							
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):					
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	CONSEQUENCE OF:					
E	resulting in death) LAST		,					
	a.							
	PART II. Other algnificant conditions	contributing to death but	t not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 _ YES 2	₩ NO	OF DEATH?
×						_ 1		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
SICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
PHYS	1 VES 2 NO	1 Inpatient 2 ER/Outpate 25e. DATE OF INJURY	lent 3 DOA 4			6 Other (Specify)	U HIPM AAAHDEE	
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	TY WOF		28d. OEŞCRIBE HOW II	NJURY OCCURED	
B A	2 Accident Investigation 3 Suicide A Could not be	28e. PLACE OF INJURY -	- At home, farm, str			281. LOCATION (Street a	and Number or Rui	ral Boute Number
	4 Homicide 8 Could not be determined	building, etc. (Specify	1)			City or Town, Stete)		
19	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the beet of my knowled	doe death occurred	et lhe lime dete	and place, and due	to the seconds and see		
COMPLET		On the besis of examination of						e(s) end manner as stated.
	290. SIGNATURE ANGITITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIG	
BE	dur	/>>			Dis	142 2	▶ 6/	8 93
임	30. NAME AND ADDRESS OF PERSONWHO	COMPLETED DAUGE OF DEAT	H (ITEM 27) (Type, P					-(1)
	5601 Gck	Paver Bh	d	Subje	chel ?	1239		
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE		, 51	,		
	JUN 0 9 19 93	Julia Davidan	V-Marian					

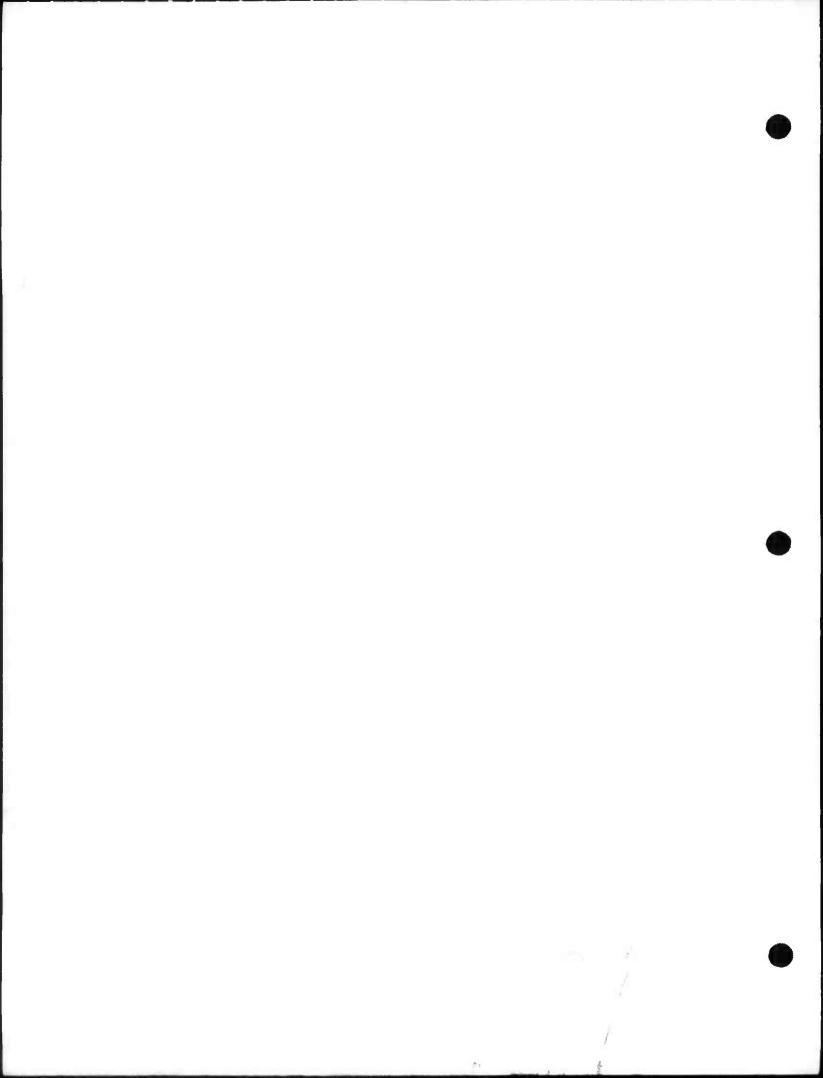


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	DIII									13	16553	
	FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR ERTIF	TMENT OF	HEALTH AND	MENTA	L HYGIEN	Ε	7 3	10000	
	1. OECEDENT'S NAME (First, Middle, Last)				,		2. DATE	OF DEATH			3. TIME OF DEATH	
	Christopher		NORRIA			MONT	н э 6 06		YEAR	0.250 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	218-92-5595	1 🔀 M 2 🗌 F	15	YRS.	MONTHS DAYS	HOURS MIN.	04-	28-197	8	Country	ryland	
_	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DE			EATH 9c. COUNTY			EATH	
<u>ة</u> ا	Rte. 26 & Oakland Mills Road				Sykesville				Carroll			
EG					c. CITY, TOWN OR LOCATION				10d, INSIDE CITY			
DIRECTOR	Maryland Howard County				Marriottsville				LIMITS?			
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE			HAT COUNTRY?	
FUNERAL	1082 Henryton Road				21104			U.			٨.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI 1 November Marriad 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 \[\begin{align*} \text{TORCES?} & 1 \\ \text{YES} & 2 \\ \end{align*}							IIC ORIGIN? (Specify Yes or No.— 14.			- American Indian,	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	AR OR DATES			If yes, specify Cuben, Mexicen, Pt 1 YES 2 NO Specify:				Black, White, etc. Specify:			
									Black			
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G		"S USUAL OCCUPATION of work done during most of working use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
릴	9	Conege (1-4 or 5+)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Student				en Surneme)			
BE (Tina Marie	Spencer			Anthony Norris							
2	190. INFORMANT'S NAME (Type/Print)					and Number or Rura						
- 1	Mrs. Tina Brown/	Anthony N				n Road I	Marrio	ottsvi.	lle,	MD 2	21104	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	oval from State	cemetery, cre	emetory or ot	FOISPOSITION (N her place)							
	4 Donetion 6 Other (Specify) St. Li			Luke					kesvi	sville, Maryland		
	· R. in	12	airles	+		HT FUNE		OME (P	.O. E	ox 1	95)	
	Suare	7. YY	augu	U	Syke	sville.	MD 21	1784 (4101-	795-		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line.									Approximate Interval Between		
	iMMEDIATE CAUSE (Final disesse or condition	M	100	N							Onset and Death	
	reaulting in desth)	DUE TO	(OR AS A CONSE	QUENCE OF		(m)						
2				()						
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	OUENCE OF):									
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
· II	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Par							ert I. 24a. WAS AN AUTOPSY 24b. PERFORMED?			WERE AUTOPSY FINDINGS	
MEDICAL								YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
¥											1 YES 2 NO	
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ACE OF DEATH (C						
\$	1 X YES 2 □ NO 27. MANNER OF DEATH	1 Inpattent 2		□ DOA	4 - Nursing Hon	-	a Xother (Specify) at scene					
	1 Netural 5 Pending	Pending (Month, Day, Year)				TIME OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCURED			
à l	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. Could not be determined 28e. Could not be building, etc. (Specify)							accident				
4	On street Rt. 26 & Oakland Mill Road (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as attated.											
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee atated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated.											
	PID. SIGNATURE AND TITLE OF CERTIFIER											
ᆲ	ANS		29c. LICENSE NUMI						GIGNED (Month, Day, Year)			
O. C. M. E.								06 06 1993				
	ACINIT	AMD Nov									and 21201	
JUN 9 1993 32/REGISTRAR'S SIGNATURE							الما الماية	more.	MG	L V L C	21201	
19			and the same of the same	4 - 4 0								



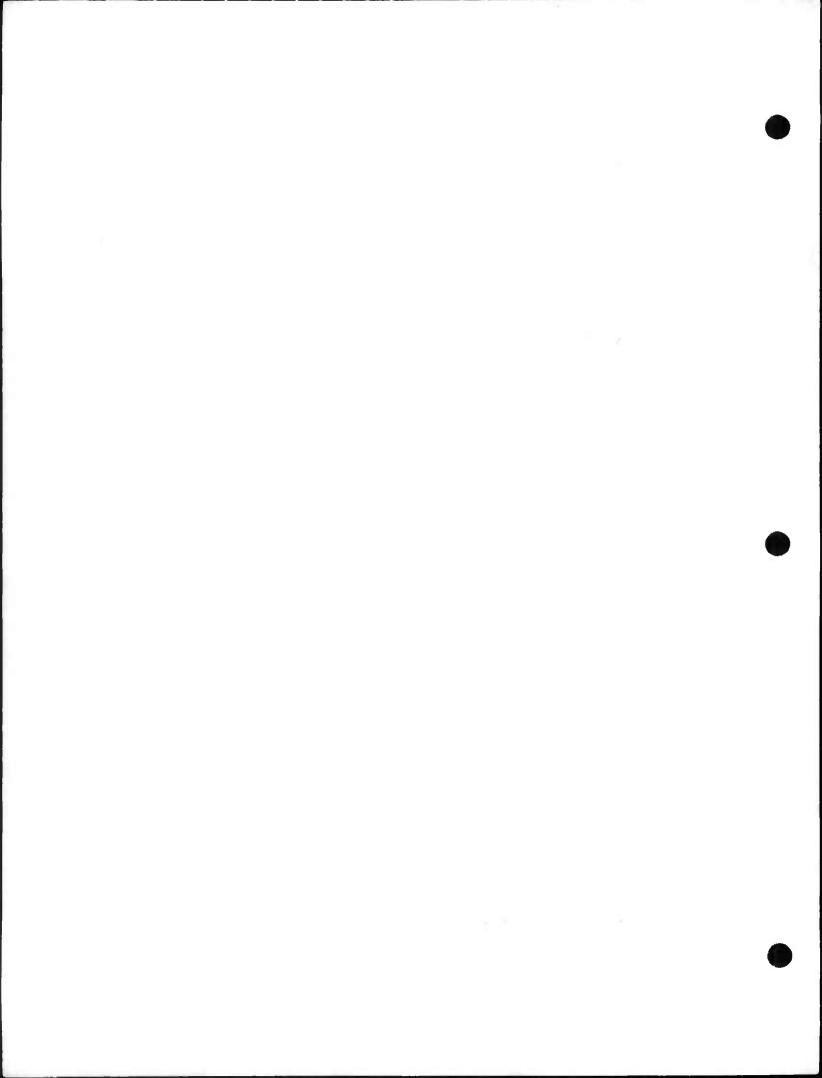
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

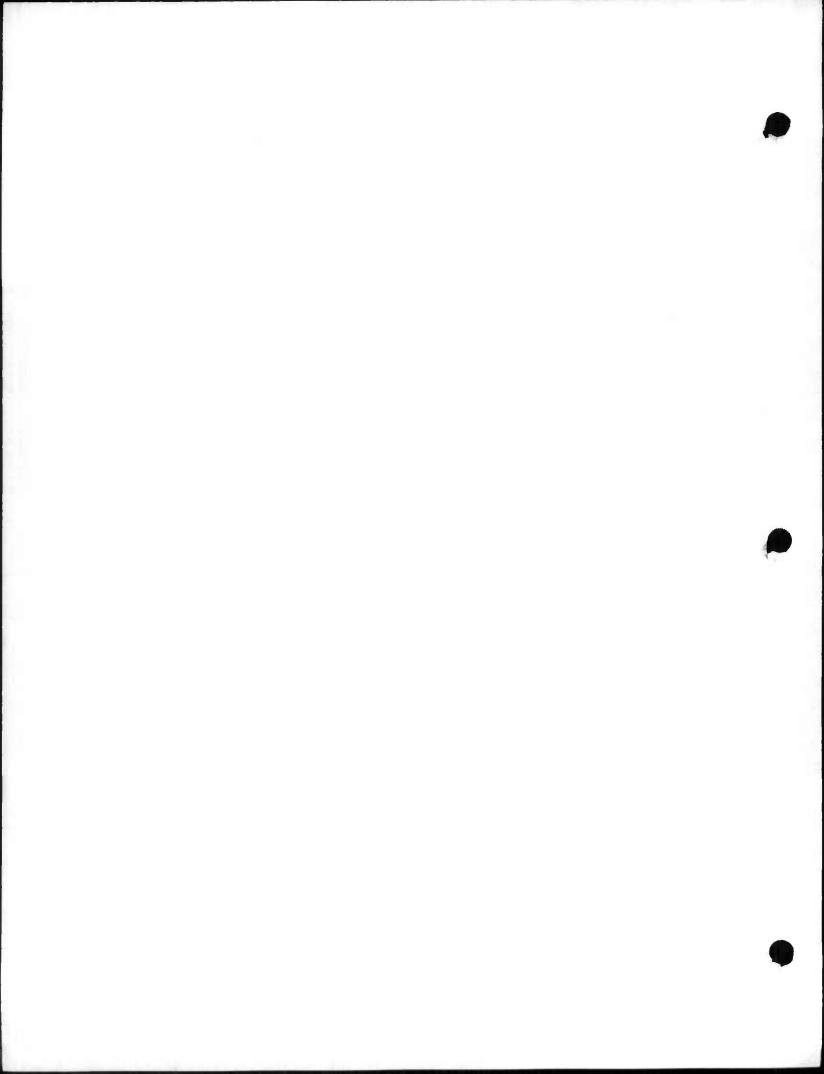
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) ANITA OLIVER	<u> </u>			2. DATE OF DEATH DAY YEAR OF OF DEATH OF						
		S. SEX A. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign				
	213 10 /3/0	1 M 2 F	5 YRS.	NTHS DAYS HOURS MIN.	140gth, Day Your)	BB	PARYLAND				
Œ	9a. FACILITY NAME (If not institution, give street	*	2.0	CITY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH				
CTO	RESIDENCE OF DECEDENT	CHURCH HOSPITAL CORPORATION BALTIMORE CITY									
DIRECTOR	10s. STATE 10b. COUNTY		toe. CITY, T	OWN OR LOCATION			10d. INSIDE CITY				
	10e. STREET AND NUMBER			101, ZIP CODE		I 10a CITIZEN	1 X YES 2 NO				
ERA	1520 AD/BRI	nk ST.	2	1//	6A						
FUNERAL	11. MARITAL STATUS t Never Married 2 Married	12. WAS DECEDENT EVER IN I	J.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cubso, Mexic	NIC ORIGIN? (Specify Ye	s or No— 14.	RACE — American Indian, Black, Whits, stc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 YES 2 NO Speci		PSTACX					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										
Ē		College (t-4 or 5+)	ille. Do NOT use n	wind.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Limita)		MMD	7//C	ME (Street Middle Maide	Summal					
BE C	17. FATHER'S NAME (First, Middle, Lind) 18. MOTHER'S NAME (First, Middle, Melden Surname) LAURA DEURY										
TO B	196. INFORMANT'S NAME (TypesPrint)		196. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or To	vn. Stere, Zip Cod	(b)				
	20s, METNOD OF DISPOSITION		1940	HUI BRODK	57, 7	7AH.	Mr. 21202				
	1 Surisi 2 Cremator 3 Remove 4 Donation 5 Other (Specify)	al from State	CACE AND DATE OF I	place PA	11/1/93	CHY City	or Town, Stats				
	21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME INDIAGORESS CONTRACTOR OF THE SERVICE LICENSEE										
	Vhy 1.71	au !		270 ARES	KI) Ton	BAC-	21770				
	23. PART I. Emp the diseases, or con	mplications that caused t	the death. Do not	enter the mode of dying, suc	ch as cardiac or reap	iratory arreat,					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e										
	resulting in death) e.	DUE TO (OR AS A C	ONSEQUENCE OF:	e arres	1						
z			4 cule	- M1 C	HF						
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):								
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSCOUENCE OF):										
CERTIFICATION	resulting in death) LAST		_				1				
AL C	PART II. Other significant conditions	contributing to death but	not resulting in t	he underlying cause given in	Part i. 24s, WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
MEDIC	t □ YES 2 1 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF DEATN (CI							
Ήζ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE NOW	INJURY OCCURE	ED .				
ВУ	1 Natural 5 Pending 2 Accident Investigation		M t YES 2 NO	1							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, stre-	et, factory, office	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED											
OMF	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, end dus to the cause(s) and menner as attated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end dus to the cause(s) end manner as attated.										
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (
TO B		14/93									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SAYED R. BOKHARI, M.D. 100 N. BROADWAY STREET, BALTIMORE MD 21231										
7	31. DATE FILE (14), (3. 90) 1993	32 HEGISTRAT'S SIGNAT	- Handell								



BALTIMORE, MARYLAND 21215-0020	us after death. Page 6 may be retained by the hospital or attending physic	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours when cam. Page 6 may be retained by the humanian or attending physics	THE FINERAL DIRECTOR After this cartificate has been signed by the attendion shadows and completely filtra-

	1. DECEDENT'S NAME (First, Mick	kfks, Last)	CERTI	TICALE OF	DEATH		EG. NO.		
	Lvdia S. C					ANONTH	DEATH DAF	TEAR	1. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	T	8. AGE (In yes, lest birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF	e6,19	40	10-
	216 46 4527	1 □ M 2 🛣 F		MONTHS GATS	HOURS MIN.	(Month, De	K Hung	Country	
	216-46-4527 Be. FACILITY HAME (If not institute	000000000000000000000000000000000000000	84 YHS.	Sh CYTY TOWN	ON LOCATION OF C		709		ryland
DIRECTOR								Balt	
RE	10s. STATE 10b	10s. STATE 10b. COUNTY						10d, INSIDE CO	
23.1	Maryland	Balto.		Baltimo	re			- 1	LIMITE?
FUNERAL	104. STREET AND NUMBER			10	M. ZIP CODE		10g. CI		LAT COUNTRY?
Ë	6811 Collins	dale Rd.			2123	4		U.S.	Α.
5	11. MARITAL STATUS		YES 2 NO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN7 (5)	pecify Yes or No-	14. BACE	- American Ind
BY	1 Never Married 2 Marri 3 Wildowed 4 Divorced	HE VED CHAPE HIS			pecify Cuben, Mexic 5 2 55 NO Spec		i, etc.)	Specify	White, etc.
5.77	COM STREET, ST				277			1	White
ETED	15. DECEDEN (Specify only high	NT'S EDUCATION heat grade completed)	(Gibs) long of	S USUAL OCCUPATI work done during m	ION cet of working	16h, KIN	D OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do MOF	use retred.)	8				
COMPL		2	Teach	er			Balto. (City S	chools
8	17. FATHER'S NAME (First, Middle,				18. MOTHER'S N	AME (First, Micks)	, Maiden Sumame)		
BE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	F. Schierer			and the same of th	arbara		enker	
2	19s. INFORMANT'S NAME //ypo/Pr	- San	19b. MAILIN	G ADDRESS (Street	and Number or River	Route Number C	My or Rown, State, Zi	p Code)	
	Margaret B	ankard	Sa	ame as 1	0e				
	20s. METHOD OF DISPOSITION 5. Burlet 2 Coremetion 3	☐ Removal from State	20b. PLACE AND DATE			DATE	20c. LOCATION -	City or Town	n, State
	€ □ Donation 🔊 Other (Spec	cify)	HITI COP'S	ervice C	orp. 6/7	/93	Towso	n , Mo	1.
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204								
	Ruck Towson Funeral Home, Inc.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	4.5	CVE)					
ICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b.	OR AS A CONSEQUENCE CO						
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (C		DF):					
AL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQUENCE O	DF):	g cauaa given in	1	WAS AN AUTOPSY PERFORMED?	/ A	Onset and
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Dr. Donald H.

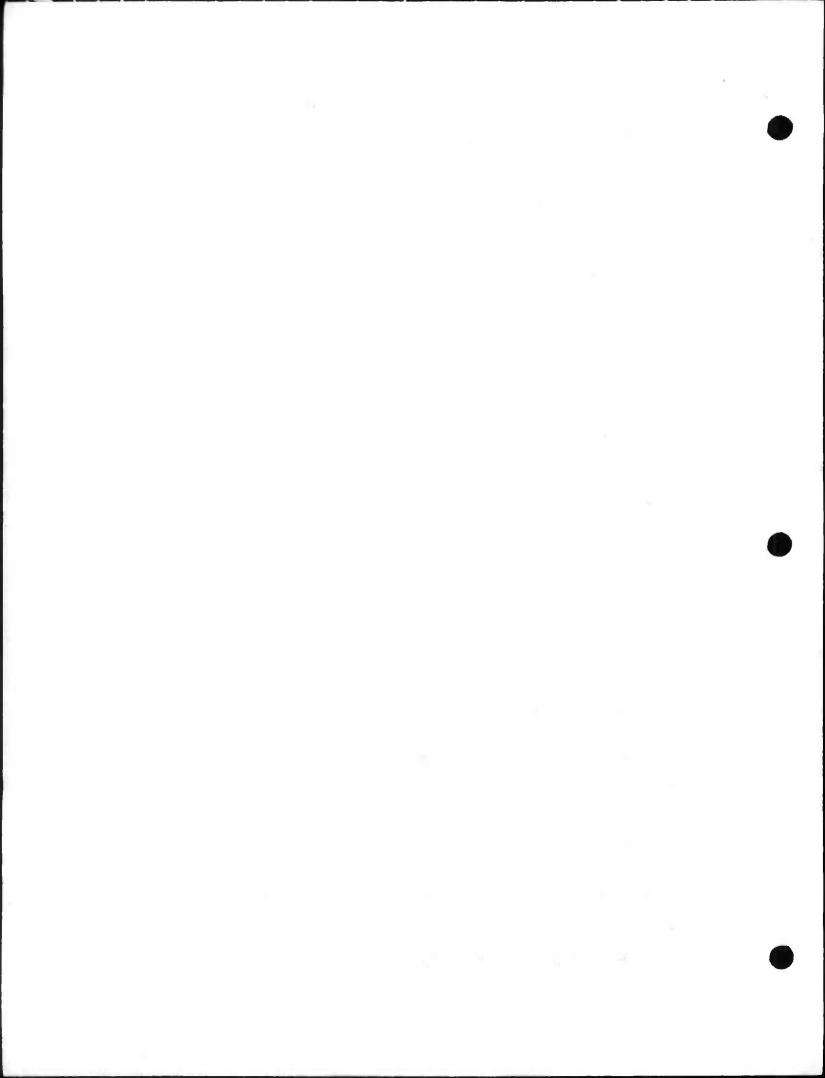
31. DATE FILED (Month, Day, Year)

JUN 0 9

							Q	3 1	6556
_	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			NENTAL HYGIEN	E	J	0000
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	PERCY				2. DATE OF DEATH MONTH 7	1 993	YEAR 3.	TIME OF DEATH
i			(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	1:00 PM M
	215-16-1866 9a. FACILITY NAME (If not institution, give stree	1 □ M 2/2 F 82	YRS.	DAYS	HOURS MIN.	(Month, Day, Year) 3-29-1911			land
	1526 Chilworth Ave				e River	NTH		ty of DEAT	
	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	TION			100	d. INSIDE CITY
	Maryland Bal	timore			e River		L 40 - CITIT		YES 2 NO
	1526 Chilworth Ave				21220		10g. G112	US.	
	11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Divorced	2. WAS OECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	X2XXNO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2X NO Specify:		or No—	Black, Wi Specify:	American Indian, hita, etc.
	15. OECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16a. DECEDENT'S US	k done during mo	ON ost of working	16b. KIND OF BUS	SINESS/INDU		MUTIC
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housev	etired.)		Homem	akina		
	17. FATHER'S NAME (First, Middle, Last)		110000	1210	18. MOTHER'S NAM	IE (First, Middle, Maiden			
	Howard Tudor 190. INFORMANT'S NAME (Typo/Print)		10h Mall INC ac	000000		Grovehard			
	Mr. John H.Bohlen					Balto., Md			
	20e, METHOD OF DISPOSITION NA Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State Z1	b.PLACE AND DATE OF I	NEBORITION /A/	amo of	DATE 200 LO	CATION O		Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN Lassolw De	ISEE	lomE	Lassa	n Funera	l Home l. Baltimo			-
	23. PART I. Enter the diseases, pr con shock, pr heert fellure. Lis IMMEDIATE CAUSE (Final	nplications that cause at only one cause on	ed the deeth. Do not each line.	enter the mo	de of dying, auch	ss cerdlec or reepi	ratory erre	st,	Approximats Interval Between
	disease or condition resulting in death)	Cone	A CONSEQUENCE OF):	nt	Failey	re			Onset and Death
	C	DUE TO (OR AS	A CONSEQUENCE OF):	Cion				ĺ	
Ì,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				·		
	PART II. Other significent conditions of	matributing to doubt							
	Chronic of	stores.	hum de	ne underlying	ceuse given in P	art i. 24a, WAS AN PERFOR	MED?	AMA	RE AUTOPSY FINDINGS RLABLE PRIOR TO MPLETION OF CAUSE
	Osteo anti	to 1				_ 10 120 2	No		DEATH? TYES 2 NO
ļ	25. WAS CASE REFERRED TO MEDICAL	/		26 PI	ACE OF DEATH (Chec	th coh and			
		IOSPITAL:	patient 200A 4	THER:	5 Masidence 6				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WO	RK?	28d. DESCRIBE HOW II	JURY OCCU	IRED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, street		res 2 No	28f. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route	Number,
	An orange	N: To the heat of my	Vladno dooth	A A					
	(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (On the basis of axamination	on and/or investigation, i	n my opinion, d	and place, and dua to eath occured at the ti	o the cause(s) and men me, data and placa, an	ner as stated	i, cause(s) and	I manner as stated.
ŀ	29b. SIGNATURE AND TITLE OF CERTIFIER			0	29c. LICENSE NUMB	ER			nth, Day, Year)
	y. H. M	rabou	me 1	m)	D134	.01	▶ 6	18/	93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balto., Md. 21237 (574-7171)

Dr. Donald H. Sherbourne 9101 Franklin Sq. Dr. (Med. Arts Bldg.) Suite #112



10a. STATE

1, DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

219-18-3385

Maryland

GERDA PIEPENBRING

Se. FACILITY NAME (if not institution, give street and number)

10b. COUNTY

St. Joseph Hospital

5. SEX

1 1 M 2 F

MONTHS

10c. CITY, TOWN OR LOCATION

Baltimore

YRS.

DAYS

<u>Towson</u>

HOURS

8. AGE (In vrs. last birthday)

BALTIMORE, MARYLAND 21215-0020	IAN: The law requires that the death certificate be executed within rowns after death. Page 6 may be retained by the hospital or attending physician.	trificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	on, or removal.	as madical avantage much be notified of once
VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed within-	tificate has been signed by the attending physician and completely	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	and the second and include the second second the medical averages must be seed as seen

SWISION OF

Pages 1, 2, 3 should

DIRECTOR

FUNERAL 101. ZIP CODE 905 St. Dunstan Road 21212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Blind Industry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Herman Pienenhring BE Marie Rihm 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 izabeth Randle Amuskai Road 20e. METHOD OF DISPOSITION
1 Surfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 1 S Burial 2 Cremation 3 4 Donation 5 Other (Specify) of cemetary, crematory o Lorraine Park Cemetery 6/9 6/9/93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home Kristin 8521 Loch Raven Blvd 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition monae resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE D CERTIFICATION Sequentielly list conditions, If sny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PERFORMED? SIT! PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPIPAL 1 Depatient EXAMINENT? OTHER: certificat h the Sta lent 2 - ER/Outpatient 3 - DOA OF ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT . this c is marked, onth Pay, Yellr) 1 Netural
2 Accident
3 Suicide M 1 YES 2 AND DIRECTOR: After the control of the c BY 8 Could not be COMPLETED 4 Homicide Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at 2 MEDICAL EXAMINER: On the basis of examination and/or inv IMPORTANT: 250. LICENSE NUMBER BE 물물물 onn 223 2 COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print) JUN 0 9 1993 32 DEGISTRAR'S SIGNATURE

16557 REG. NO 2. DATE OF DEATH Un IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Ybar) A RISTHELACE C MIN. 7/8/21 Germany 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? S.A 14. RACE — American Indian, Black, White, etc. Specify. White 16b. KIND OF BUSINESS/INDUSTRY Workshop for the Blind Paltimore MD 21234

DATE 20c. LOCATION — City or Town, State Woodlawn, Maryland Towson. 21.286 MD **Approximate** Interval Between **Onset and Deeth** 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 TYES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number occured at the time, data and place, and due to the cause(a) 29d. DATE SIGNED (Month, Day, Year)

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN RICE SAMUEL 11:35PM 06 04 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign Country) 251-10-5600 1 📈 M 2 🗌 F 4-6-1921 Carolina South permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secour Hospital Baltimore 10e STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 use as the burial-transit 118 N. Hilton St. Balto., Md. USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 TES 2 TO NO Specify: 3 X Widowed 4 Divorced Specify Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) Truck Driver Transportation 6 th Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at BE George Rice Jessie Watkins 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, 2 118 N. Hilton St. Balto., Md. 21229 Virginia Jefferson Pe 20e. METHOD OF DISPOSITION
1/1 Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Zion Cemetery Landsdowne, Maryland Mt examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. Veruci removal. Park Heights Ave. Balto., Md. 4611 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximsta shock, or hasrt failura. List Dnly Dna cause Dn aach lina. 0 interval Between IMMEDIATE CAUSE (Final Onset and Death cremation. the disease or condition Disseminate event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): in and com to burial, Shock traumatic CERTIFICATION Sequantially list conditions, DUE TO (DR AS A CONSEQUENCE OF) attending physician a antal Hygiene prior to if sny, landing to immediata csuse. Entar UNDERLYING other 1 CAUSE (Disease or Injury that initiated events (OR AS A CONSEQUENCE OF resulting in death) LAST 0 the atter Injury, PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. ificate has been signed by the State Dept. of Health and Mr I lem 23 shows any Inju PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL certificate ha EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ing Home 5 - Residence 6 - Other (Specify) 6 the 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, with 1 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending WORK? BY M 1 YES 2 NO After t 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: All be filed within 72 hours after de IMPORTANT: If Item 28 is 28 is 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Nomicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CHITIFIED 29c. LICENSE NUMBER 26530 29d. DATE SIGNED (Month. Pay, Year)

ARTICH

4801

Luke Tevidson Bondall

32. REGISTRAR'S SIGNATURE

DR

du

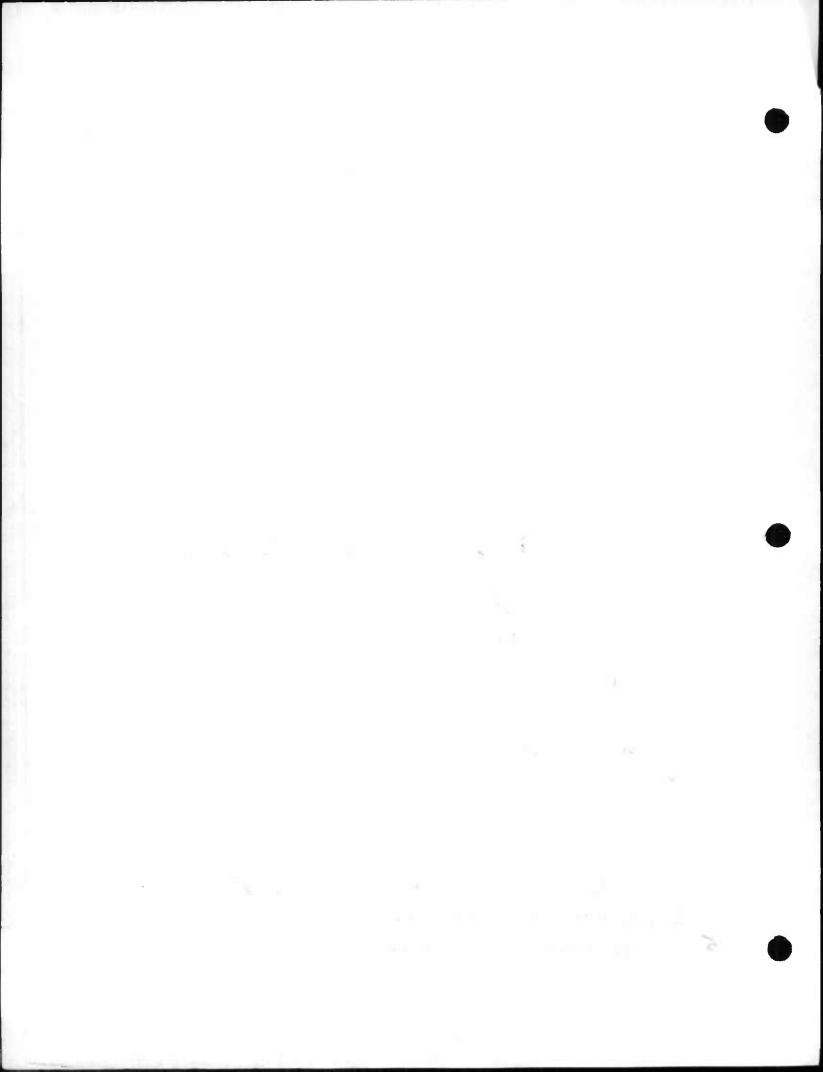
PARILLH

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)(Typo, Pr

LITTE

2 2 M 3 1042



by the hospital or attending physician.	e 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	2000	ed at once.
I hours after death. Page 6 may be retained by the hos	e 5 should		-
в в шау	ian and completely filled in by the funeral director, page 5:		ner must be notif
ath. Pag	uneral dir		aminer
after de	by the fu	moval.	, or item 23 shows any injury, or other traumatic event, the medical examine
Nours	lled in	on, or removal.	B med
ithin 24	letely fi	emation	nt, th
w petro	д сотр	urial, cr	ile eve
De exe	cian and	or to be	aumat
rificate	mending physicial	iene pri	ther to
earth ce	ntendin	ital Hyg	f, or 0
the di	by the	he State Dept. of Health and Menti	Injur
res tha	igned t	Health and N	rs any
w requi	been s	A. of H	show
The la	ate has	ate Dep	em 23
SICIAN	certifica	the St	, or II
IG PHYS	er this	att with	narkei
TENDIN	TOR AN	that de	報味の
₹ 85	DIRECT	hours a	item 2
OSPITAL	UNERAL	April 12	ANT. II
-	100	ď	

	1 - FOR STATE REGISTRAR	STATE DF MARYLAND / I	DEPARTME			MENTA	L HYGIENE			
1	1. DECEDENT'S NAME (First, Middle, Last)	L. Rejrat				2. DATE	OF DEATH DAY	19	EAR 3	TIME OF DEATH
7	219-66-6945	5. SEX 6. AGE (In yrs. lost to 1	YRS. MONTH	DER 1 YEAR S DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	of Militin h, Day, Year) 1/28/5	/	BIRTHPL Country)	ACE (State or Foreign
FOR	90. FACILITY NAME (N not Institution, give stre University Hosp	et end number) ital	9b. Ci		imore (9c. COUNTY	OF DEA	тн
DIRECTOR	10a. STATE 10b. COUNTY MD		10c. CITY, TOWN		City					0d. INSIDE CITY LIMITS? VES 2 NO
	100. STREET AND NUMBER 1706 William S	treet		101.	ZIP CODE	2	1230		- 23	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	ED 1	If yes, spe	ENDENT OF HISPAR INCITY Cuban, Mexica XXNO Specifi	in, Puerto I	i? (Specify Yee o	or No- 14	Specify:	- American Indian, white, etc. White
COMPLETED	1 2 4 7	College (1-4 or 5 +) (Give	EDENT'S USUAL kind of work dor NOT use relired	ne during mos i.)	N at of working	16b	KIND OF BUSI	NESS/INDUS	TRY	-
	17. FATHER'S NAME (First, Middle, Last) Lee Powell				18. MOTHER'S NA					
BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRE	SS (Street or	DOTO		Butle:		orfel	
5	Patrick L. Rej				Street					21230
	20e. METHOD OF DISPOSITION 1	al from State cemetery crams	DOATE OF DISP	اه	etery	6/	1 Ma:	ation — chy		, State
	21. SIGNATURE OF FUNERAL SERVICE LICEP	10 4	Ic	harl	es L. S E. Fort	Stev	ens F	unera	1 H	ome, Inc.
	23. PART i. Enter the diseeses, a conshock, or heart fellere. Lin	mplications that caused the deat at only one cause on each line.	h. Do not ent	er the mod	de of dying, auc	h ea cerc	fiec or reepire	story srrest	t,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	End Stage 1	Rena	(I) is ea	se				Onset and Death
CERTIFICATION	disease or condition resulting in death) End Stage Renal Disease OUE TO (OR AS A CONSEQUENCE OF): Diabetes Meditus Due TO (OR AS A CONSEQUENCE OF): Diabetes Meditus Due TO (OR AS A CONSEQUENCE OF): Hy potherior dism Due TO (OR AS A CONSEQUENCE OF): Hy potherior dism Due TO (OR AS A CONSEQUENCE OF): Malnutrition.									
PHYSICIAN: MEDICAL	PART II. Other aignificent conditione	contributing to death but not rea	ulting in the	underlying	ceuee given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	ED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only on	e)			
YSI		HOSPITAL; Inpatient 2 - ER/Outpatient 3 -			5 🗆 Raeldence	8 🗆 Other	r (Specify)			
	1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJL WOF		28d. OES	CRIBE HOW IN.	IURY OCCUR	EΟ	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home building, etc. (Specity)	s, farm, street, fa			281. LOC	ATION (Street an or Town, Stete)	d Number or I	Rural Rout	e Number,
COMPLETED		AN: To the best of my knowledge, death On the basis of examination end/or inv							euse(e) ai	nd menner ae stated.
TO BE C	296 SHATURE AND TITLE OF CERTIFIER	Juli	di		29c. LICENSE NUN			29d. DATE 91	162	onth, Day, Year)
	800 and Walamix		(Type, Print)	ir 57.	Balt	i m	D 213	217	JM	ms)
4	31. of the 6 400 p 1993	32. REGISTRAR'S SIGNATURE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

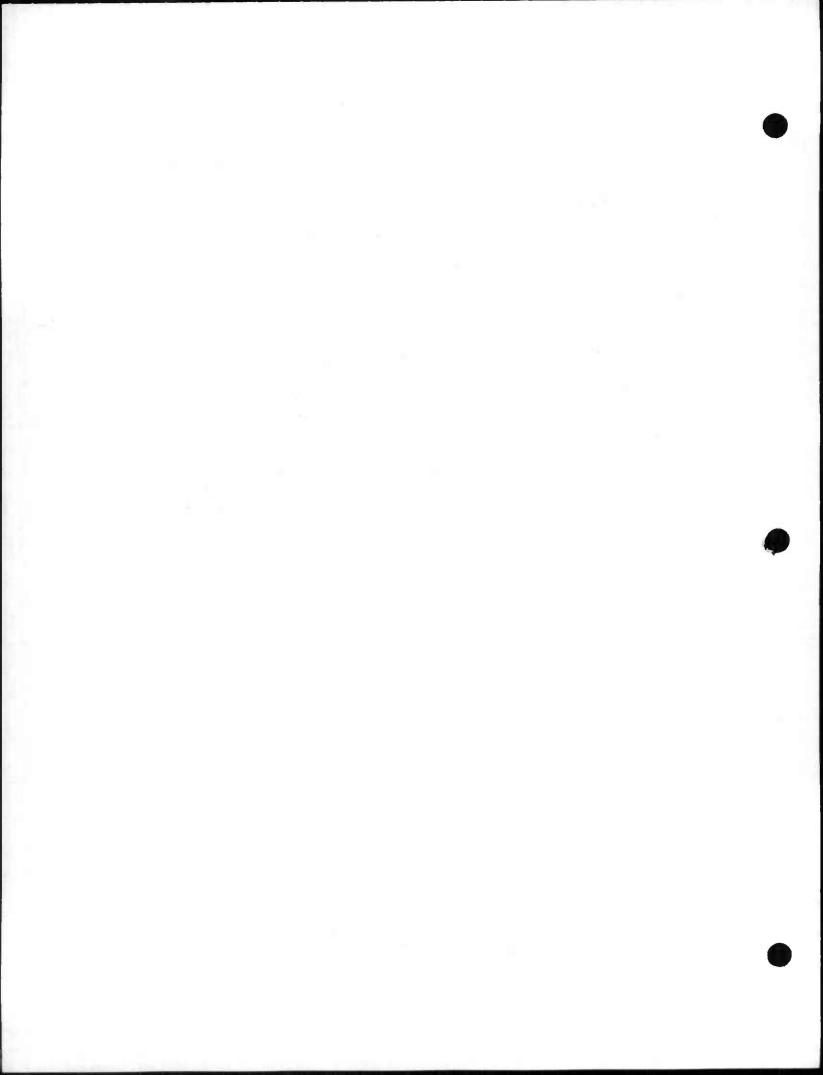
	REGISTRAR		CERTIF	CALE	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	ROSET	ELS	SIE RO	SEN	2. DATE OF DEATH MONTH DA	¥ 0	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	'In yrs. lest birthdey)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	7-1-	BIRTHPLACE (State or Foreign
	577-14-3159	1 🗆 M 2 🖫 F	78 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 08 - 02	-14	Country) MD.
	9a. FACILITY NAME (If not institution, give a	treet and number)	7.5	9h CITY TO	WN OR LOCATION OF D			Y OF DEATN
œ					ALLSTOWN	EAIN		
16	NORTHWEST HOSPI	TAL CENTER		KAMD	ALLISIOMM		DALI	IMORE
DIRECTOR	10s. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR L	OCATION			10d, INSIDE CITY
1 8	MD.		B7	LTIMO	PE			LIMITS?
	10a. STREET AND NUMBER			1011110	101. ZIP CODE			1 YES 2 NO
FUNERAL	Secretary and the control of the con	aria aorman					10g. CITIZE	N OF WHAT COUNTRY?
빌	2805 —B DAMASO	CUS COURT			21209			USA
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	1 U.S. ARMED	13. WAS	DECENDENT OF HISPA B, apocify Cuban, Maxico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
B≺	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D	ATES 1		YES 2 NO Specif			Specify: WHITE
	41				Λ			MILTE
쁜	15. DECEOENT'S EDUC (Specify only highest grade	completed)	18a. DECEOENT'S (Give kind of w	rork done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
쁘	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us			a=		T== -
₹	12th.		SECRETA	ARY .		SINA	I HOSE	PITAL
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Melden	Sumame)	
BE (JOHN S. HUBE	RT			SA	RAH MARKOW	ITZ	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Town	n, State, Zip Co	ode)
=	MRS. DIANE OLSSO	N	1807	W. RO	GERS AVE.,	BALTIMORE,	MD. (21	.215)
1	20. METHOD OF DISPOSITION	200	PLACE AND DATE O					y or Town, Stata
	1 XBurtel 2 Gremation 3 Remarks 4 Donation 9 Other (Specify)				UK AMUNO)	6/8/93 B	ALTO.	
1 1	21. SIGNATURE OF FUNERAL SERVICE LIC			_	E AND ADDRESS OF FA			
	11.	14.00.	S 40			& BROS, F	INERAT	. HOME
	Algany L	Lymnu	Eu .					,md. 21215
CERTIFICATION	disease or condition					Onset and Death		
	PART II. Other significent condition	s contributing to death b	ut not reculting i	n the wedge	lulas seuse alues la	Book I. Lov. Williams		
EDICAL		- down batting to down b	at not resulting i	ii the under	ying ceuse given in	Pert I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ā			· · · · · · · · · · · · · · · · · · ·			1 YES 2	□ NO	OF DEATH?
Σ								1 TES 2 NO
Z				_				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (Ch	eck only one)		
S	1 TYES 2 NO	1 Inpetient 2 ER/Outp	etlent 3 DOA	OTHER: 4 Nursing	Nome 5 - Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT	28d. DESCRIBE HOW IF	NJURY OCCUP	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, 1841)	INO		WORK?			
9 0	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	- At home, farm, s	treet, factory,	offica	281. LOCATION (Street a	nd Number or	Rural Bouta Number
11	4 Homicide determined	building, atc. (Spec	ify)			City or Town, State)		The state of the s
E	29e. CERTIFIER							
<u>a</u>	(Check only	CIAN: To the best of my knowl						
COMPL	Z MEGICAL EXAMINE	n: On the basis of exemination	and/or investigation	n, in my opinio	n, death occured at the	time, data and place, and	d due to the c	ause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1 11	Δ -		29c. LICENSE NUI	BER	29d. DATE S	IONEO (Month, Day, Year)
0 B	Slee	mi Win.	(M)		4	1808	> /	-5-93
7	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	a A An	Print) West	- Mal	will G	ti.	Remalls Hown
	31. DATE FILED (Month, Day, Year)	L 32. REMETRAR'S SIGN	TURE	VV Y	1000	very cen	ur, p	Thorses 11 mil 1
5	JUN 0 9 1993	Profis Devidour-Ro	indella					



ospital or attending physician.	thed for use as the burial-transit permit. Pages 1, 2, 3 shou	
inours after death. Page 6 may be retained by the I	filled in by the funeral director, page 5 should be deta	ie medical examiner must be notified at onc
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor, of Health and Mental Hydiere prior to burial cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 - F no 90. FACILITY NAME (# not 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 20 pac DIRECTOR RESIDENCE DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? oadway 12. WAS DECEDENT EVER U.S. AND 11. MATITAL STATUS 13. WAS DECENDENT OF HISPÁNIC ORIGIN? (Specify Yee or No—If yes, specify Cuber, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE 1 Never Married 2 Merried FORCES? 1 YET 2 В 3 Widowed 4 Divorced ack COMPLETED DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give find of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ary (6;12) College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19b. MAILING AOORESS (St 2 binson 20a. MEYHOD OF DISPOSITION
1 Burtel 2 Cremetion 3 4 Donation 5 Donate (Specify) 206. PLACE AND DATE OF DISE OATE 3 🗌 Ren HERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Se4 was 23. PATT I. Enter the disesses, or complicatione thet caused the de ahock or heart failure. List only ona cause on each line or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate Intarval Be IMMEDIATE CAUSE (Finel Onset and Death disease or condition Sudden Death DUE TO (OR AS A CONSEQUENCE OF): Arrythmia resulting in deeth) mins DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 NO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 | DOA OTHER: 1 YES 2 ng Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES BY 2 🗌 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or occured at the time, date end place, end due to the cause(s) end manner es stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. 6 3 4/19 2 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, JUN 0 9 1993



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JIVISION OF VITAL RECORDS, P.O. BOX 68/60,	OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate he executed within 24 hours after de
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF GEATH 2. DATE OF DEATH RINN WILLIAM A. RINN VEAR WILLIAM A. 1447 P 6 993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F 579-34-2783 79 DAYS YRS. MD. 12-25-13 use as the bunal-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. JOSEPH HOSPITAL DIRECTOR BALTO MD TOWSON RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE BALTO 1 YES 2/1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ZOS E. JOPPA APT 309 RD USA 21204 retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto

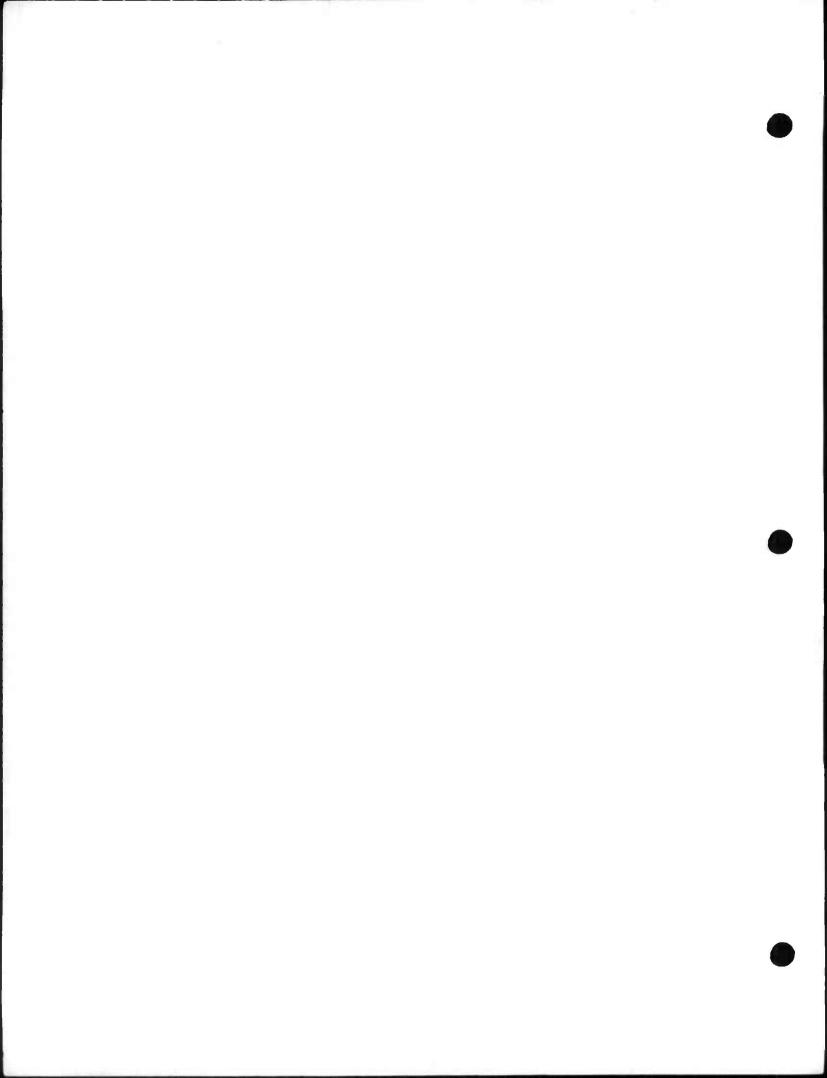
1 YES ZXXND Specify: BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Po Elementary/Secondary (0-12) College (1-4 or 5+) detached 1 Psychiatrist Medical once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William A. Rinn, Sr. Mary C. Goldrick 8 ಹ Should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Michael G. Rinn 1200 Maple Leaf Court, Hunt Valley, Md. 21030 eath. Page 6 may be must be 20a. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specific) 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION — City or Town, State DATE funeral director, New Cathedral Cemetery 6-9-93 Donation 5 C Other (Specify) _ Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ▶ Wallace Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 the th injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by Approximate ehock, or heert fellure. List only one cause on each line. ö Interval Batween IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition here completely resulting in death) prior to burial, CERTIFICATION and Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE DF): physician Hygiene DUE TO (DR AS A CONSEDUENCE OF): the attending pl resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? and t shows any Signed Health a 1 TYES 2 NO OF DEATH? 1 YES 2 NO been : PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) Item certificate the State EXAMINER? HOSPITAL:
1 Propertient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c 1 Nettifal 5 Pending BY 1 YES 2 ND After 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide IMPORTANT: It Item 29a. CERTIFIER

Check only 1 : CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 里里 000 aun 05 4 0 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)
JUN 0 8 1993 102, REGISTRAR'S SIGNATURE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Sanders 3. TIME OF DEATH YEAR Florence Α. (Saunders) 05 24 1993 1950 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, pay, Year) 9-17-1926 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 215-22-9074 1 🗌 M 2 💟 F 66 YRS. S.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 4713 Park Heights Avenue Baltimore 10a. STATE 10b. COUNTY Baltimore 10d. INSIDE CITY LIMITS? Md 1 XXYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4713 Park Heights Avenue 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: Black 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 YES 2 X NO Specify: 3 🔯 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Crafton Wallace 4713 Park Heights Avenue Baltimore, Md 21215 20s. METHOD OF DISPOSITION
1/C Buriel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ounced a remain of the control of th 61093 Lansdown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MORCH F/H West les 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximata ehock, or heert feliure. List only one ceuse on eech line. Intervei Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Arteriosclerotic Cardiovascular disease reculting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE Cinhosis of the 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 XYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 (\$\text{Rasidence} \(\mathbb{e} \) Other (\$\text{Specify} \) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO ВУ 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide COMPLETED e Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER
(Check only one)

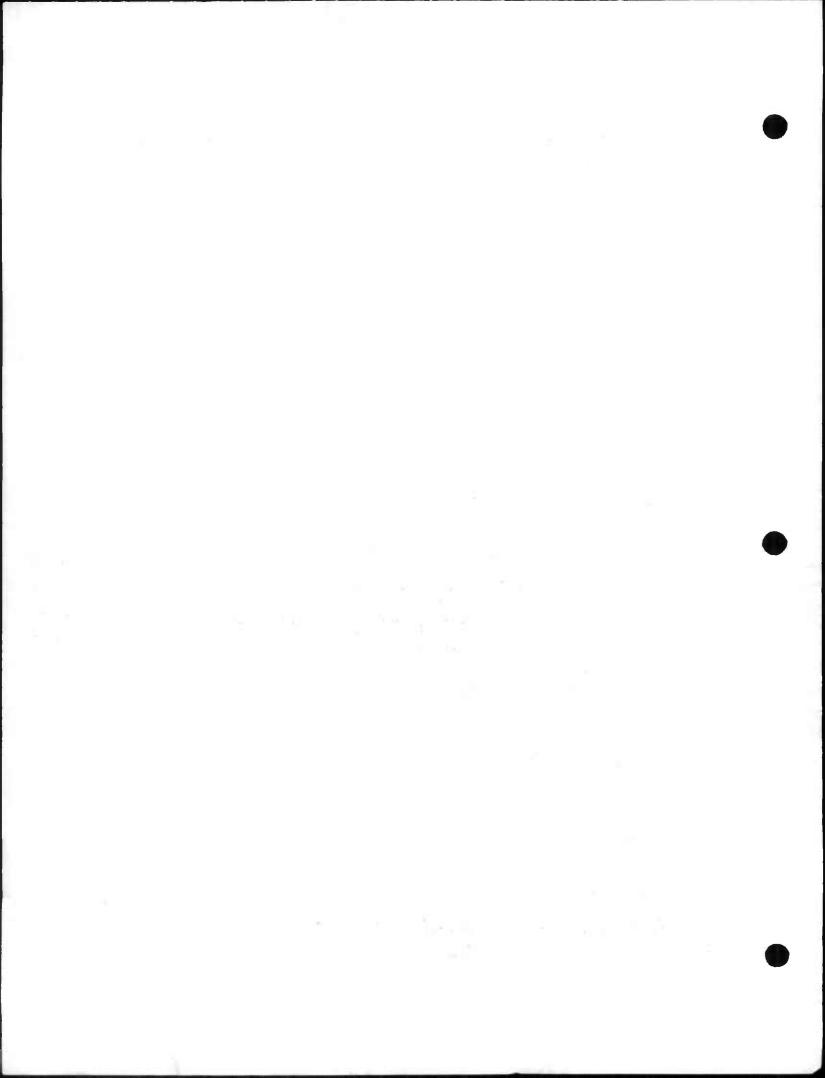
1 CERTIFINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Nonald & Charlet MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED DAUSE OF DEATH (ITEM 27) (Type, Print) 2 OCME 25 1993 05 Wright, Donald G. MD. 111 Penn Street, Baltimore, Maryland 21201 Julia Jenisman's Shappen 31. DATE FILED (Month, Day, Year)
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		1. DECEDENT'S NAME (First, Middle, Last)		DATE OF DEATH	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In VIS. Inst Introduct) SE INDIED 4 YEAR		6 7	93	900pm
should		215 - 28 - 4417 1 - M 2 X F 61 YRS. MONTHS DAYS	HOURS MIN.	PATE OF BIRTH (Month, Day, Year) 7/29/31	Mar	vland
1, 2, 3 sho	стов	University of w	imore		e. COUNTY OF	DEATH
Pages	E I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	N .			10d. INSIDE CITY
.≓. %	5	Md. Baltimore				LIMITS?
it permit.	FUNERAL	2310 Carrandal - D1	CIP COOE	1	0g. CITIZEN OF	WHAT COUNTRY?
020 physician. burial-transit	N N		21117		USA	
	BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, speci	IDENT OF HISPANIC OF Ify Cuban, Mexican, Pu NO Specify:	erto Ricari, etc.)	Blac	E — American Indian, ok, White, atc.
21 afte se a	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the kind of the ki	of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
ital or	9	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)	or working	Cand	р то	lanhau
AND 2 he hospital detached for	COMPL	12 th 3 rd Operator 17. FATHER'S NAME (First, Middle, Last)				Lephone
YLA by the be det	CO		18. MOTHER'S NAME (F		mame)	
T PP D	00	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and	Bernice Number or Bural Boute		State Zin Code)	
5 5 5	임	Dr. Elijah Saunders 2310 Cavesda				Md 21117
. Page 6 may be ral director, page liner must be r		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name	901		ION City or T	
E ge o		4 Donation 5 Other (Specify Emtombment Druid Ridge Ceme	eterv	Pike	sville	e.Maryland
AL IIN death. Pag funeral di		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ADDRESS OF FACILITY	Υ		
- P 76		Isuak (- Jones 4611 F	?ark Hei	rick C. ghts Ave	. Bal	to., Md.15
E TE S		 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode shock, or heart fellure. List only one cause on each line. 	of dying, such as	cardisc or respiret	ory arrest,	Approximate
		IMMEDIATE CAUSE (Final				Interval Batween Onset and Death
ted within 24 completely fille ial. cremation, event, the		resulting in death) e. Cardiac arrist				~ 12-16 ho
Pa da la	-	- Acid Mid and Molecular Consequence of St.				1000
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the death certificate the attending physical Mental Hygiene principlary, or other the	CER	resulting in death) LAST				ding
0 5 5 3	A I	PART II. Other aignificent conditions contributing to death but not resulting in the underlying of	cause given in Part			. WERE AUTOPSY FINDINGS
w requires that the been signed by the pt. of Health and I shows any In.	EDIC	Multiple Sclerosis		1 TES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires seen sign of Healt	ME				2	1 YES 2 NO
The law rate has be ate Dept.	AN	25. WAS CASE REFERRED TO MEDICAL				
# # # # E	SICIAN	EXAMINER?	E OF OEATH (Check on			
the the	PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY	5 Residence 8 -	Other (Specify) OESCRIBE HOW INJU	IBY OCCUPED	
NG PHYS ther this cath with marked		Natural 5 Pending (Month, Day, Year) INJURY WORK		. SEGOTIBE TOWN INGO	MI OCCONEC	
) B V B W	D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)	281.	LOCATION (Street and	Number or Rural	Route Number,
ATTEN ECTOR: s after n 28 l	ETE	4 Momicide determined		City or Town, State)		_
	2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and	d place, and due to the	e cause(a) and manner	se stated,	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deat				a) and manner as stated.
HE HO HE FU ed wit	BE C	29b. SIGNATURE AND TITLE OF CENTIFIER 25	9c. LICENSE NUMBER	25	d. DATE SIGNED	(Month, Day, Year)
TO THE HOSPIT TO THE FUNERA Be filed within 7 IMPORTANT: 1	5	4 truetre MD			6/21	93
i		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	,		11	
		31. DATE FILEO (Month, Day, Year) 32. BEGISTRARY SHOWATHIF	101			
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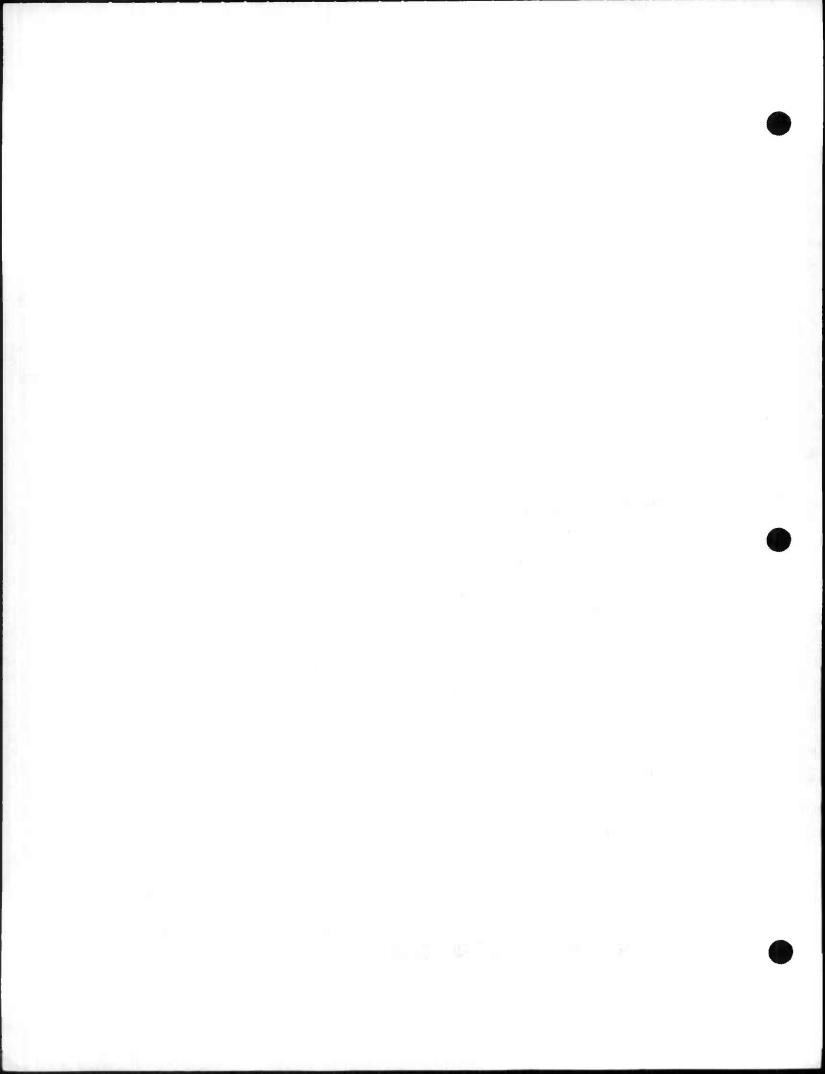
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriaf-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriaf, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN	E	10000				
2000	1. OECEDENT'S NAME (First, Middle, Last)	Jennie Ire	ene Snyo	der		2. DATE OF OEATH DATE OF O		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 212 74 8470 9a. FACILITY NAME (If not institution, give s	1 □ M 2 🔀 F	(In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 4/26/1903	8. BIRT Coun	nsylvania				
TOR	North Arundel	Convalescen	t Home	Glen B			Anne Arunde					
DIRECTOR	10a. STATE 10b. COUNT	Y =====		y, TOWN OR LOCAT	TION							
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	1 YES 2 NO WHAT COUNTRY?				
BY FUNERAL	3807 - 8th Stre	12. WAS DECEDENT EVER II FORCES? 1 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puarto Rican, atc.)		E — American Indian, ck, White, atc.				
COMPLETED E	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO	ON al of working	16b. KIND OF BUS	INESS/INDUSTRY	White				
MPL	Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Housewife Home Maker											
TO BE	Man INCOMMENTO NAME OF THE PROPERTY OF THE PRO											
	20e. METHOD OF DISPOSITION 1 Or Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of carpetagy, cremetopy or other place) Lake View Memorial Park 20c. LOCATION — City or Town, State Sykesville, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md.											
	23. PART I. Enter the diseases, or conditions that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Lift only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Consequence on:											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST											
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	es contributing to death b	out not reaulting in	n tha undariying	cabse givan in	Part I. 24a. WAS AN / PERFORI 1 YES 2	WED?	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)						
HYSI	1 TYES 2 TO	1 Inpetient: 2 ER/Outp	entient 3 🗆 DOA			8 Other (Specify)						
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY WOI		28d. DEŞCRIBE NOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	ireet, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rural i	Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSHOOD 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of examination	ledge, death occurred	d at the time, data	and place, and due	to the cause(a) and mann	ner ea stated,	i) and menner as stated.				
H	296. SUPRETURE AND TITLE OF CENTYRER		Jup		29c. LICENSE NUM		29d. DATE SIGNED					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	, , , ,	- G	- 6	6 75				
3	31. DATE FILED (MONTH Day Year) 1993	32. REGISTRAR'S SIGNA Suna David	ATURE ATURE	farm	<u> </u>	1 /1	nold	Md 211				



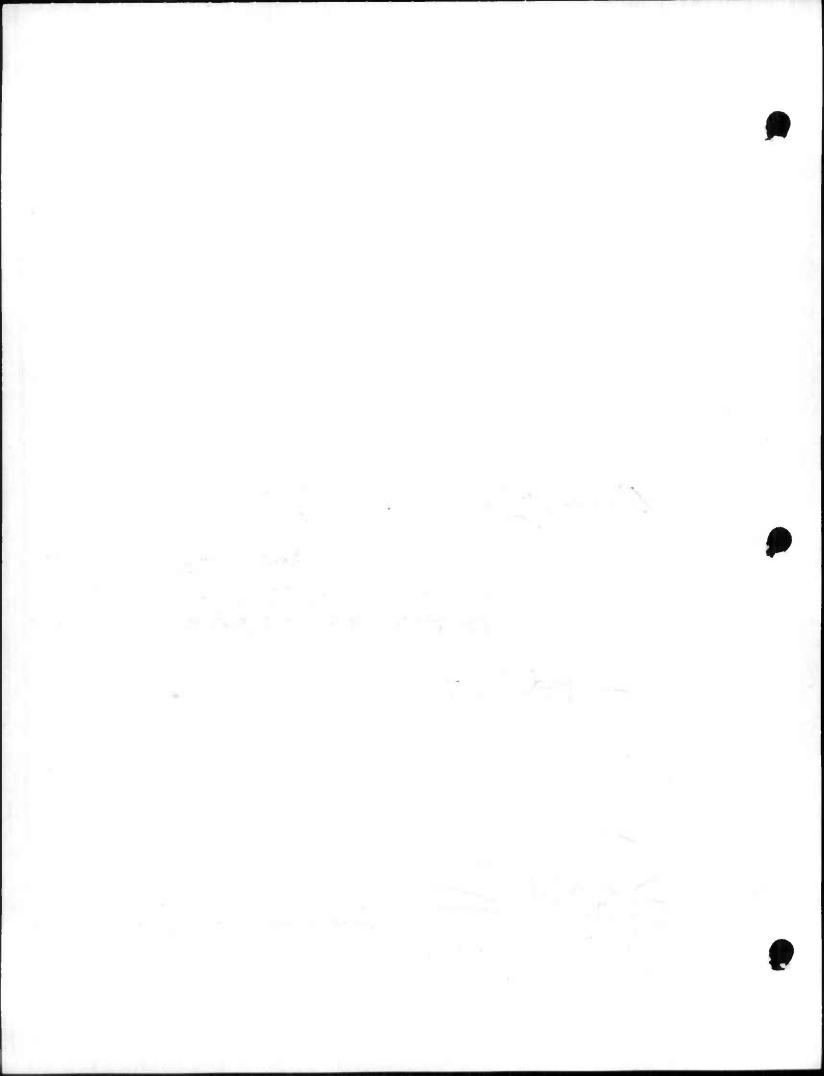
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOTHE MISTALL OR ATTENDING PRYSOLAR. The law requires that the death curficult when 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TOTHE FINETALL OR ATTENDING PRYSOLAR The law requires that the death curficult when and completely filled in the thierist director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Digit of Health and Mental Hydrine prior to burial, the medical examiner must be notified at once.

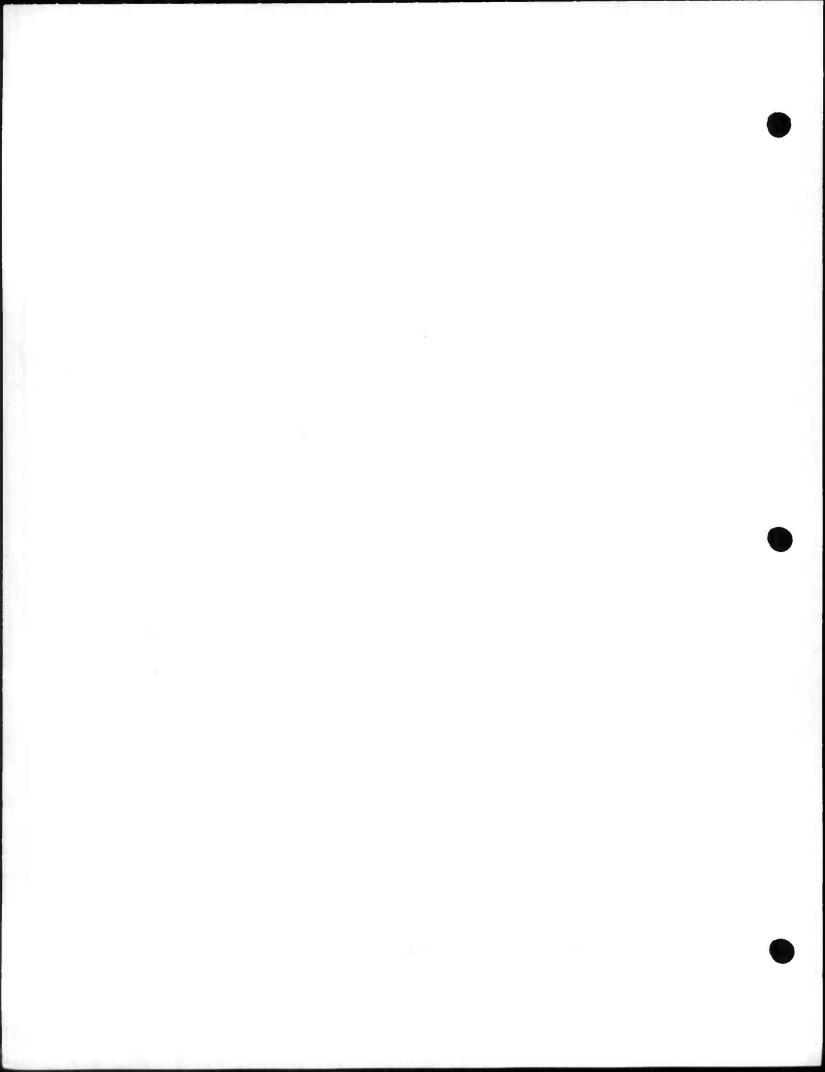
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DE CERT	PARTMEN' FIFICATI	T OF H	EALTH AN DEATH	D ME	NTAL HYGIENI REG. NO.	E		10000	
	1. DECEDENT'S NAME (First, Middle, Last)	Katheri	oo Cla				2.	DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth	uppel	1 YEAR	IF UNDER 24 HR	s. 7.	06 0'		93	6:55 P. M	
	214 24 6532	1 🗌 M 2 💯 F	0.0	RS. MONTHS	DAYS	HOURS MIN	٧.	(Month, Day, Year) 12/15/191		Countr	vland	
_	9e. FACILITY NAME (If not institution, give stre			9b. CITY	, TOWN O	R LOCATION O			9c. COUNTY OF DEATH			
D.	North Arundel	Hospital		Glen Burnie						Anne Arundel		
REC	10a. STATE 10b. COUNTY		100	10c. CITY, TOWN DR LOCATION					10d. INSIDE CI			
<u> </u>	-	Arundel		Baltin	ore				LIMITS? 1 ☐ YES 2 😿 NO			
FUNERAL DIRECTOR	10e. STREET AND NUMBER				101. ZIP CODE						HAT COUNTRY?	
JNE	8215 Parkway Dri	12. WAS DECEDENT EV	ER IN U.S. ARMED	21226 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify)						S.A		
В	1 Never Merried 2 🔀 Merried 3 Wildowed 4 Divorced	FORCES? 1 []	YES 2 X NO		If yes, spe	cify Cuben, Me	xican, Poscilly:	perto Ricen, etc.)	or No-	14. RACE Black Specif	- American Indian, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of NOT use retired.)										WIII 0C		
Z.	Elementery/Secondary (0-12)	College (1-4 or 5+)	1	ewife	aumg moo	. or working		Home N	-l			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nous	ewite		18 MOTHER'S	NAME /	Home M				
BE C	Jo	ohn Smit	h				eler		,			
10 B	190. INFORMANT'S NAME (Typo/Print) Jerome Brewis		19b. MAI	LING ADDRESS	S (Street an	d Number or Ru		Number, City or Town				
	200. METHOD OF DISPOSITION			Park			Cl	earwater				
	1X Buriel 2 Cremation 3 Removed	al from State	GIEN Ha	ATE OF DISPOS v or other place) VCD MC	mori:	_{meol} al Parl	6		ATION - CI		, Maryland	
ı	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE						Funeral	Home	n.	, imryrand	
	1 Ronnet	miz	-inc	-40	OLGE	itchie	nce Hw	runerai y. Balti	more	P . P	1. 21225	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approxima									Approximate interval Between Onset and Death 2 welling 6 wolfing 10 years		
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to dea	the not result	ing in the un	derlying	cause given	in Part	I. 24s. WAS AN A PERFORM	ED?		WERE AUTOPSY FINDINGS AMALABLE PROON TO COMPLETION OF CAUSE OF DEATH?	
S	25, WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:		OTHER		CE OF DEATH	Check o	nty one)				
14S	1 YES 2 AND 1	26e. DATE OF INJU			ing Home	5 🗆 Resident	_					
	34 Natural 5 Pending	(Month), Day, Ye		INJURY M	WOR I VE		294	DESCRIBE HOW IN.	JUNY OCCU	HED		
TED BY	2 Acolders Investigation 3 Suicide & Could not be determined	28e. PLACE OF INJ building, etc. (URY At home, fe Specify)	rm, street, fach			281	LOCATION (Street an City or Rein, State)	d Number or	Aunii Aç	nav Mumber	
COMPLETED	20s. CERTIFIER (Check only one) CERTIFYING PHYSICI, one) 2 MEDICAL EXAMINER:	AN: To the best of my k	nowledge, death oc	curred at the ti	me, date e pinion, des	nd place, end o	fue to th	e cause(s) and menn data and place, and	er as stated	i. ceuse(s)	and menner as atated.	
O BE (29b. SIGNATURE AND LITTLE OF CEM IFIR		2			2 CALICENSE	WMBER 43	87	29d. DATE 5	SIGNED	Month, Day, Year)	
	J.K. Charle	COMPLETED CAUSE OF	DEATH WITEM 27)	Type, Pint	nn	INStor	1	fre ?	Del 1	6 4	2026 Nd	
7	JUN 0 9 1993	32. REGISTRAR'S S	MATURE AND	ell.								

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	r de	e 6	700	5
	afte	y th	201	ca
	2	in b	Je .	9
	100	P	0	E
	TO THE HOSPITAL DR ATTENDING Processor, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After the grant has been signed by the attending physician and completely filled in by the funeral director, page 5 should be netached for	be filed within 72 hours after death measure. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked for light 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF F	MARYLAND / CE	DEPAP ERTIF	TMENT	OF H	EALTH AND	MEN	TAL HYGIENI REG. NO.			: 0007	
	1. DECEDENT'S NAME (First, Middle, Last)	Ann		ultz					ATE OF DEATH		YEAR 193	3. TIME OF OEATH 10:05 P.M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	st birthday)			IF UNDER 24 HRS.	7. DA	ATE OF BIRTH forth, Day, Year)	-	8. BIRTH	HPLACE (State or Foreign	
	214 22 1677	1 □ M 2 🔀 F	65	YRS.		DAYS	HOURS MIN.	6	6/6/1928		Country	ryland	
Œ	9e. FACILITY NAME (If not institution, give s						DR LOCATION OF DE			9c. COUN			
DIRECTOR	176 Carroll Ro	oad			KIV	/ier	ra Beach			Anı	ne P	Arundel	
REC	10e. STATE 10b. COUNT				10c, CITY, TOWN OR LOCATION							10d. INSIDE CITY	
0		ne Arunde	≥1	R:	iviera	_						LIMITS? 1 TES 2 THE NO	
FUNERAL	100. STREET AND NUMBER 176 Carroll Roa	- 4				10f.	ZIP CODE					WHAT COUNTRY?	
JNE	1/0 CATTOLL ROS	12. WAS DECEDEN	NT EVER IN U.S. ARI	THED.	I ea w	T DEC	21122				S.A		
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARI 1 YES 2 YN WAR OR DATES	NED 10	11/3	yes, spe	ENDENT OF HISPAN ecify Cuben, Mexice 2 NO Specify	en, Puer	GIN? (Specify Yes to Ricen, etc.)	or No-	14. RACE Black Specif	E — American Indian, k, White, etc. //y: White	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	(CATION s completed)	/G/A	ive kind of v	USUAL OCC	CUPATIO	N at all working	T	16b. KIND OF BUSI	INESS/INDU	JSTRY	MILLOG	
,LE	Elementary/Secondery (0-12)	College (1-4 or 5 +	+)	(Give kind of work done during most of working life. Do NOT use retired.)					Maryla				
OME	12th Grade 17. FATHER'S NAME (First, Middle, Last)		AC	ccour	ntant						r or	Tres.	
BE	J	John P. M					Mai	rga		ran			
10	190. INFORMANT'S NAME (Type/Print) Elmer Schultz		1	.76 C	arrol:	1 R		Route M .Vi∈	umber City or Town.	h, Stete, Zip C	code)	and 21122	
	20e METHOD OF DISPOSITION 1 X Suriel 2 Cremetion 3 Remo		20b. PLACE A	State	e Vete	eran	ns Cem.	6,	/11 Crc		ille	e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.												
	Meorge	DYO	nee	-	40	01	Ritchie	Hwy	Balt	imore.	. M	A. d. 21225	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List Only One Cau	use on aach line.	N.								Approximata interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant condition.	na contributing to	death but not ra	eaulting /	in the unda	ariving	cause given in	Dart j.	24s. WAS AN A	···TOBQV	T nah	THE STATE OF THE S	
PHYSICIAN: MEDICAL					11 100		Cause great		PERFORM	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL												
Sici	EXAMINER?	HOSPITAL:	ER/Outpatient 3	7 704	OTHER:		ACE OF DEATH (Che						
Ĭ,	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. TIME	E OF 28	8c. INJU	5 PResidence		ther (Specify) DESCRIBE HOW IN.	HIRV OCCU	PED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	sy, Year)	INJU	URY	WOR	ES 2 NO	200	Egoniae no	JUNI OULL	HED		
	3 Suicide 8 Could not be datermined 26e. PLACE OF INJURY — At home, term, street. building, etc. (Specify)							26f. LC	OCATION (Street and ity or Town, State)	id Number or	r Rurel Ro	oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	ICIAN: To the beet of ex	my knowledge, deal	ith occurre	d at the time	e, date s	and place, end due	to the d	cause(e) end menn	her se stated	J.	and menner es stated,	
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUM					(Month, Day, Year)	
O BE	(im 4/1/ Sales	my V					1227	82		16	181	93	
	30. NAME AND ADDRESS OF PERSON, WHO	n Kma,	E OF DEATH (ITEM	27) (Type,	Print) Hanbi	ar	Hospi	, Xa	1 9	ter			
0	31. DATE FILED (NONT), Day, Yar) 1993	32. SEGISTRAS	B'S SIGNATURE	indest			Ü			-			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	_							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH 7:31 Q M
		John Schaub 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		93 1. BIRTH	PLACE (State or Foreign
목		219-10-1406	1 D M 2 - F	66	YRS.		DAYS	HOURS	Min.		1927	BAZ	TIMORE, MI
3 should	E	90. FACILITY NAME (If not institution, give str The Unioh Memorial		1	1.7	вы ситу, т Balt:				ATH	9c. COU	NTY OF DE	АТН
s 1, 2,	стов	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	поэртес	**									
permit. Pages	DIRE	MARYLAND			BA	LTI,	MOCATIO	RE	C	174			10d. INSIDE CITY INNITS? 1 YES 2 NO
	RAL	100. STREET AND NUMBER	7.0	11/1	10f. ZIP CODE					1	10g. CIT	IZEN OF W	HAT COUNTRY?
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	71A 12. WAS DECEDEN	TEVER IN U.S. AR	MED	13, WA	S DECE	NOENT O	F HISPAN	IC ORIGIN? (Specify	fee or No-	// >	- Armedeur-installi,
۾ <u>ڇ</u>	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	AVY	If y	res, spec	cify Cuber	Mexicar	n, Puerto Rican, etc.)		Specify V	White, etc.
	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	(Gi	CEDENT'S US ve kind of wor Do NOT use	de done due	UPATION	N I of working	9	16b. KINO OF E	USINESS/INI	DUSTRY	
D Spital of to	APLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	E	LECT,	RICI	M			-			
# 8 4 Z	E COMPL	17, FATHER'S NAME (First, Middle, Leat)	am S	CHAU	B, 5	SR.		16. MOTH	ER'S NAM	ME (First, Middle, Meid	on Surname)	VWO	roD
E MARY to retained to the following be notified	TO B	190. INFORMANT'S NAME (Type/Print)	ECORD	5 196	SA	DDAESS (S	Street and	d Number	or Rural R	ABOVE	State, Zij	p Code)	
OR 6 ma		20e. METHOD OF DISPOSITION 1 Derical 2 Decremation 3 Removed Description 5 Other (Specify)	val from State	20b. PLACE A			ON (Nam	DNI	nou	DATE 20c.	OCATION -	City or Tow	rn, State
ALTIM beath. Page tuneral dee examinor r		21. SIGNATURE OF FUNERAL SERVICE LIGH	ENSEE	LIC.	#	22 NA	ME AND	ADDRES	S OF SAC	HUTY STAL	Ch	tops.	2
BAI after des y the for now!	Щ	They do	Jan		77	8	80	8	HA	RFORD	R	D'-	
24 hours at filled in hy non, or rem he medic		21. PART . Enter the diseases, or connect, or meant failura. L IMMEDIATE CAUSE (Final disease or condition	ingt only one caus	t caused tha de se on each ilna.	ath, Do not	t antar th	e mod	e of dyli	ng, such	as cardiac or res	piratory ar	rest,	Approximata interval Between Onset and Death
760, ed within ompletely il, crema event,		resulting in death)		OR AS A CONSEC	UENCE OF):								
B 2 2 3	NO	Sequentially list conditions, b.	hi	P dis	arti	cul	at	ion	-				12 d
racian be	CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Me	OF AS A CONSECUTION OF A SALAR	UENCE OF):	ale	n	Car	cer	_			
certificate ding physical profiles profiles profiles profiles profiles profiles profiles profiles profiles to a the top profiles profiles profiles profiles to a the top profiles profiles profiles profiles to a the top profiles profiles profiles to a the top profiles profil	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Mit diseart culation DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Severe Vescular disease											
death death e atten lemtal H		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										1	
T to to to	EDICAL	PART II. Other significant conditions	contributing to	death but not re	esulting in	tha unde	riying	cause g	lven in f	PERF	IN AUTOPSY DRMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
sign Heal	MED									1 _ YES	2 (1410		OF DEATH?
AL KE ne law requ has been bept. of n 23 sho	AN	25. WAS CASE REFERRED TO MEDICAL											
Certificate h the State C	SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetlect 3		THER:				ck only one)			
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH	28+. DATE OF (Month, Da	INJURY	28b. TIME (OF 28	ic. INJUI	RY AT	agence (8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OC	CURED	
ON ON OTHER PHYSI After this of death with a marked,	ВҰ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	F INJURY — At hor	ne form etre		1 YE	S 2 _	NO	28f. LOCATION (Street			
28 i after	ETED	Suicide B Could not be determined	building,	atc. (Specify)		-	, orner			City or Town, Ste		r or Hunti Ho	ute Number,
로 장 등 등	COMPLETE	29e. CERTIFIER (Check only one)											
MA WHEN		2 MEDICAL EXAMINER 28b. SIGNATURE AND TITLE OF CERTIFIER	On the beels of ex	Amination end/or is	rvestigation,	in my opin		29c. LICE					
THE THE MAN	TO BE	Affrij M	L-D .					Dr	+ 25	525	≥ 6	17/	Month, Day, Year)
	-	AHMAN HATT, M	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, Pr	rine)	1-22		210	IE. VN	PI/		Salt MAZIEI
		31. DATE FILEO (Month, Day, Year)	32. REGISTRA		Trial	140	2617		~ (1 L. VW	UIH	wy, F	Salt, Mary
	10	JUN 0 9 1993 4	whice Therida	And a	2.								

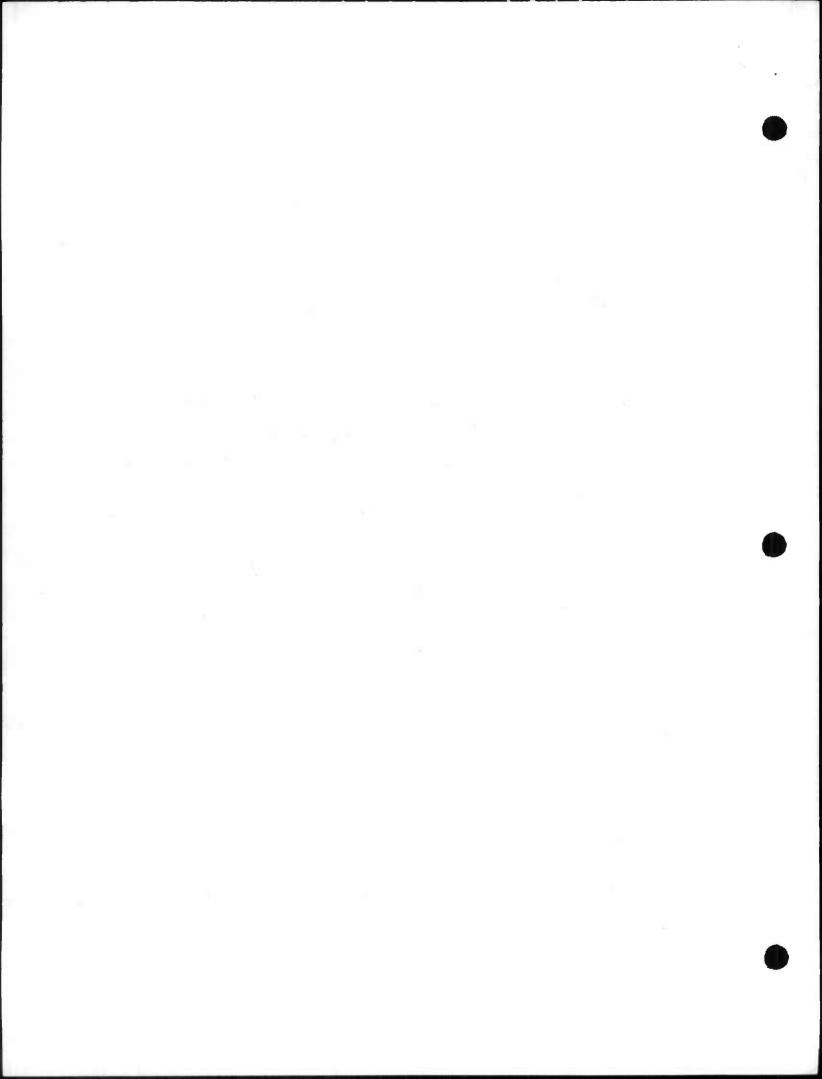
BALLIMOHE, MAHYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		EKITER	AILO	F DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MADELENE	CRESCEN	TIA	Son	INSKI	2. DATE OF DEAT MONTH JUNE	5, 19g	3	3. TIME OF DEATH		
	0.00 20 10000	S. SEX 8. AGE (In yrs.		F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, You OCT, 2	3.1929	6. BIRTHP Country)	LACE (State or Foreign		
CTOR	9a. FACILITY NAME (If not institution, give stree \$232 OLD + RESIDENCE OF DECEDENT	ARFORD R).	PAK	KVILLE	EATH	9c. COUN	LTI	MOLE CO.		
DIRECTOR	MARYLAND 10b. COUNTY	TIMOREC	10c. CITY,	TOWN OR LOC	TATION				IOd. INSIDE CITY LIMITS? I YES 2 NO		
FUNERAL	8232 OLD	HARFORD	ROAL		101. ZIP COOE	34	U	EN OF WI	A COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ABMED JNO	It yes,	ECENDENT OF HISPA apocity Cubart, Mexic ES 2 NO Speci	an, Puerto Rican, etc	y Yee or No—	14. RACE - Black, Specify.	Aradoan Indian, White, storing		
E	15. DECEDENT'S EDUCAT (Specify only highest grade co.		DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF	BUSINESS/INDU	ISTRY	,,,,		
Elementary/Septondary (0-12) College (1-4 or 5+) No. Po NOT use retired.) Toma MALER											
BE CO	17. FATHER'S NAME (First, Middle, Last)	NRY HOL	EHN		16. MOTHER'S NA	CENTI,	den Surneme) A MA	RY .	WENGER		
70	190. INEGRMANT'S NAME (Type/Print) FAMILLY REC	ORDS	SAY	DE (Stree	t end Number or Rural	Poute Number, City of	Town, State, Zip (Code)			
	20e. METHOD OF DISPOSITION 1	PH	AND DATE OF	DISPOSITION	Name of	6-8 1	ACKYI	Ity or Tow	, MD,		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	J. gair n	10067	EV.	AND ADDITIESS OF THE	NERAL	CHAI	DE AN	evone		
	23. PART I. Enter the diseases, or con	nplications that caused the out only one cause on each lie	feath. Do not	enter the n	node of dyling, suc	h ss cerdlec or r	espiratory srre	st,	Approximete		
	IMMEDIATE CAUSE (Final	CARDIAC		EST	-				interval Between Onset and Death		
	resulting in death) s	DUE TO (OR AS A CONS	EQUENCE OF):						1.410-2		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	TOBACCO DUE TO (OR AS A CONS	ABU'	SE							
2	Cause. Enter UNDERLYING CAUSE (Disease or injury								1		
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):								
띩	d										
	PART ii. Other significant conditions of	contributing to death but not	resulting in	the underly	ng ceuse given in	Part i. 24a. WA	AN AUTOPSY		VERE AUTOPSY FINDINGS		
EDICAL							FORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME									☐ YES 2 ☐ NO		
ÿ											
PHYSICIAN: M		IOSPITAL:		THER:	PLACE OF DEATH (Ch						
¥	27. MANNER OF OEATH	□ Inpatient 2 □ ER/Outpatiant 28e. DATE OF INJURY	3 ☐ DOA 4		ome 5 MResidence	6 Other (Specify) 28d. OESCRIBE H	THE REST COOK	IDEA			
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Υ	YORK?	200. OEGCHIBE N	W INJUNI OCCU	MEO			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - At I	nome, ferm, stre			281, LOCATION (St.	reet and Number o	r Rural Rou	ite Number,		
COMPLETED	4 Homicide determined	building, atc. (Specify)				City or Town, S	tete)				
ן ב	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	feath occurred	at the time, de	ta and place, end due	to the cause(e) and	manner es states	1.			
No.		On the basis of axamination end/o							ind menner ee stated.		
	29b. SIGNATURE AND FITLE OF CERTIFIER				200 LICENSE MIL	MED			Aonth, Day, Year)		
O BE	schult MD	DEP ASST ME	EXAM	INEK	D337	85	16	-7.	-93		
2	30. NAME AND ADDRESS OF PERSON WHO CO JEFFREY C. SCHI	OMPLETED CAUSE OF GEATH (IT	EM 27) (Type, Pr	LAIR	RD# III,	BALTIM	ORE, M	D 2	21236		
/	31. DATE FILEO (MONTH, Day, Year)	32. REGISTRAR'S SIGNATURE									
0	TON IF 4 TOO 2	THE WALL CON- MUNICIA									

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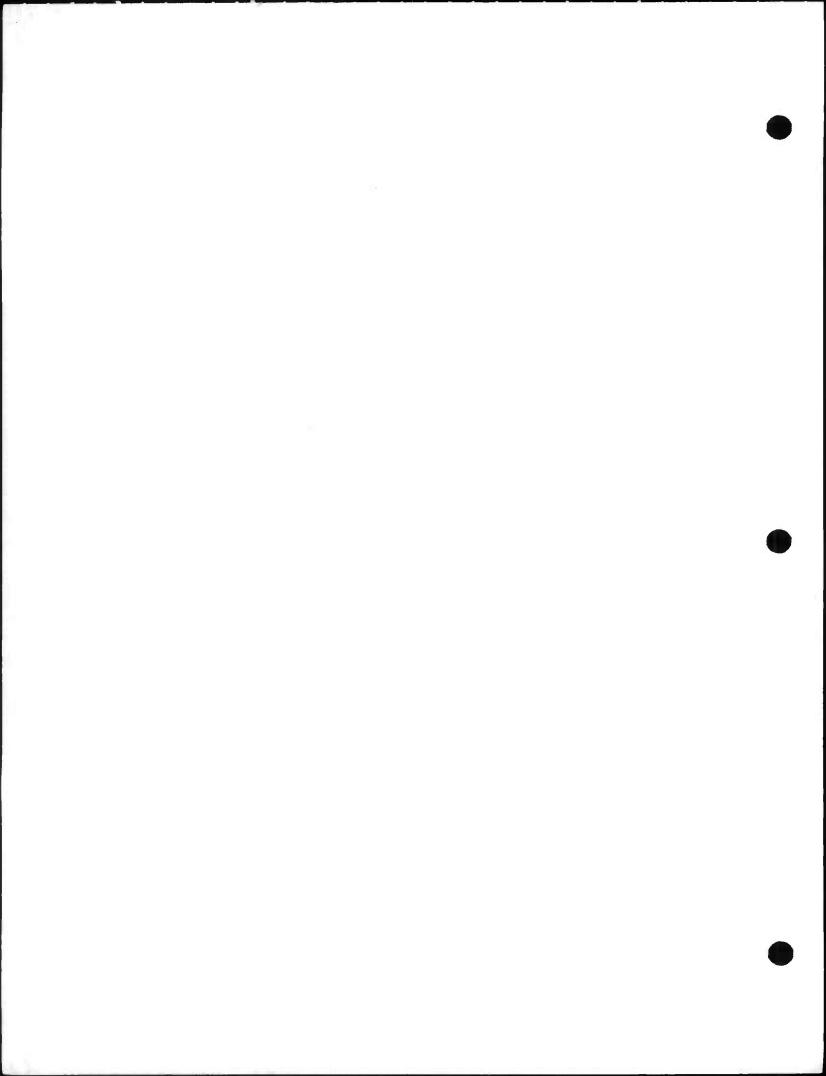
1 - STATE

		HEGISTHAN		CERTIF	ICALE OF	DEATH	REG.	NO.	
	1	1. DECEDENT'S NAME (First, Middle, 1981)					2. DATE OF DEATH		3. TIME OF DEATH
		JOS1 R.	de los Sac	POT			MONTH	DAY G	8:45am
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign
		217 80 4410	NOM 2 F	Q YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year	34 6	Country)
용				10			8/2//	19 15	というのうに
3 should	000	9e. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH
23	Ö	U. OF MARYLANC	HOSPITAL		BALT	imors			
-	5	RESIDENCE OF DECEDENT							
Pages	DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
F.		TARYLAND HARF	TORO		YLESVI	211			1 YES 2 NO
permit.	A	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
	FUNERAL	4005 GRAND	E VIEW (70715	l l	21132		1	0.2
physician. burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 WM C DE		NIC ORIGIN? (Specify	<u> </u>	- 077
ouria	4	1 Never Married 2 Merried	FORCES? 1 TYES	2 55NO	If yes, s	specify Cuben, Mexic	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 _ YE	S 2 NO Speci	fy:	0	Specify:
as	ETED	15. DECEDENT'S EDUC	CATION	16- DECEDENTIO	1101111 00011011			17	21/TILL UE
_ =		(Specify only highest grade	completed)	16s. DECEDENT'S (Give kind of a life. Do NOT us	work done during n	nost of working	16b. KIND OF	BUSINESS/INDUS	TRY
₹ £	=	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	_				
the hospital detached for once.	×	12 4K2.		SIUD	in				
a de la	COMPL	17. FATHER'S NAME (First, Middle, Last)	, (16. MOTHER'S NA	ME (First, Middle, Mel	den Sumame)	
B & &	BE	KINE P- de	109 SADI	20		DOROT	THY SP	Person	
retained by 5 should be notified at		19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street		Route Number, City or	Town, State, Zio Co	ode)
5 C 5	2	FAMILY ROM	2020			00			
ay be	1 1	20a. METHOD OF DISPOSITION		SAC		HUOVE			
		1 Burial 2 Cremation 3 Remo	oval from State Cer	b. PLACE AND DATE (Verne of	D-B 20c	LOCATION - CII	1
		4 Donation 5 Other (Specify)			TUDO	ZEMAIORY	193	AL10. 1	PARYLAND
death. Pag tuneral di i. examiner		21. SIGNATURE OF FUNERAL MERVICE LIC	ENSEE		22. NAME /	AND ADDRESS OF FA	CILITY	a. 1 Die	
		▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/\			m runter	I CHAMI.		-1 Ma 21050
	\vdash	22 PART I Feter the discourse	Los /		3 (12)	WADRIL	DRIVE FO	REST H	. 1 1 1 1 1
ours after or remove medical		23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that cause List only one cause on o	d the death. Dor each line.	ot enter the m	ode of dying, suc	ch as cardiac or re	spiratory arrest	
		IMMEDIATE CAUSE (Final	^ .						Interval Between Onset and Death
	. 1	disease or condition resulting in death)	Pulmar	2011001	Wen	morha	A 1		- bib
rted within 24 completely fille ial, cremation, c event, the		resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	F):	morha	g-C		3/30/73
B 2 - 9	-	-					,		- kg-
8 "0 =	CERTIFICATION	Sequentially list conditions,	OUE TO (OR AS	O CO PC I	Pi.	4			3/12
ysiciar prior trau	¥	if any, leading to immediate cause. Enter UNDERLYING	11 100/4				ntecti	- 10 mm	
phys phys	윤	CAUSE (Disease or Injury	OUF TO OR AS	CONSEQUENCE	157 -CH	10 1	nleat	ons	
nding phy Hygiene p	ΙĒΙ	that initiated events resulting in death) LAST	002 10 (011 10)	CONSEQUENCE-OF	·):				
# 6 -	监		. Cranal	0< yto	ema	1			
the death y the attended Mental		PART II. Other significant conditions	s contributing to death I	out not resulting	In the underlyle	na causa aluan la	Post I ac- una	AN AUTOPSY	I
the state of the s	EDICAL			or not resenting	ar the dilderlyin	ng cause given in	PERI	FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
signed by Health an WS any	ă						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
	ME						_ - '	•	1 YES 2 NO
PHYSICIAN: The law requi this certificate has been s with the State Dept. of H rked, or Item 23 shov	=								
WOING PHYSICIAN: The law E After this certificate has be death with the State Dept. Is marked, or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. 6	PLACE OF OEATH (C)	eck ook one)		
N: The ficate h State	잃	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:				
ICIAI ertif the	žΙ	27. MANNER OF CEATH	1 Inpetient 2 ER/Out			me 5 Residence			
ING PHYS ifter this c eath with marked,	РНҮ	1 Netural 5 Pending	(Month, Day, Year)	26b. TIM		JURY AT ORK?	28d. OEŞCRIBE HO	W INJURY OCCUR	RED
After the death of mark	β	2 Accident Investigation			M 1 🗆	YES 2 NO			
- Ph. (R)	ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — At home, lerm, s	treet, factory, offi	ce	261, LOCATION (Stre City or Town, Str	et and Number or	Rural Route Number,
2		4 Homicide determined		,,			Only or rown, Sa	aro)	
MA	COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of my know	dadaa daadhaaa					
2 3 8V=	Σ		CIAN: To the best of my know						
DS- UND Idhirt	용	MEDIOTE EXAMINET	1. On the basis of exeminatio	m eng/o/ investigatio	n, in my opinion,	death occured at the	lime, date and place,	end due to the c	ause(e) end manner ee stated.
H H H	ш	296. SIGNATURE AND TITLE OF CERTIFIER	/		-	29c. LICENSE NU	MBER	29d. OATE S	IGNEO (Month, Day, Year)
TO THE HDS-TI TO THE FUNE De filed within IMPORTANT	B	W Date Kakers	M. Ou	edical b	wided	11000 11	116-1-1	1 × 1	6/5/12
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time	Print)	Univ. N.	amea CTI	4	1/1/17
		DET DANK	un 176	(VO	47	11 1	1 -11		
- 1		31. DATE FILED (Month, Day, Year)	11/1/2/201	O TEMP	71. BR	11. Md	21101		
. 1	2	IIIAL O O 4000	32. REGISTRAR'S SIGN	ATURE					
		JUN U 7 1443 - 90	ME WENTEDON NO	The					1



TO THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nows after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3 should be detached for use 3, 3

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN	E	10011		
	1. OECEOENT'S NAME (First, Middle, Last) RALPH	ſ	SAKS			2. DATE OF DEATH	993 YEAR	3. TIME OF OEATH 9:30 P.M M		
	4. social security number 705–05–7990	5. SEX 6. AGE ((In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/19/19	8. BIF	THPLACE (State or Foreign intry) ARYLAND		
OR	9a. FACILITY NAME (If not institution, give a MILFORD MANOR NU			96. CITY, TOWN OF	R LOCATION OF DI		Sc. COUNTY OF BALTIM			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY		
_	MARYLAND 10a. STREET AND NUMBER		BA	LTIMORE				1 XYES 2 NO		
FUNERAL	3113 BANCROFT RE)., APT. A		101.	21215		70	WHAT COUNTRY?		
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES A 1 YES 2 NO Specify:									
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 9 completed) College (1-4 or 5 +)	(Give kind of a life. Do NOT us		ON st of working	16b. KINO OF BUS				
MPL	12		TICKET	AGENT		RAILROA				
BE CO	17. FATHER'S NAME (First, Middle, Lest) HYMAN SAKS				18. MOTHER'S NA LENA	ME (First, Middle, Maiden BERNS	Surnama) TEIN			
10	19a, INFORMANT'S NAME (Type/Print) MR. HOWARD L. SAF	ΚS		AOORESS (Street as		Route Number, City or Town	1, State, Zip Code)			
	20s. METHOO OF OISPOSITION 140 Burlal 2 □ Cremetion 3 □ Rem 4 □ Donation 5 / Other (Specify)	20b cem	PLACE AND OATE (OF OISPOSITION (Nati	me of	OATE 20c. LO	CATION — City or	Town, State		
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSER //	HEBE EW		O AOORESS OF FA	CILITY	TIMORE,	MD		
	Aggluly L.	tellage		6010	RETSTERT	& BROS., I	AT.TO	MD 21215		
	23. FART L unter the disease, of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. End Stage OUE TO (OR 4S)	ach line.				retory erreat,	Approximate interval Between Onset and Death		
NO	Sequentially list conditions,	b	CONSEQUENCE OF							
ICATI	CHOSE (Disease of Hillin)	C								
CERTIFICATION	thet initiated events resulting in death) LAST	d	CONSEQUENCE OF	7: 						
AL.	PART II. Other algnificant condition	s contributing to deeth b	ut not resulting i	n the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		6b. WERE AUTOPSY FINOINGS AMPLABLE PRIOR TO		
PHYSICIAN: MEDIC	Adult mari	asmus)				1 YES 2		COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch					
IYSI	1 YES 2 NO 27. MANNER OF CEATH	HOSPITAL:				8 Other (Specify)				
BY PI	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	URY WOR	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCUREO			
	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	treat, lactory, office		28f. LOCATION (Street a. City or Town, State)	nd Number or Rura	l Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my knowlers: On the bests of examination	edge, death occurre	d at the time, data a	and place, and due	to the cause(a) and man	ner as atsted,	(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	U MB			29c. LICENSE NUM	IBER	29d. OATE SIGNE	(Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHI		ATH (ITEM 27) (Type,	_	11 11		-//			
27	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	LIBERTY	Plaza	Mall					
3	JUN 0 9 1993	Lulia Variet	Marken							



1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)

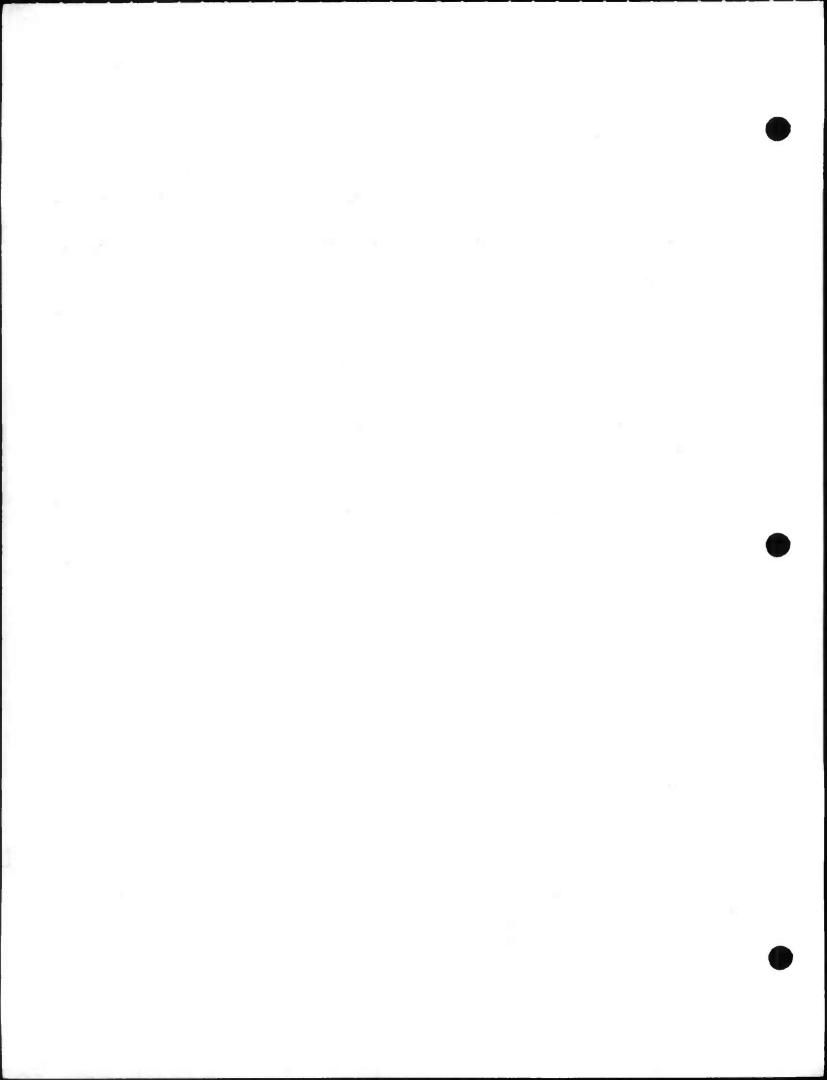
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH

MENTA	L HYGIEN	IE.	3	16572
O O	OF DEATH	AY 6 -	9 3 8. BIRTH Count V	3. TIME OF DEATH 12:10 P M HPLACE (State or Foreign 2) RGINIA
EATH		9c. cou BAI	TYME	SŘĚ
				10d. INSIDE CITY LIMITS? 1 TYES 2 NO
		10g. CIT	IZEN OF V	WHAT COUNTRY? USA
NC ORIGI n, Puerto /:	N? (Specify Yer Rican, etc.)	or No—		E — American Indian, k, Whita, etc.
	AT HO		DUSTRY	
ECCA		CKER		
PT.		TO.,	MD	21209
SFAR		/93		EDALE, MD
	ROS.,	INC. BALT	D., 1	MD 21215
h ss car	diac or resp	iratory ari	reat,	Approximate Interval Between Onset and Death
ILE	MA			
Part I.	24a. WAS AN PERFOR 1 VES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

				SY.	LVIA	SIGI	ER				06	- 06		3 3	12:10 P M
_		4. SOCIAL SECURITY NUMBER 219-07-400		5. SEX 6.	AGE (In yrs	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D.	7/191	9	B. BIRTHPL/	ACE (State or Foreign GINIA
3 should	DR	90. FACILITY NAME (If not in GREATER BA			CENT	ER	9ь. СІТ Т	y, town o	R LOCATI	ON OF DE		,		Y OF OEAT	
1, 2,	15	RESIDENCE OF DEC	CEDENT												
nit. Pages 1,	DIRECTOR	MARYLAND		TIMORE			Y, TOWN ALTI	OR LOCAT	ION						d. INSIDE CITY LIMITS?
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 7 SLADE AV		PT. 204			·	101	ZIP COD 212	208			10g. CITIZ	EN OF WHA	USA
E E	B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2		13.	WAS DEC	cify Cube	n, Mexicen	, Puerto Rica	pecify Yes n, etc.)	ify Yes or No— 14. RACE — American Indian, Black, White, etc. Specific WHITE		
r attend use as	ETED		EDENT'S EDU		16a.	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						ND OF BUS	INESS/INDU	STRY	
spital or led for u	립	Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5+)		HOUSE	se retired.)	during mo:	st of worldi	ng	AT	HOM	ΊE		
the hospit detached	Ö	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NAM	E (First, Midd	le, Malden S	Surneme)		
# 84 F	ш	FRANK	BALSE	R						REBE	CCA	BEC	KER		
retained 5 should notified	10 B	190. INFORMANT'S NAME (I		CTCLED		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2 2 2	F	MISS HOPE F	KANDI	SIGLER		625	7 PI	MLIC	D RD	. , AF	T. C	BALT	10.,	MD 2	1209
may be		20e. METHOD OF DISPOSIT			20b. PLA	CEAND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, Start						State			
e 6 mg		4 Donation 5 Other	(Specify)	ioval from State	cemetery	Cramatory or other place							ALE, MD		
ter death. Page 6 m the funeral director, yal.		21. SIGNATURE OF FUNERA	L PERVICE LI	CENSEE							& BRO	C	ENIC		
death. Pag tuneral di J.		Mas	V	11/	0.	P .					& BRU OWN R		INC.	MID	21215
rs after of the removal		23. PART I. Enter the di	leases or	complications that a	Qu.	dooth Davi							BALTO		
within 24 hou upletely filled in cremation, or vent, the me		abock, or himmediate (First disease or condition resulting in death)	eart fellure.	a. PNET	VMO	NIA	F):						atory arre	ш,	Approximate Interval Between Onset and Death
n certificate be execunding physician and Hygiene prior to burn or other traumatile.	RTIFICATION	Sequentially list conditions, if siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
vires that the signed by the Health and Me	MEDICAL CE	1 VES 2 NO OF DEATH?											AILABLE PRIOR TO IMPLETION OF CAUSE		
> 0	ž										_				
- 60 2 (4)	SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						ACE OF D	EATH (Chec	ck only one)				
SICIAN: The certificate 1 h the State 4, or Item	S	1 WES 2 NO		HOSPITAL:	R/Outpatient	3 🗆 DOA	4 Nur		5 🗆 Ra	sidence 6	Other (Sp	ecify)			
E stight S	ву Рну		Pending Investigation	26e. DATE OF IN. (Month, Day,	JURY Year)	26b. TIM	E OF URY M	26c. INJU WOI 1 Y		- 1	28d. DESCRI	BE HOW IN	JURY OCCU	RED	
TTENDI TOR: A after d	요	3 Suicide 6	Could not be determined	26e. PLACE OF IN	JURY — At . (Specify)	home, farm,	street, fac	lory, office			261. LOCATIO City or To	N (Street en	nd Number o	Rural Route	Number,
TAL OR VAL DIRE 72 hour	MPLET			CIAN: To the best of my											d manner en eleted
THE FUNE MAT WITHIN	BE CO	29b. SIGNATURE AND TITLE								NSE NUMI					onth, Day, Year)
(2)	7	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE O	OF DEATH (I	TEM 27) (Type	Print)	UAF	,	7.	34	77	401	- L	D 2/204
	ih	JUN 0 9 199		32. SEGISTRAR'S	-						27	-/ /	7074	1	2,207
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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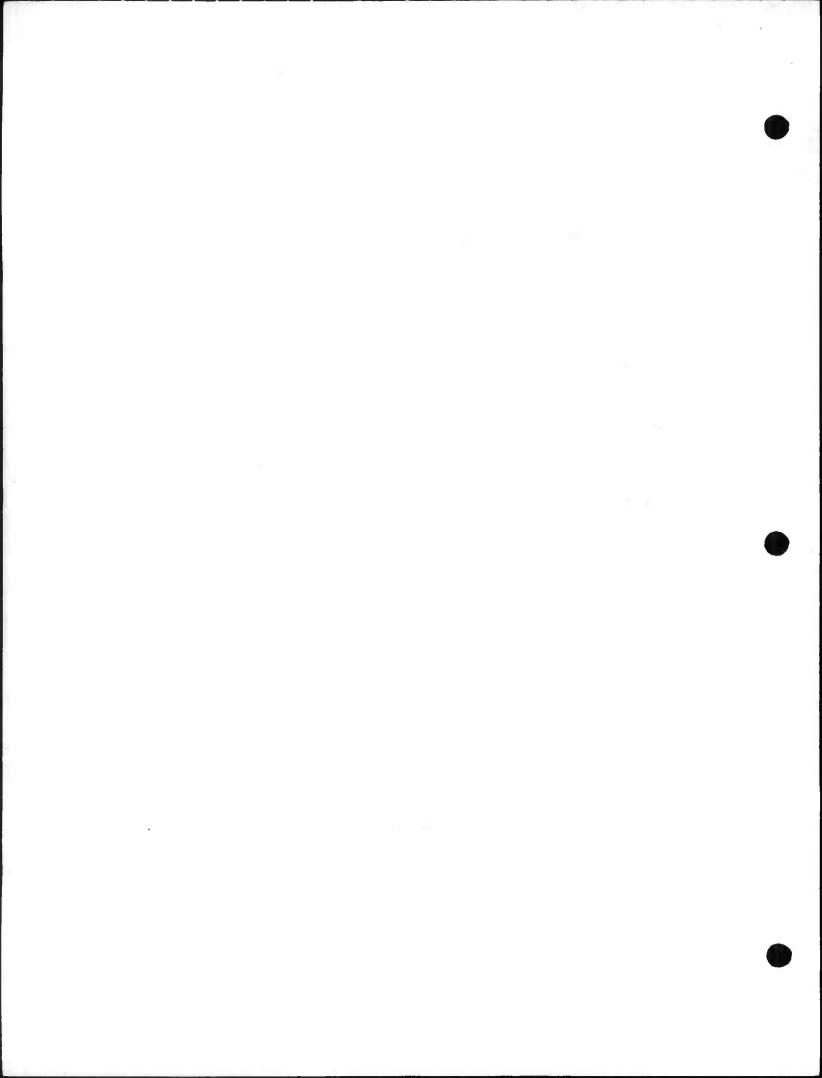
	1 - STATE REGISTRAR	ATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF	HEALTH AND ME	ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND SIL	VEAR 10'.55-1 M									
	010 00 11/11/11/11	5. SEX 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH GARRIER FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH GARRIER FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH GARRIER FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH GARRIER FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH GARRIER FUNDER 24 HRS. FUNDER 24 HRS.									
OR	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 80. COUNTY OF DEATH 81. NAI HOSPITAL										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE D 10b. COUNTY BATTIMORE		10c. CITY, TOWN OR LOCA			10d. INSIDE CITY					
	10e, STREET AND NUMBER	allstaff Rd Apt 108 101. ZIP CODE 2/209 10g. CITIZEN OF WHA									
FUNERAL	11. MARITAL STATUS 12. WI	MS DECEDENT EVER IN U.S. AF DRCES? 1 YES 2 YES, GIVE WAR OR DATES	MED 13. WAS DEC	ecify Cuban, Mexican, F	ORIGIN? (Specify Yee or No	14. RACE — American Indian, Black, White, etc.					
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DE	ECEDENT'S USUAL OCCUPATION	ON	16b. KIND OF BUSINESS/IND	Specify: WHITE					
COMPLETED		ille (1-4 or 5+)	SELF EMPLOYE		GROCERY						
6 ш	17. FATHER'S NAME (First, Middle, Lest) MAX SILVERMAN			18 MOTHER'S NAME RACHEL	SCHWARTBERG*						
2	199. INFORMANT'S NAME (Type/Print) MRS SYLVIA SILVERMAN 190. MAILING ADDRESS (Street and Number of Furth Pouts Number City of Town State 7to Code) 2903 FALLSTAFF RD, APT . 108 BALTIMORE, MD 21209										
	20e METHOD OF DISPOSITION 1 Parisi 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	HEBR	AND DATE OF DISPOSITION (No ematory or other place) LEW YOUNG MEN		DATE 20c. LOCATION —						
CARTILLE	21. SIGHATUHU OF FUNERAL SERVICE LICENSES	lleran	S		N & BROS., INC	C. CIMORE, MD 21215					
NO	Sequentially list conditions 23 PART Enter the disease, or compile shock, or hear feilure. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	cations that coused the de nly one cause on each line (Let a State) DUE TO (OR AS A CONSEC	lung CAN	de of dying, such a	a cardiac or raapiratory arr	Approximata Interval Between Onset and Death 3 YLOAS					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST										
MEDICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 1	PITAL:	OTHER:	ACE OF DEATH (Check							
ву РНУ	1 Netural 5 Pending	8e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c, INJ		d. DESCRIBE HOW INJURY OCC	URED					
ETED B		Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de	ath occurred at the time, date	end place, end due to I	he cause(s) end manner as state s, date end place, and due to the	ed,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	t, MD		29c. LICENSE NUMBER		E SIGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPRISE CHARAMA BERN	LETED CAUSE OF DEATH (ITEL J HARDT A	M 27) (Type, Print) SIA	VAI H	DSPITAL	1-1/13					
6	JUN 0 9 1993 Julie	2. PROJETRAR'S SIGNATURE Deviden Mandal	۵.			1					



ITEMS: 23 PART I, 27, 28a-f, PER MEO G-700 6/22/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND

	1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEPA CERTII		E OF DEA		MENTAL HYGIEN REG. NO		1007.			
	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF DEATH		3. TIME OF DEATH			
	RODNEY		OUIS		SEEKF	ORD	10 6 0	7 9	753R 6:30 P. _M			
	4. SOCIAL SECURITY NUMBER $218-98-1273$	5. SEX 1 (V M 2 ☐ F	6. AGE (In yrs. last birthday)	IF UNDE	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	100	BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give s	4 -	(A) 1113.	Ob CIT	Y, TOWN OR LOCA	TION OF D	MARCH 3.	,68 1	MAKPLAND			
E E	ESSEX PRECINC	,	ON		SEX	HON OF D	EAIR		Y OF DEATH CIMORE COUNTY			
5	RESIDENCE OF DECEDENT							1 2				
DIRECTOR		TIMORE		A DESCRIPTION OF THE PARTY OF T	OR LOCATION -TIMO	05			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	- Triope	-0.1	12/10	101. ZIP CO			1 ☐ YES 2 ☑ NO				
FUNERAL	330 STEMM	ERS 1	RUN ROA	40	2	23	-1	U.	S.A.			
S I	11. MARITAL STATUS		T EVER IN U.S. ARMED	13.	WAS DECENDENT	OF HISPA	NIC ORIGIN? (Specify Ye	or No — 14	I. RACE — American Indian, Black, White, ster			
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1 TYES 2 N	Speci	en, Puerto Rican, etc.) fy:		Spacify:			
	15. DECEDENT'S EDU		16a, DECEDENT	S USUAL C	CCUPATION		16b, KIND OF BU	SINESS/INDUS	WITHE			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give kind of	work done ise retired.)	during most of work	king						
COMPLETED	12	_	ELE	CTRI	ICIAN							
	17. FATHER'S NAME (First, Middle, Last)	1-1 Am	SEEKFOI	00	16. MO	THER'S NA	AME (First, Middle, Majden	Surname)	ISÉ LANG			
8	19a. INFORMANT'S NAME (Type/Print)			G ADDRES	S (Street and Numb	W OX BIVIN	Route Number, City or Tow					
유	FAMILY RE	CORDS	5,	AME	5 A	5	ABOVE	n, State, 2/p Ot	5500)			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	oval from State	20b. PLACE AND DATE	OF DISPO	SITION (Name of		DATE 20c. LO	CATION — CIT	y or Town, Stata			
	4 Donation 5 Other (Specify)	enere -	DUCANE	VA	eley r	nem	-6-10 CO	CICEYS	SVILLE, MD.			
8	Men. 7	Pain	LIC.#	2	VANS	FU	NERAL	CHAP	22			
Н	21 DAGY STOWN OF CHANGE	fave	m00677		3800	H	ARFORD	ROA	D-			
	23. PART I. United the difference, or chock, or heart fellure.	List only one cau	se on each lina.	not antai	r the mode of d	ying, suc	th ss cardiac or resp	ratory arres	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	HANGING							Onset and Dasth			
	resulting in death) s. TARGING DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ATI	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE (OF):								
IFIC	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d										
CALC	PART ii. Other significant condition	s contributing to	death but not resulting	In tha u	nderlying cause	given in			24b. WERE AUTOPSY FINDINGS			
							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
ME									1 TES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MED/CAL											
SICI	EXAMINER?	HOSPITAL:	500	OTHE	26. PLACE OF R:			3 TT /	I OCKIID)			
HYS	27. MANNER OF DEATH	28a. DATE OF	INJURY y, Year) DOA DOA TIN TUN		26c. INJURY AT	lasidenca	6 Xother (Specify) J		LOCKUP)			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year) - FUUN	D M	WORK?	K)(NO	SUBJECT HANG					
ED B	3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At home, farm, etc. (Specify)	street, fac	tory, offica		26f. LOCATION (Street i	and Number or	Rural Route Number, PRECINCT STATION			
	4 Homicide detarmined	1	JAIL CELL				BALTO. COUNT		RECINCI STATION			
COMPLET			my knowledge, daeth occur									
S			amination and/or investigati	on, In my o	opinion, desth occi	ured at the	time, data and placa, an	d dua to the c	cause(a) and menner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER		1+000			C . M .		29d, DATE S	IGNED (Month, Day, Year) 8-1993			
0	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITEM 27) (NO	Original .	0.	. 11.	ш.	- 0-	0-1990			
	DONALD G. WRIGH				Street	, Ba	ltimore,	Mary	land 21201			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
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OF VITAL RECORDS, P.O. BOX 68760,	
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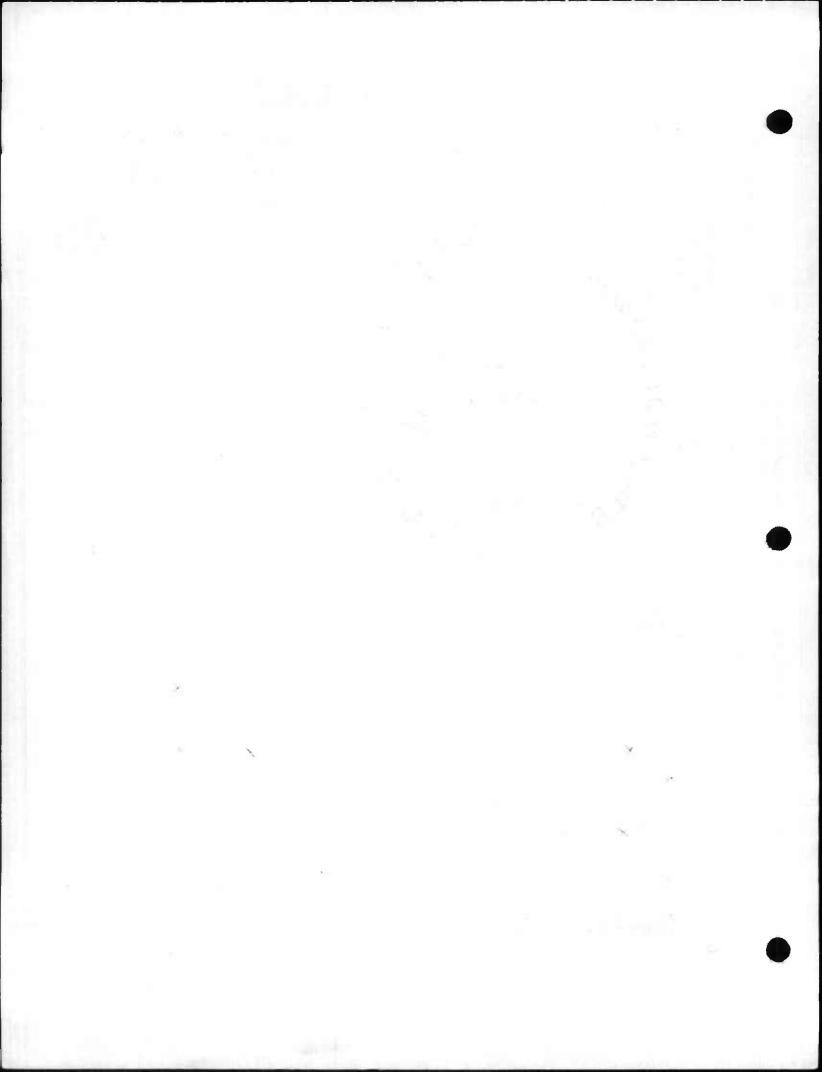
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEI	PARTMENT OF I		NTAL HYGIENE REG. NO.	93	165/5				
2000	1. DECEDENT'S NAME (First, Middle, Last) EDNA E,	SIMMONS			DATE OF GEATH DAY	5 9	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 212-34-63/7		day) IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIFITH (Morith, Dey, Year)	r /	BIRTHPLACE (State or Foreign				
TOR	Sa. FACILITY NAME (If not institution, toys a	1 404PICE	96. CITY, TOWN	HMARE		e. COUNTY	OF OEATH				
DIRECTOR	10a. STATE 10b. COUNT	y 10c	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER 2532 (1/,)	ember ST.	10	1. ZIP CODE	3	0g. CITIZEN	OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANIC Concepts Cuban, Mexican, Post 2 NO Specify:	ORIGIN? (Specify Yes or uerto Rican, etc.)	No- 14.	RACE — American Indien, Black, White, atc. Sepcify:				
	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kin	NT'S USUAL OCCUPATE of of work done during m OT use retired.)	ON ost of working	16b. KIND OF BUSIN	ESS/INDUST	THICK THE				
COMPLETED	17. EATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) FAC	TORY W	PRES NAME	(First, Middle, Melden Sur	rrijanje)					
TO BE C	HERBER 1	GN GON/	LING ADDRESS (Street	PT NN mind Marriagner our Program Professor	15 KAR	ER	le)				
F	20a, METHOD OF DISPOSITION 1 METHOD OF DISPOSITION	N/N/9 20b, PLACE AND D	ATE OF DISPOSITION IN	fants	18/1 57, DATE 200, LOPA	FION - City	MD, 2/223 or Town, State				
	4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	- VOUN	A 100/4/	ng Agorithis de paris	11/198 II	MRB BRA/	HOME THE				
-	23. PART I. Enter the disease. Sr.	complications that caused the deeth.	270	FREDHI	Ton Vary	2	21229				
	iMMEDIATE CAUSE (Finel disease or condition	List only one cause on each line.				ory arreat,	Interval Between Onset and Daeth				
	disease of condition resulting in death) a. Aden o e. a reason of the Lung Due to (or as a consequence of):										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
¥	PART II. Other algnificent condition	ns contributing to deeth but not result	ing in the underlyin	g ceuse given in Par		24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO					
PHYSICIAN: MEDIC					1 □ YES 2	No	COMPLETION OF CAUSE OF DEATH?				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. P	LACE OF DEATH (Check of							
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 Do	OA 4 Nursing Hon	Ne 5 Residence 6 D	Other (Specify) d. DESCRIBE HOW INJU		eD e				
BY F	Netural 5 Pending Investigation	(Month, Day, Year)	M 1 🗆	PES 2 NO							
ETED	3 Suicide e Could not be determined 288. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	and a	ICIAN: To the best of my knowledge, death or ER: On the basis of axamination and/or investi					use(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	te de la r	1P	29c. LICENSE NUMBER	23	Pd. DATE SIG	MED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WH	Standiford		oseph R	re Long 1	tos n					
3	31. DATE FILED North Day von 993	STATES IN BREAT BONDA	2		+ /		0				

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1, 2, 3 should

	vermit. Page	
hysician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page and unities of the control of the Carte Date of the Burial Angient principles of control of the Carte Date of the Burial Angient permit. Page	
attending p	use as the b	
ne hospital o	fetached for	once.
etained by the	should be	otified at
6 may be	ector, page 5	must be n
r death. Page	e funeral dir	examiner
4 hours after	filled in by th	e medical
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the first units the Charles the Char	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be execu	hysician and	or traumati
death certific	e attending p	ury, or other
ires that the	signed by the	ws any Inju
The law requ	te has been	om 23 sho
PHYSICIAN:	this certifical	rked, or Ite
ATTENDING	CTOR: After	28 is mai
SPITAL OR ,	NERAL DIRE	NT: If item
TO THE HC	TO THE FU	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO P 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH, 3. TIME OF DEATH Smith 210 Harle 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign WEST 234-24-6387 1 XM 2 - F HOURS VIRGINIA 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston Gr Genera DIRECTOR Har. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PYLESVILLE MARYLAND HARFORD 1 TES 2X NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5026 W. HEAPS ROAD 21132 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married 21JAN43 - 26DEC45 WHITE 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) EQUIPMENT OPER HEAVY COUNTY HIGHWAY DEPT. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SMITH JOHN LESTER LYTHIA HAINES BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 LYTHIA RAY SMITH EDGEWATER DRIVE APT. H EDGEWOOD, MD 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE BELL CATE OF THE MORIAL GDNS. 5/10 BEL AIR, 21. SIGNATURE OF FUNERAL SERVICE LICENSES HARKINS FUNERAL HOME, INC. DELTA, PA I. Enter the diseases, or comp Approximate shock, or hea IMMEDIATE CAUSE (Final shock, or heart failure. List offly Interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CI BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition contributing to death but not resulting to the underlying cause given 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE I NES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Check only one: EXAMINER? HOSPITAL: OTHER: ent 2 🗆 ER/Oute 3 DOA 27. MANNEN OF DEATH 26s. DATE OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Special) 281, LOCATION (Street and Number or Rural Route Number, City or Reen, State) BE COMPLETED 4 | Homicide 29a. CERTIFIER (Check only 2 31. DATE FILED (MANY)

32. REGISTRAR'S SIGNATURE

who Davidson

1. DECEDENT'S NAME (First, Middle, Last)

Darryl

FOR STATE REGISTRAR

1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAMES THOMPSON 06 05 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5-6-62 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🕅 M 2 🗆 F DAYS HOURS MIN 220-82-3562 31 YRS. permit. Pages 1. 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FRANCIS SCOT KEY HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 1134 PUNJAB DRIVE 21221 rurs after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If was seecify Cuban, Mexican, Puerte Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XX NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Narried If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be Ħ HARVEY J. THOMPSON MILDRED GILES notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHARRON THOMPSON 1134 PUNJAB DRIVE/BALTIMORE, MD 21221 9 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must KING MEMORIAL PARK Donation 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral WM.C.MARCH F.H./1101 E. NORTH AVENUE medicai 23. PART I. Entartha diseases, or complications that cause of the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. filled in by **IMMEDIATE CAUSE (Final** the disease or condition_ resulting in death) event. DUE TO (OR AS A CO and corn burial. other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician arental Hygiene prior to if any, leading to immediate cause. Entar UNDERLYING THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? thas been signed by the Dept. of Health and N The Shows any inj YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 26a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? this cu 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending 1 Natural
2 Accident 9:55P 06-04-1993 1 YES 2 XNO BY After 1 death 28e. PLACE OF INJURY — Al home, larm, street, factory, office building, stc. (Specify) 28 is i 3 Sulcide FOVERAL DIRECTOR: A
72 hours after de
ITANT II Item 28 is 6 Could not be COMPLETED 4 Homicide STREET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as atteted. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland

JE. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

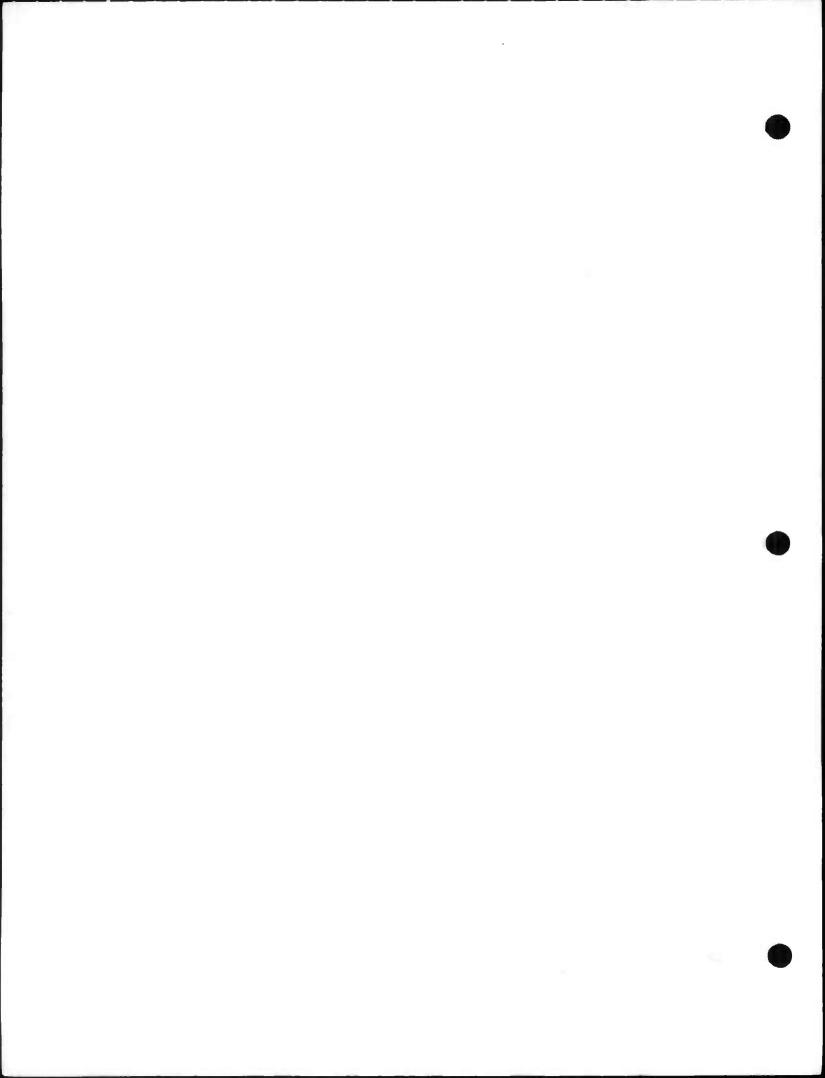
REG. NO

2. DATE OF DEATH MONTH DAY

93 16577 3. TIME OF DEATH YEAR 1993 12:03 B. BIRTHPLACE (State or Foreign Country) MD 9c. COUNTY OF DEATH 10d. INSIDE CITY 1XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, alc. Specify: BLACK 20c. LOCATION — City or Town, State RANDALLSTOWN, MD Approximata Interval Batween Onset and Death WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO DRIVER IN AUTO/POLE IMPACT 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6400 BLK ERDMAN AVE BALTO

21201

06-05-1993



DORA

4. SOCIAL SECURITY NUMBER

TROCH

5 SEX

DORA TROCH

93

REG. NO.

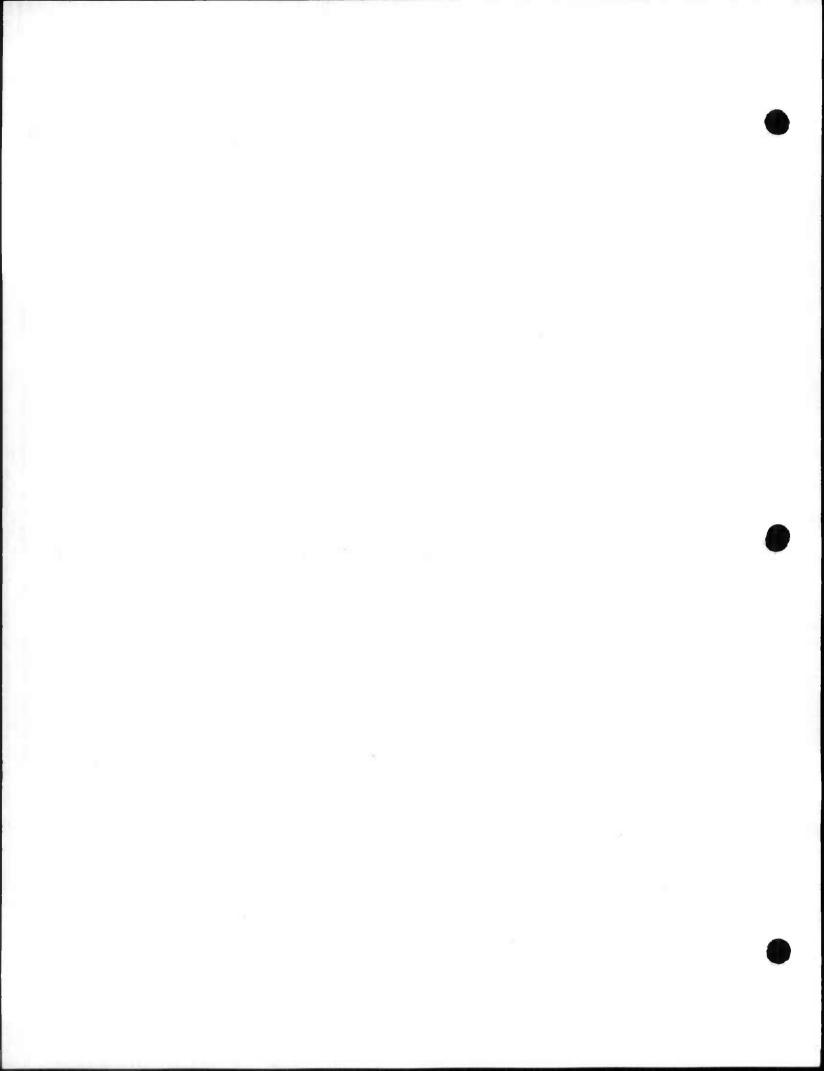
06 - 05 -

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	N. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacthed for use as the burial-transit neutral Page 1.2 should	, or removal.	madical avarances must be scattled at second
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked or item 23 shows any injury or other traumatic against the medical avaisable to anathral of anathral of

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morgh, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 705-05-3110 1 M 2 F 90 YRS. 06-02-03 N.Y. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PIKESVILLE NURSING HOME PIKESVILLE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3640 FORDS LANE , APT. # A 21215 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8th. BILLING CLERK B.& O. RAILROAD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LOUIS ENGEL. ROSA CARO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 31 STRAWHAT RD., APT. #2-C, OWINGS MILLS, MD. (21117) MRS. LEAH KAHAN 20e METHOD OF DISPOSITION
1 X Burlel 2 Creshation 3 Ramoval Irom State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State BALTIMORE HERREW- BELAIR RD. 6/17/93 BALTO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES SOL LEVINSON & BROS. FUNERAL HOME 6010 REISTERSTOWN RD., BALTO., MD. (21215) 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haart fature. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Daath disease Dr condition heart failure OUE TO (OR AS A CONSEQUENCE OF): day resulting in daath) CERTIFICATION Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? Dementia 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending ВҰ 1 YES 2 NO 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide S Could not be determined 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mogih, Day, Year) Robert Tao-Ay Chow MD
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) D34851 5 ROBERT TAO-PING Suite 22, 2435 W Belveder CHOW, MD 21215 32. REGISTRAR'S SIGNATURE 9 1993 a Devideon-Randelle



TEMS: 23 PART 1. 27. 28a-f. PFR MFO G-700 6/17/93 +

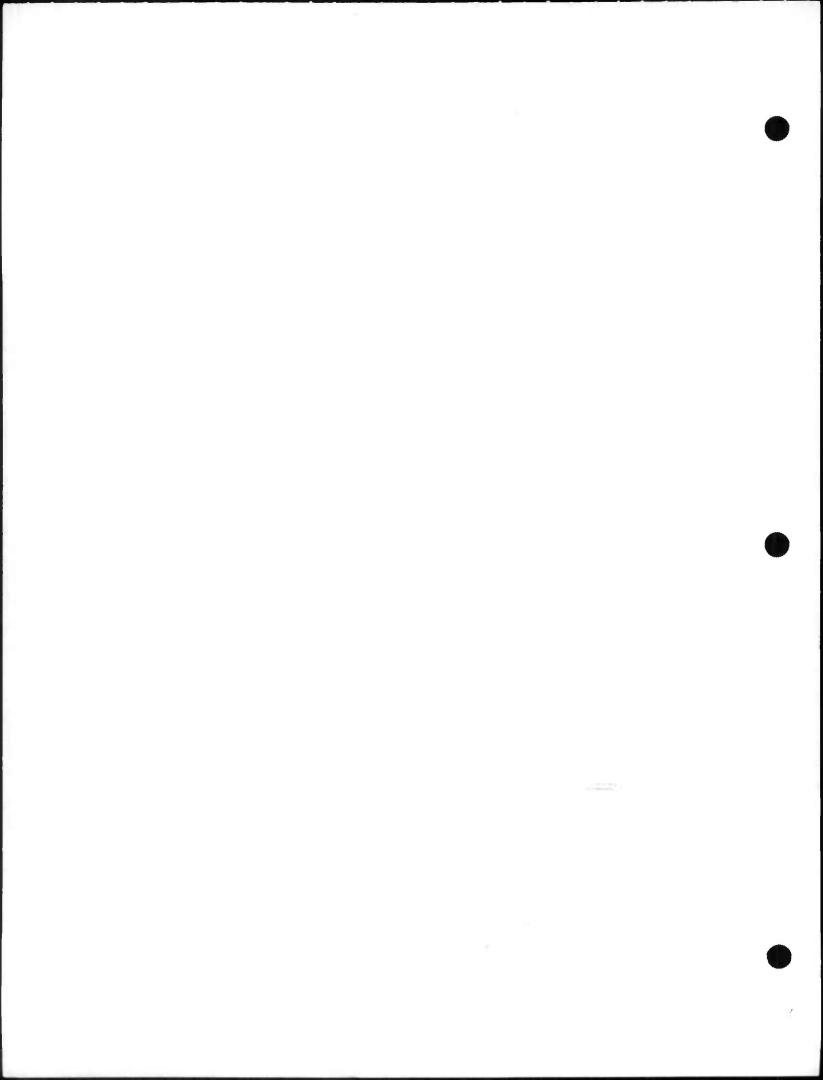
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e 6 may be retained by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1.2.3 should		item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ALIENDING PHYSICIAN: IN	fter th	ath w	mark
ENG	OR: A	after de	80
H A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending (hours after death with the State Dept. of Health and M	item 28 is marked, or
HUSPIIAL OR	SAL D	2	If It
100	FUNE	filed within 72	MPORTANT: If
H	품	filed	POR
2	2	2	Z

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I. 27, 28a-f, PER MEO G-700 6/17/93 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH KEVIN C. TANKERSLEY YEAR 06 06 7:23 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 😿 M 2 🗌 F 219-84-2534 1/6/67 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3301 SWAN DRIVE BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Baltimore Towson FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 8101 Dalesford Road 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 2 NO 1 Never Married 2 Married ВУ 1 YES 2 NO Specify: Specify. 3 Wildowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 4 yrs Cook Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard E. Tankersley BE Nancy L. Dix 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy L. Tankersley 8101 Dalesford Road Towson, MD 21234 20s. METHOD OF DISPOSITION
1 of Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Gardens of Faith 6/10/93 Parkville, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd Towson 21286 23 PART i. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition . ACUTE NARCOTIC AND COCAINE INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? UNDETERMINED YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 Department 2 ER/Outpatient 3 DOA 4 □ Nursing Home 5 □ Residence 6 X Other (Specify) ROADWAY 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286 TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO t 🗌 Natural FOUND: 6-6-93 1 ☐ YES X NO ВУ UNKNOWN Р 2 Accident 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3301 SWAN DRIVE 8 (Could not be COMPLETED 4 Homicide determined FOUND: IN AUTO 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) Chut MP O.C.M.E ▶ 06/ 07/ 1993 2 30. NAME AND ADDRESS OF PERSON CAUSE OF OEATH (ITEM 27) (Type, Print) PENN STREET, BALTIMORE, MARYLAND 21201



FOR

	1 - STATE REGISTRAR	SIAIL OF I	Cl	ERTIF	ICATE OF	DEAT	TH		TUIENI EG. NO.	t			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH			3. TIME OF DE	ATH
	Edward	C.	Tunne	∋y				June	06		993	10:4	45 aм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BI (Month, Day.	IRTH (hec)		8. BIRTH Country	PLACE (State or	Foreign
	216-07-2142	1 M 2 F	82	YRS.	MONTHS DAYS	HOURS	MIN.	12/15	719	10		yland	
	Se. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION	ON OF DEA				NTY OF D	<u> </u>		
OF	4521 Mainfield Ave. Baltimore City												
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			10c CIT	Y, TOWN OR LOCA	TION						10d. INSIDE C	21
SIC	Maryland				Baltimo							LIMITS?	
	10e. STREET AND NUMBER					I. ZIP CODI				10e CIT	IZEN OF W	1 X YES 2 (
ER/	4521 Mainfield	Avenue					21214	4				d State	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR		13. WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Sp	ecify Yee				
	1 Never Married 2 Merried	FORCES? 1	YES 2 XI	10	If yes, sp	ecify Cubs	n, Mexican,	, Puerto Rican,	etc.)		Black Specil	— American In , White, etc.	
Э ВУ	3 Widowed 4 Divorced	20000									716	Whi	te
E	15. DECEDENT'S EQU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON ost of workin	g	16b. KING	OF BUS	INESS/INI	DUSTRY	_	
Ľ	Elementary/Secondary (0-12)	College (1-4 or 5	+)					Dol.	+ ^	City	Coh	001 Por	, nd
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	4		PI	asterer						SCIII	ool Boa	11.0
	Thomas W. Tur	nev				18. MOT		a C. C					
BE	19e. INFORMANT'S NAME (Type/Print)	шсу	19	. MAILING	ADDRESS (Street	and Number					n Codel		
2	Stephen R. Tunne	ν	"		21 Maint						e, M	d. 2	214
	20a. METHOD OF DISPOSITION		20b. PLACE		OF DISPOSITION (Na		11101				City or To		
	1 Donation 5 Other (Specify)	oval from State	cerpetery, cre	metory or o	ervice (Corp.	6.	/8/93				ryland	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavovna 22. NAME AND ADDRESS OF FACILITY													
	> Mark T.	Laury	24					ick Inc				0303	
	23. PART I. Enter the disesses, or	complications the	t caused the de	eth. Do r	not enter the mo	de ot dvi	na such	Road	Balt	etory er	re Mo	Approxi	
	shock, or haert tellure. IMMEDIATE CAUSE (Final	List only one ceu	se on each ilne									interval	Batween nd Daath
	disease or condition												
	resulting in death) a. Alute My of and a Infantion minutes												
z	Sequentially, list and delicas . b												
CERTIFICATION	if any, leading to immediate	OUE TO	(OR AS A CONSE	DUENCE O	F):								1.0
5	cause. Enter UNDERLYING CAUSE (Disesse or injury	C	(OR AS A CONSEC										
Ē	that initiated evente resulting in death) LAST	002 10	(OH AS A CONSE	JUENCE O	r):							i	
CE		d										1	
	PART II. Other significant condition		deeth but not r	esuiting	in the underlying	g ceuee g	lven in P		WAS AN A		24b.	WERE AUTOPSY AMAILABLE PRICE	
임	Hyperter	15104							YES 2			COMPLETION OF DEATH?	
ME								_				1 YES 2	NO
ä						_							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Tage2		28, Pt	ACE OF O	EATH (Chec	ck only one)					
IYS	1 YES 2 NO 27. MANNER OF OEATH	1 inpatient 2			4 - Nursing Hom								
	1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY WO	RK?		26d. OEŞCRIBI	E HOW IN	JURY OC	CUREO		
B	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE O	F (NUMBY — At ho	me term	street, factory, offic	rE\$ 2 [-	ORA LOCATION	. (Ca	-1.86 6			
	4 Homicide 6 Could not be	building,	atc. (Specify)	,,	Arest, ractory, offic			261. LOCATION City or Tow	n, State)	ia Number	or Huner H	oute Number,	
											:		
3	29e. CERTIFIER (Check only one) 2 D MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as attated. 2 D MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and menner.												
MPL	(Check only												
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of a				eath occur	ed at the ti	lme, data and p		due to th	ne ceuse(s)		
BE COMPLI	(Check only	R: On the basis of a	xamination end/or	nveatigatio		eath occur		lme, data and p		due to th	ne ceuse(s)	(Month, Day, Yea	
- 11	(Check only one) 2 MEDICAL EXAMINE 296. SUSPICION AND TITLE OF CERTIFIES WANT LOS	R: On the basis of a	Almo	nveatigatio	M D	eath occur	ed at the ti	lme, data and p		due to th	ne ceuse(s)		
H	(Check only 1 CERTIFYING PHYSIONE) 29b. SIGNATURE AND TITLE OF CERTIFIE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	R: On the basis of a	SE OF DEATH (ITE	Nveatigation	M D Print)	29c, LICE	NSE NUME	lme, data and p	place, end	29d. DAT	E SIGNED		
H	(Check only one) 2 MEDICAL EXAMINE 296. SUSPICION AND TITLE OF CERTIFIES WANT LOS	R: On the basis of a: O COMPLETED CAUS S. M. D. 32. REGISTRA	SE OF DEATH (ITE	Yor:	M D	29c, LICE	NSE NUME	lme, data and p	place, end	due to th	E SIGNED		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be described use as the burner to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0029 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A. (w) (7.1)

ours after death. Page 6 may be retained by the hospital or attending physician. AT IN DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

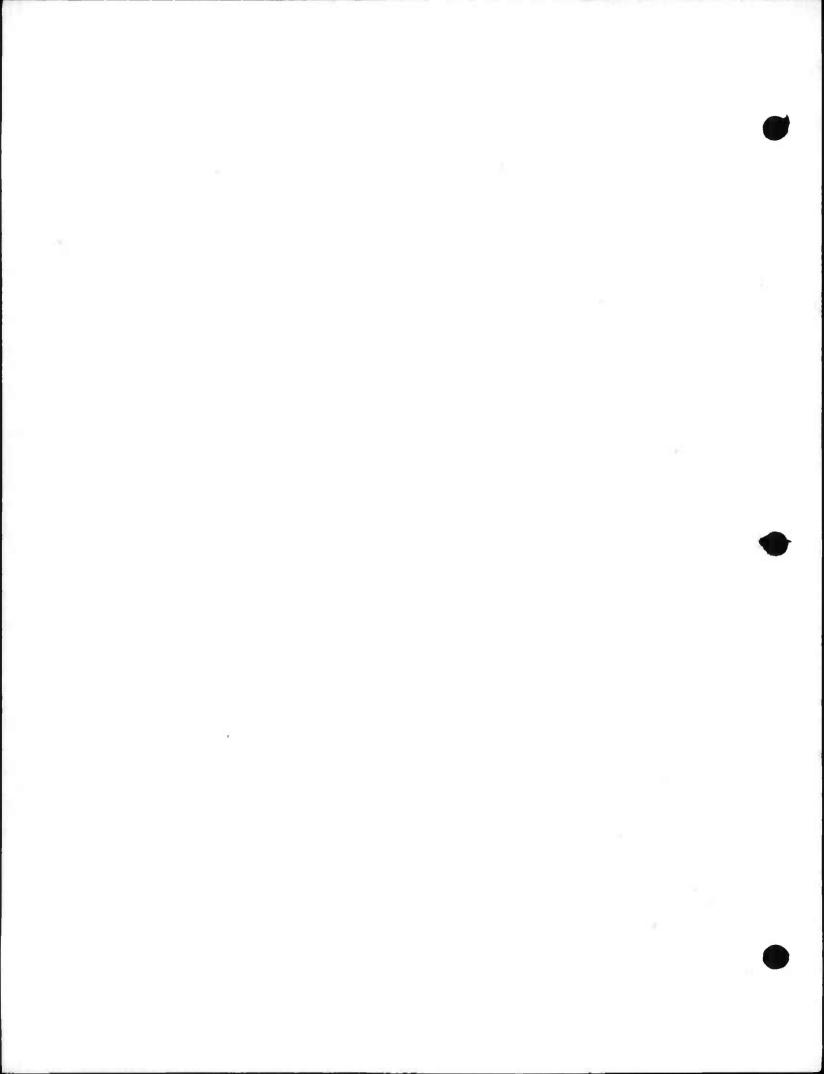
THE FUNER SE

BALTIMORE, MARYLAND 21215-0020

TO THE FLAKEBLY DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the complete that have said in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

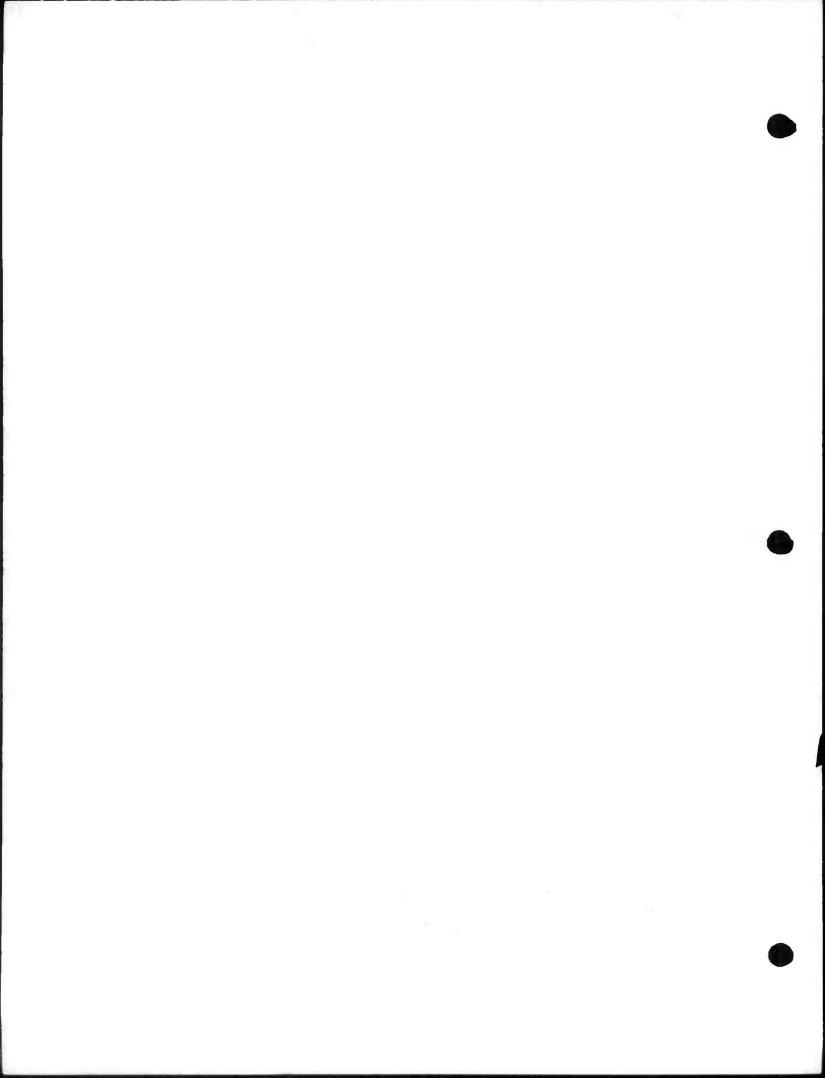
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)	0-00	ROSE	VARSU	SSKY			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
	VARSUBS	KY	ROSE						06-05	- 9	3 6	21:18	P. M.					
	4. SOCIAL SECURITY NUMB 216-56-634		5. SEX	6. AGE (In yrs. la:	BMC	UNDER 1 YEAR	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Fo	oreign					
			1 🗆 M 2 💢 F	82	YRS.				10 - 07			MD.						
NO.	96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE																	
5	RESIDENCE OF DEC																	
DIRECTOR	MD.	BAL!	rimore co	DUNTY		TIMOR					10	LIMITS?	NO					
FUNERAL	100. STREET AND NUMBER 6950 MARSUI	T-2		1	of. ZIP CODE	215		10g. CITIZ	EN OF WHA	AT COUNTRY?								
3	11. MARITAL STATUS		12. WAS DECEDED	IT EVER IN U.S. AF	RMED	13. WAS DE	ECENDENT O	F HISPANI	C ORIGIN? (Specify Yes	or No.	14. RACE -	American Indi	ian.					
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	15. DEC	EDENT'S EDUC highest grade	CATION completed)		ECEDENT'S US			· ·	16b. KIND OF BUS	SINESS/IND	USTRY							
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	DO NOT USE N	etired.)	nost or works	TV	номе	nber, City or Town, State, Zip Code) T-2, BALTO., MD. (21215)								
S S	17. FATNER'S NAME (First, MI				THATTALL	2 121	18. MOTI	IER'S NAM										
H	MARTIN	BAUM	OHL					ES.	THER KOH	N								
2	P 196. INFORMANT'S NAME (Type/Print) MR. ARTHUR VARSUBSKY 1995. MARSUE DRIVE, APT. # T-2, BALTO., MD. (212)										21215)							
	20s. METHOD OF DISPOSITION 1 Burlat 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) ART. TNGTON (CHTZUK AMUNO) 6/6/93 BALTO., MD.																	
- 1	21. SIGNATURE OF FUNERAL SERVICE_LICENSEE / 22. NAME AND ADDRESS OF FACILITY																	
	SOL LEVINSON & BROS. FUNERAL HOME 6010 REISTERSTOWN RD., BALTO., MD. (21215)										5)							
	23. PART I. Enter the di shock, or he	seeses, or o	complications the	t caused the de	eth. Do not	enter tha m	node of dyl	ng, such	as cardiac or respi	ratory arre	est,	Approxim						
	IMMEDIATE CAUSE (Fin disease or condition		11				4	9	01-0			Onset and						
ļ	resulting in death)	→ ,	. Aden	O COAL	mon	na	01	. de	eft hus	ng.								
_			DUE TO	(OR AS A CONSE	OUENCE OF):		ł			0								
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONSE	OUENCE OF):													
CAT	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	E.															
E	that initiated events	*	OUE TO	(OR AS A CONSE	OUENCE OF):													
Ä	resulting in death) LAS		d															
	PART II. Other eignifica	nt condition	s contributing to	death but not i	resulting in 1	tha underlyi	ng cause o	iven in F	Part I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FI	INDINGS					
MEDICAL						_			PERFOR	MED?	All	MILABLE PRIOR	TO .					
밀									1 _ YES 2	□ NO		F DEATH?						
									-		1 '	☐ YE\$ 2 ☐ I	NO					
×	25. WAS CASE REFERRED TO	MEDICAL				28. 1	PLACE OF D	EATN (Chec	ck only one)			_						
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3		THER:	me 5 🗆 Re	sidence (B ☐ Other (Specify)									
PHYSICIAN:	27. MANNER OF OEATH	6 90	28e. DATE OF (Month, D		28b. TIME O		JURY AT		28d. DESCRIBE NOW I	NJURY OCC	UREO							
BY		Pending Investigation					YES 2	NO										
- 41		1 280 PLACE DE IN ILIPY — At home form street feeton, effice									or Rural Rout	te Number,						
	1 4 Nomicide determined																	
L		determined							29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.									
APLET	29a. CERTIFIER (Check only	IFYING PHYSIC																
COMPLET	29a. CERTIFIER (Check only	IFYING PHYSIC							to the cause(e) end man			nd manner as a	stated.					
BE COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSIC	R: On the basis of s				death occur		lms, date end place, en	d due to the	cause(e) e	onth, Day, Year)	stated.					
B	29a. CERTIFIER (Check only one) 1 CERTI 2 MEOI 29b. SIGNATURE AND TITLE	CAL EXAMINED OF CERTIFIER	R: On the basis of a	xamination end/or	M. M.	D.	29c. LICE	NSE NUMI	lma, date end place, en	29d. DATE	cause(e) e		stated.					
шЛ	29a. CERTIFIER (Check only one) 1 CERTI	CAL EXAMINED OF CERTIFIER	R: On the basis of a	xamination end/or	M. M.	D.	29c. LICE	NSE NUMI	lms, date end place, en	29d. DATE	cause(e) e		itated.					



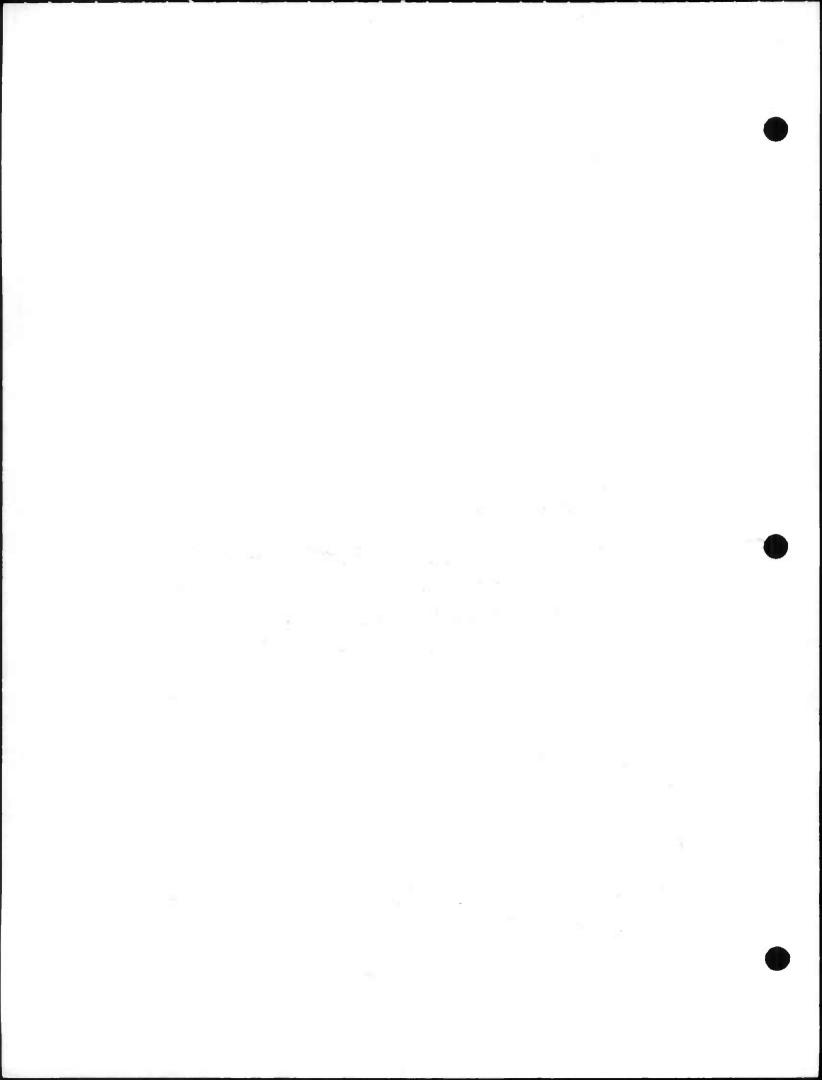
93 16582 ITEMS: 23 PART I, 27, PER MEO G-700 6/17/93 t.t/d.w. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTA	AL HYGIEN REG. NO.				U 5
		1. DECEDENT'S NAME (First, Middle, Last) LATEEF		*	WALE		2. DATE	E OF DEATH		YEAR 3.	TIME OF DE	ATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE //n v	yrs. last birthday)	F UNDER 1 YEAR		0.5		9 9	93 1	:35	P.M
P		559-90-3832	1 ⋈ M 2 □ F 3		MONTHS DAYS	HOURS MIN.	3-	e of birth oth, Day, Year) -24-195		Country)	CA	Foreign
2, 3 should	OR	90. FACILITY NAME (If not institution, give st POLICE STATION)ISTRI		OR LOCATION OF D	EATH		9c. COUNTY	Y OF DEAT	ГН	
es 1.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	γ	10c, CIT	Y, TOWN OR LOCA	TION					· moine or	
permit. Pages 1,	100	Md 100. STREET AND NUMBER			Baltimor	^e				1	INSIDE CH LIMITS? YES 2	NO
芸	FUNERAL	1111 Fulton Ave			10	0f. ZIP CODE 2/2/	7			N OF WHA	T COUNTRY?	7
21215-0020 or attending physician. ir use as the burial-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 XNO	If yes, s	CENOENT OF HISPA ipecity Cuben, Mexica S 2/1/NO Specif	an, Puerto	N7 (Specify Yes Rican, etc.)		I. RACE -	American Inc vinite, atc.	COK.
or attend	ETED	15. DECEDENT'S EDUC (Specify only highest grade	e completed)		USUAL OCCUPATE work done during m se retired.)		166	b. KINO OF BUS	SINESS/INDUS	TRY		,,,
14 m 5	COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 1 year	and, DO 1	18 mariau.,							
3 & & Z	BE COI	17. FATHER'S NAME (First, Middle, Last) Lawrence Porter				16. MOTHER'S NA Kathri			Sumame)			
MAR retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		end Number or Rural			n, State, Zip Co	ode)				
	F	Aesha Walee				yle Aven		Baltimo			215	
AORE pe 6 may rector, pa		20a METHOD OF DISPOSITION 1 A Duriel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)		LACE AND DATE O	of Disposition (N	lame of	629	TE 20c. LOC	ndalls	y or Town,	State	
SALTIN r death. Pag te funeral dii al.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE March		22, NAME A	h F/H We	st		-	001	9 110	
24 hours after filled in by the medica		23. PART I. Enter the diseases, or c shock, or heert feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	complications that caused the List only one cause on each a. HANGING	h line.					retory arrest	t,		mata Between nd Death
687 executed and con burial.	CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS A CO	ONSEQUENCE OF	F):							
P.O. th certific ending pl il Hygiene or othe	SERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	7:							
CORI	MEDICAL (PART ii. Other algnificent condition	a contributing to deeth but	not resulting le	n the underlyin	ng cause given in	Part i.	24a, WAS AN A PERFORM	MED?	AMI CO OF	ERE AUTOPSY I AILABLE PRIOR IMPLETION OF DEATH?	R TO F CAUSE
L RE aw most as been Dept. of		25. WAS CASE REFERRED TO MEDICAL									_ s eat _	HO
	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	2 DOA	OTHER	PLACE OF DEATH (Ch			CALILE	D (W	ESTE	RN)
S S S S S S S S S S S S S S S S S S S	PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME 正〇丁中的	E OF 28c. IN	me 5 🗆 Residence	28d. DE:	SCRIBE HOW IN	NJURY OCCUR	PED		,
ATENDING P GTDR After I after death v	B	2 Accident Investigation 3 Suicide 8 Could not ba	5-29-1993 280. PLACE OF INJURY —	At home, farm, s		YES 2 X NO		SJECT			ELF	
S S S S S	ETED	4 Homicide determined	building, etc. (Specify)	IN CE	ELL			CATION (Street and Service)		SICT.	OCKUI	Р
TO THE HOSPITAL OF TO THE FUNERAL OF De filed within 72 hor IMPORTANT: 11 No.	COMPLET	(Check only 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	ICIAN: To the best of my knowledg			death occured at the	time, date		d due to the c			
TO THE TO THE De filed	TO BE	296. SIGNATURE AND TITLE OF OFFITIFIER WONGEL A U	Night MD			O.C.M.			29d. DATE SI ▶ 5 – 3		orith, Day, Year, 993	7)
		30. NAME AND ADDRESS OF PERSON WHO	. 110						7	_	- 0:	
	ı	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATU	URE	enn Str	reet, Ba	a⊥tı	.more,	Mary	<i>t</i> Lan	d 2.	1201



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	3 10000				
	1. DECEDEAT'S NAME (Fight, Middle, Lest)	A.	u	VNN	2. DATE OF DEATH DAY	93 90/A M				
	4. SOCIAL SECURITY NUMBER 2/6-/6-0862	1 × 2 × 8	In yrs. lest birthday) F t	THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-29-07	8. BIRTHPLACE (State or Foreign Country) N - C				
TOR 1	Bon Secous	HOSPITAL	9b.	CITY, TOWN OR LOCATION OF DE	EATH 9c. CC	DUNTY OF DEATH				
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?				
FUNERAL	100. STREET AND NUMBER	exinator	5+	10f. ZIP CODE 2/22		1 YES 2 NO				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		NIC ORIGIN? (Specify Yee or No- n, Puerto Rican, stc.)	14. RACE — American Indien, Black, White, stc. Specify: Black				
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU: (Give kind of work of life. Do NOT use reti	fone during most of working	18b. KIND OF BUSINESS/I					
at once.	17. FATHER'S NAME (First, Middle, Last)	MCAU	thor	18. MOTHER'S NA	ME (First, Middle, Maiden Sumame,	llans				
TO BE	199. INFORMANT'S NAME (Type/Print) Lawa Yar	berough		RESS (Street and Number of Flural I	Plante Number, City or Town, State,					
	20e. METHOD OF DISPOSITION 1 Surlet 2 Cremation 3 Remo	evel from State 20b.	PLACE AND DATE OF DIS	SPOSITION (Name of	DATE 20c. LOCATION -	City or Town, State				
or removal. medical examiner must	21. SIGNATURE OF BUNEFUL SERVICE LICE	Eliror		Jack Target - b	4. West	L Dire				
remation,	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	UKSW	the death. Do not on the line. CONSEQUENCE OF:	After the mode of dying, such	h ss cardiac or respiratory a	Approximate Interval Batween Onset and Death				
or other traumatic energy of other traumatic energy of the traumatic energy of	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
Nema Nema	PART II. Other significant conditions	contributing to death be	it not resulting in th	e undarlying cause given in						
shows any in: MEDICA					PERFORMEO?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Che						
s marked, or item BY PHYSICI	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW INJURY O	CCURED				
28 is	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	Al home, term, street,	factory, office	281, LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,				
If ite				the time, date end place, end due		tated, the cause(e) and manner se stated,				
BE BE	290. 9/GNAZORE AND TITLE OF CEGIFFIER	one	m	29c LICENSE NUM	18ER 294/D	E SIGNED (Month, Day, Year)				
2	ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Typo, Print)	OO ED MON	1050V Z1:	229.				
	JUN 0 9 1993 &	32. REGISTRAR'S SIGNA	TURE							



		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND	/ DEPAR	RTMEN	T OF H	IEALTH DE AT	AND N	MENTA	AL HYGI		5-11	658	74
		1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATI		3	TIME OF DEAT	Н
			ILLIAMS							MA'			993	08:30	Дм
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		st birthday) YRS.	IF UNDE	DAYS	HOURS	24 HRS.	(Mon	OF BIRTH	r)	Country)	ACE (State or Fo	_
should		212-62-0799 9a. FACILITY NAME (If not institution, give :		39) Ins.	9b. CIT	Y. TOWN (OR LOCATIO	ON OF DE		, 9,	1953	CHEVI	ERLY, M	w
1, 2, 3 st	TOR	PRINCE GEORGE'S		NTER			IEVEF							EORGE 'S	3
	DIRECTO	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY	
permit. Pages		MARYLAND PRI 100. STREET AND NUMBER	NCE GEORGE		<u> </u>	AP1T		E1GH						LIMITS?	NO
. ist	FUNERAL	6401 LEE PLACE		101. ZIP CODE 20743					10g. CITIZEN OF W			U. S.			
020 physician. burlal-transit		11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 🕽	RMED (10	13.	If yes, sp	ecify Cubar	n, Maxican	C ORIGI	N? (Specify Rican, etc.	Yes or No—	14. RACE — Black, V	- American India Vhita, atc.	in,
	В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1	1 YES	2 NO						BLACK	
1215-0 r attending use as the	回	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- 10	ECEDENT'S	work done	CCUPATIO	ON ist of working	ia	164	b. KIND OF	BUSINESS/IND	USTRY	DEI (OIC	
the hospital or detached for u	MPLET	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	- III	AIL C	se retired.)	-		•	NATIONAL GEOGRAPHIC SOCIE				!IET!	
LAN the hor e detach	COMP	17. FATHER'S NAME (First, Middle, Last)	1110									den Surname)			
AARYL stained by should be should be	B	JOHN WILLI 19s. INFORMANT'S NAME (Type/Print)	AMS	1 4	DE MAH INC	ADDREC	£ (Charact -		CCOL			JONES Town, State, Zip			
be retained ge 5 should e notified	2	TRACIE M. JANEY			122 F							RGO, MD		7	
TORE, e 6 may be ector, page		20a. METHOD OF DISPOSITION	ovel from State	Ob. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DAT	TE 20c.	LOCATION	ity or Town		
IMORE Page 6 may al director, pa		1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		HAI	RMONY							ANDOVE1			
ALT death. funers		head or a	DENSEE TO	k	-0.							ERAL HO		. 20002	,
B) nours after of d in by the or removal.		23. PART I. Enter the disesses, or	complications that caus	ed the d	eath. Do									Approxima	
24 hour filled in tion, or the me		ahock, or haart fallure. IMMEDIATE CAUSE (Finsi disease or condition	List only one cause on	each lin	a. ()								Interval Ba Onset and	tween
		resulting in death)	DUE TO (OR AS	A CONSE	OUENCE O	F):									
68760, accuted with and complete burial, crem atle event	N	Sequentially list conditions,	o Pren												
De cian cian ior to	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):												
certificate ding physi lygiene pri	FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSE	QUENCE OF	F):								-	
ᅀᇎᇶᆯ	EHT	resulting in death) LAST	d												
** ** * * * * * * * * * * * * * * * * *	AL C	PART II. Other significant condition	s contributing to death	contributing to death but not resulting in the underlying cause given in					iven in P	Part I.	24a. WAS	AN AUTOPSY	24b, W	ERE AUTOPSY FIN	NDINGS
any										_		FORMED?	CC	MPLETION OF C	
M 3 2 5	MEDIC											~		DEATH?	10
law law Dept.	AN	25. WAS CASE REFERRED TO MEDICAL													
一年 皇皇 馬	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tentions 1	2 004	OTHE	R:	ACE OF DE							
PHYSICIAN: this certifical with the St inked, or it	PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF INJURY		28b. T/M	E OF	28c. INJ					W INJURY OCC	URED		
2 5 5 5 2	BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJ	M		RK? 'ES 2 🗌	NO [
TSIC TTENDI TOR: A after d	ETED	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJUR building, atc. (Sp	RY — At he ecify)	oma, farm, s	street, fac	tory, office	1		28f. LOC City	ATION (Str. or Town, St	eet and Number ate)	or Rural Rout	e Number,	
	PE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, da	nath occurre	d at the	time, deta	and placa,	and due to	o the ca	use(a) and	menner as state	d.		
HOSPITAL FUNERAL Within 72	COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examinati	on and/or	Investigatio	n, In my	opinion, de	eath occurs	ed at the ti	lme, data	and place	, and due to the	cause(a) ar	nd menner ag st	nted,
TO THE HOSPIT TO THE FUNERA be filed within ?	w II	29b. SIGNATURE AND TITLE OF CERTIFIER	3						NSE NUME			29d. DATE	SIGNED (M	onth, Day, Year)	
D D S W	TO B	M. By & DEPERT OF PERSON WHILE	C ~					DI	42	F116 > 5/14/13					
		30. NAME AND ADDRESS OF PERSON WH			M 27) (Type,		h	m.l							
		31. DATE FILED CONT DE VOI	V_md=#20203;890		della	-0 -4		4						.	

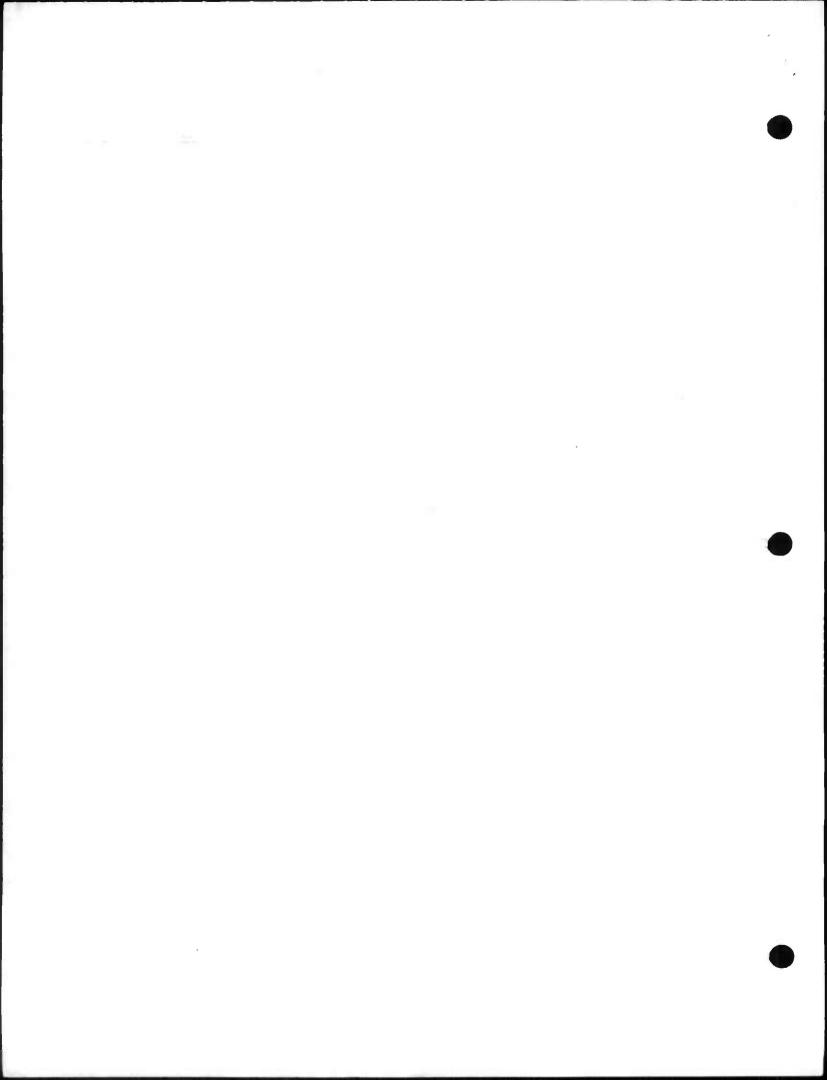
DEPTE FLYERAL DIRECTOR: After this certificate has been signed by the attending physician and competity find in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. wurs after death. Page 6 may be retained by the hospital or attending physician, OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFICAT	E OF	DEATH	REG. NO					
- 2	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	13	3. TIME OF DEATH			
	Jonathan PAUL	JOSEPH	Woodar	rd			1993	11:00 AM			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign			
	1 (g/ m :	1 1	YRS. MONTHS	-	HOURS MIN.	(Month, Day, Year)	Gour				
	9a. FACILITY NAME (If not institution, give street and nu	imber)	9b, CIT	Y, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH			
DIRECTOR	Francis Scott Key	Center	Bá	alti	more Ci	itv					
<u>[</u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOWN					- Inches			
I E	MARY MID		RAI-	Trace	DOS			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		DAL	1////	ZIP CODE			1 PYES 2 NO			
FUNERAL	2 NORTH LAKEW	DOD AVE		10	2122	4	10g. CITIZEN OF	WHAT COUNTRY?			
J.	11. MARITAL STATUS 1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. AR	MED 13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 14. RAC	E — Aritrican Indian,			
Β¥		S, GIVE WAR OR DATES			2 DINO Specif		Spe				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S USUAL (OCCUPATION	ON	16b. KIND OF BU	ISINESS/INDUSTRY	7771.0			
		(1-4 or 5+)	ive kind of work done Do NOT use retired	aunng mo	st of working	_					
COMPLET	8										
8	17. FATHER'S NAME (First, Middle, Last)	WOODAR	N		18. MOTHER'S NA	ME (First, Middle, Melder	Sumama)	1			
B	PAUL HAYDEN	WOODING			DEBC	KAH J	· KOD	JANH			
0	19a. INFORMANT'S NAME (Type/Print)	۱9۱	MAILING ADDRES	S (Street	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code)				
-	FAMILY RECORD	//	JAM	<u>e</u>	AS 17	BOVE					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from 5	State 20b. PLACE / cemetery, cre	matory or other place	SITION (No	ime of	DATE 20c. LO	OCATION — City or T	own, State			
	4 Donation 5 Other (Specify) 51. STANISLAUS CEM. 6-1 BALTIMORE, MD.										
	1 When I gain moob ?? Evans funeral Strate Strate										
	23. PART I. Enter the diseases, or complicate	ons that caused the de	eth. Do not ente	r the mo	de of dving, auc	h as cardiec or read	Iratory arrest	Approximate			
	Inhock, or heart failure. List only immediate CAUSE (Final	one ceuse on each line					matory officer,	Interval Between			
	disease or condition	HUND +	KA.PI					Onset and Death			
	resulting in death) a	DUE TO (OR AS A CONSEC	DUENCE OFI:	ري							
z											
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):								
ER	resulting in death) LAST										
2	PART ii. Other algnificant conditions contribu	uting to deeth but not r	esuiting in the u	nderiving	Cause given in	Part I. 24a, WAS AN	I ALITYOPEN DA	WEST AUTOON FURNIS			
DICAL			osanting in the d	riderly in i	y couse given in	PERFO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
EDI						1 TYES	ом 🔀	OF DEATH?			
Σ						_ _{Incr}	and in	1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL						ection				
BY PHYSICIAN: ME	EXAMINER? HOSPIT	TAL:	OTHE		ACE OF DEATH (Ch	eck only one)					
Ϋ́		DATE OF INJURY				6 Other (Specify)					
효		(Month, Dey, Year) 0/02/1993	28b. TIME OF INJURY		RK?	28d. DESCRIBE HOW		anale bu			
	2 Accident		4:20 P.	1 🗆 1			rian Str				
	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — At hor building, etc. (Specify)			,	261. LOCATION (Street City or Town, State)				
Street 300 Bk. S. Conkling S											
MPI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the	e best of my knowledge, der	ath occurred at the	tima, data	and place, and due	to the cause(s) and ma	nner as stated.				
ō l	one) 2 MEDICAL EXAMINER: On the b	asia of examination and/or is	nvestigation, in my	opinion, d	eath occured at the	time, data and place, ar	nd due to the cause(a) end manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0.1			29c. LICENSE NUN	MBER	29d. DATE SIGNE	D (Month, Day, Year)			
TO B	munite Theoph			[O.C.	M.E.	▶ 06/	03/1993			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLET	0			•						
		EU 111	Penn S	tre	et, Bal	timore,	Marylar	nd 21201			
/ 1	31. DATE FILED (Month, Day, 1601) Julie Del	HOLDEN STORY				11					
0	JUNU U DOOD A TO		4								



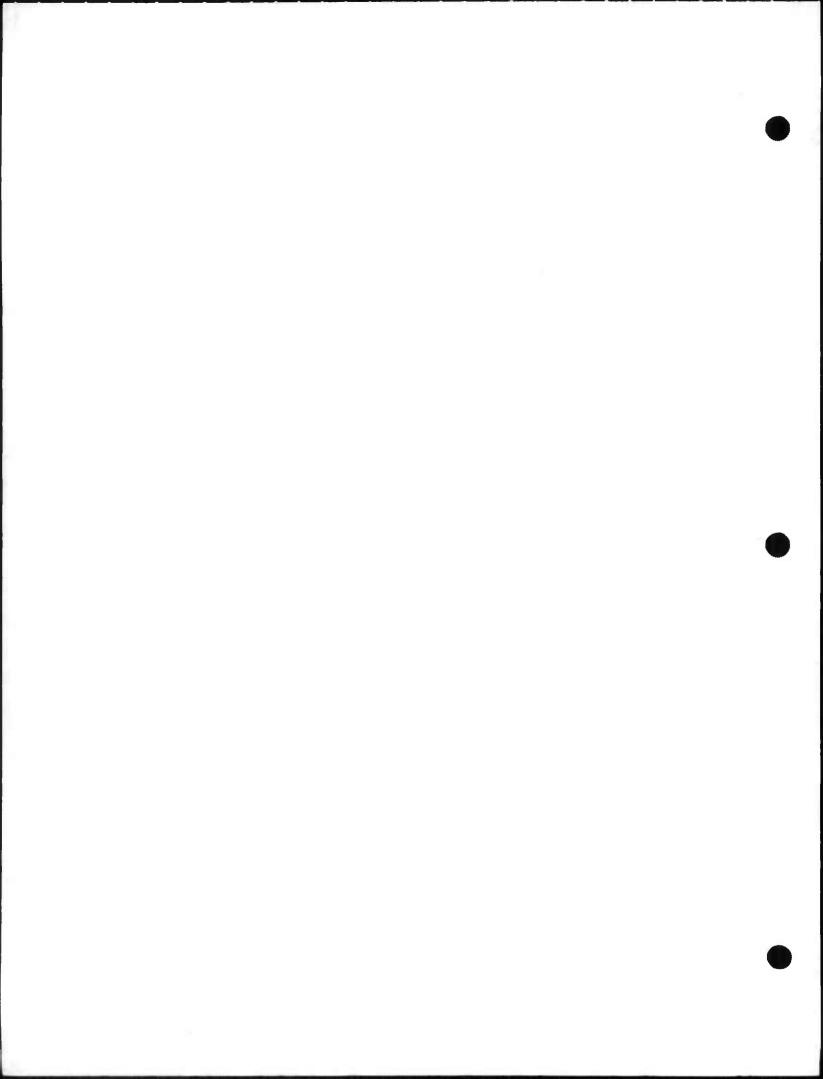
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY		3. TIME OF DEATH		
	RAYMOND	WEINSTEI	N			6/3/93	AY -	YEAR	9:08 P. M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRT'N (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign		
	218-12-8324 A		67 YRS.	MONTHS DAYS	HOURS MIN.	3/3/26		Country	MARYLAND		
~	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN C	OR LOCATION OF D	EATH	9c. COUN	TY OF DE	EATH		
DIRECTOR	SINAI HOSPITAL										
EC	10a. STATE 10b. COUNT		10d. INSIDE CITY								
	MARYLAND		BA	ALTIMORE					LIMITS?		
ERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?		
E	6715 PARK HEIGHT	S AVE. A	PT. lA		21215		US	SA			
FUN	H. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 XX		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.		
ВУ	1 Never Married 2 Warried 3 Widowed 4 Directed	FORCES? 1 XX	OR DATES		2 NO Specif	in, Puerto Rican, atc.) y:		Specifi	v.		
	16. DECEDENT'S EDU			USUAL OCCUPATION	201	1 200 100 100 100 100			ITE		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-6 or 5 +)	(Give kind of life, Do NOT u	work done during mo	st of working	16b. KIND OF BU	SINESS/INDU	JSTRY			
릴			CHA	UFFEUR		TAX	I CAE	3			
COMPLETED	JACOB WEINST	ETN			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)				
BE	UACOB WEINST	EIN			BESSIE	ZIMMERMAN	1				
2	THE INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip (Code)			
- 1	MRS CELIA WEIN	STEIN	6	715 PARK	HTS AVE	APT. la E	ALTIM	ORE,	MD 21215		
	20a. METHOD OF BISPOSITION 1 X Burlet 2 Commetton 3 Rem 4 C Conetion 5 C Other (Specify)	ovel from State	20b. PLACE AND DATE CHANGES OF COMMISSION, COMMISSION, COMMISSION OF COM	OF DISPOSITION /No			CATION - C				
- 1	4 Donation / S D Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE LIC		OHEB SHA	ALOM 6-6-93 BALTIMORE, MD							
- 1	1.1.1	1				& BKOS.,	INC.				
_	officely t.	Stillua	33-23	6010	REISTER	POWN RD.	BALTO.	. , M	D 21215		
- 1	23 PART I. Enter the diseases, of one ehock, or fleart fallura.	Birth only one cause of	used the death. Do	not anter the mo	de of dying, suc	h aa cardlec or reap	ratory arre	at,	Approximate Interval Between		
	THE PARTY OF THE P										
	Onset and Death										
_	DUE TO (OR AS A OGNSEOUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, laading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
₹	cause. Enter UNDERLYING										
E	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST	d									
	PART II. Other algnificent condition	a contributing to dea	th but not resulting	In the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS		
DICAL	Linketer					PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						1 YES 2	□ NO		OF DEATH?		
2									1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)					
S	1 TES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing Nome	5 Residence	8 Other (Specify)					
E	27. MANNER OF OEATN	28a. OATE OF INJU (Monthly Day, Ve			URY AT RK?	28d. OESCRIBE NOW I	NJURY OCCL	JREO			
B	1 Natural 5 Pending 2 Accident Investigation	(e/3/	93	M 1 🗆 Y	ES 2 NO						
E	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLAČE OF INJ building, etc. (URY — At home, farm, Specify)	street, factory, office	•	281. LOCATION (Street & City or Town, State)	ind Number o	r Rural Ro	oute Number,		
ᇤ	20. 0500000										
뒣		CIAN: To the best of my k									
COMPLET	2 MEDICAL EXAMINE	A: On the basis of examin	ation and/or investigation	on, in my opinion, de	eath occured at the	time, data and place, an	d due to the	cause(a)	and manner as stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	5 - 1	(M) Y)		29c. LICENSE NUM	(BER	29d. DATE	SIGNED	Month, Day, Year)		
e l	DO MANE AND ADDRESS TO SEE	June 1	N. A. Carrier		0583	304	> 6	1410	1.3		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type	Print) MD	211.	36					
-	31. DATE FILEO (Month, Day, Year)	/ 42. RESECTION DE	HIGH TURE								
6	JUN 0 9 1993	Julia Davidson	- Hanaelle								

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the FUNERAL DIRECTOR After this certificate has been stored by the attending physician and completely filed in by the funeral director name 5 should be detached for use as the burnishment.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

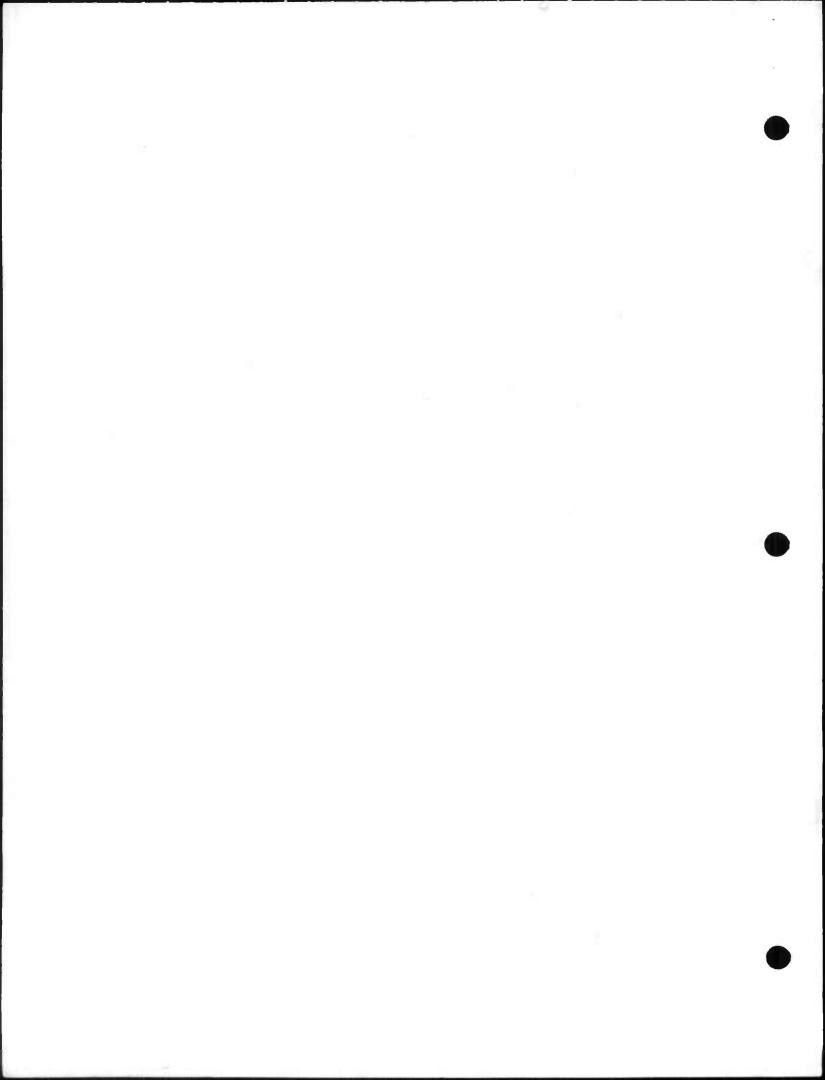
IMPORTANT: If liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

93 16587 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYLAN		NT OF HEALTH ANI TE OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) ELAINE R. WE	INSTOCK NSTOC	12		AY GAR (0:15PM					
	4. SOCIAL SECURITY NUMBER 219-42-1246 1 □ M 2 ▼F		DER 1 YEAR	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)					
TOR	9a. FACILITY NAME (If not institution, give street and number) (RESIDENCE) 1 CLIFFDWELLER CT.		OWINGS MILLS		9c. COUNTY OF DEATH BALTIMORE COUNTY					
DIRECTOR	10a. STATE 10b. COUNTY MD. BALTIMORE	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 , NO					
FUNERAL	100. STREET AND NUMBER 1 CLIFFDWELLER COURT		101. ZIP CODE 21117		10g. CITIZEN OF WHAT COUNTRY? USA					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 2 NO Sp	(ican, Puerto Rican, etc.)	s or No- 14. RACE — American Indien, Black, White, etc. Specify: WHITE					
LETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use retire	ne during most of worlding d.)		SINESS/INDUSTRY					
E COMPLET	12th. 17. FATHER'S NAME (First, Micdile, Last) BEN REDING	HOUSEWIF		NAME (First, Middle, Maiden SOPHIE PR						
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. MELVIN J. WEINSTOCK		ESS (Street and Number or Ru DWELLER CT.,		vn, State, Zip Code) LS,MD. (21117)					
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Denetion 5 Other (Security)	LACE AND OATE OF DISI PV. COMMETCY OF OTHER DIS	CEBREW 6/6/		OCATION — City or Town, Stata SALTO • , MD •					
	21. SIGNATURE OF FUNERAL BERVIOL LIBENSEE			N & BROS. F	TUNERAL HOME BALTO.,MD.(21215)					
	23. PART L Enter the disusses, or complications that caused to shock, or heart fellure. List only one cause on each	he death. Do not en h line.	ter the mode of dying, s	uch as cardiac or resp	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A consequence of): Onset and Death Provides. Onset and Death Provides.									
NTION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL	PART II. Other aignificant conditions contributing to death but	not resulting in the	underlying cause given	In Part I. 24a. WAS AN						
PHYSICIAN: MEDIC				1 YES 2	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	26. PLACE OF DEATH	(Check only one)						
HYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatt 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residen 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED					
B	2 Accident Investigation 28e. PLACE OF INJURY —	At home, farm, street,	1 YES 2 NO	28I. LOCATION (Street	and Number or Rural Route Number,					
LETE	4 Homicide determined	-		City or Town, State,						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination a									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER ROMUS Office MB		templi	Cerse	29d. DATE SIGNED (Month, Day, Year) 6/5/93					
	SEAMUS D'KALLY JOHN KOPKLY E	_	erter 6001	vuoye St Brui	Inve MO					
16	JUN 0 9 1993 Julia Devidon Re									

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		1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPA CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
			Edmund W	MIAMS	2. DATE OF DEATH MONTH DAY	93	TIME OF DEATH		
should		4. SOCIAL SECURITY NUMBER 5. SET 2 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M 2 □ F 65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN 9b. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 12-29-	8. BIRTHPLA Country) 9c. COUNTY OF DEAT	ACE (State or Foreign		
1, 2, 3	DIRECTOR	942 Webb	CT	BRLTO, M		AL COUNTY OF DEAT			
permit. Pages		10a. STATE 10b. COUNTY		TY, TOWN OR LOCATION BALTO 101. ZIP CODE		1 (d. INSIDE CITY LIMITS? YES 2 NO		
cian. -transit	FUNERAL	942 Webb	AS DECEDENT EVER IN U.S. ARMED	2120		U Sif	American Indian,		
oding s the	D BY FI	1 Never Married 2 Married IF 3 Widowed 4 Divorced	ORCES? 1 ☐ YES 2 ☐ NO YES, GIVE WAR OR DATES	If yes, specify Cuben, Mex	ilcan, Puerto Rican, etc.)	Black, W Specify:	American Indian, Thita, atc.		
2121 al or atte	ETE	15. DECEDENT'S EQUICATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle-	ted) 16a. DECEDENT'S (Give kind of the Do NOTe	S USUAL OCCUPATION I work done during most of working wee retired.) Mech P N	16b. KIND OF BUSIN	IESS/INDUSTRY			
YLAND : by the hospital be detached to at once.	$I \cup I$	17. FATHER'S NAME (First, Middle, Last)	Nilliams		NAME (First, Middle, Maiden Su	.tm I	ud s		
MAR retained 5 should notified	TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street and Number or Run	11/1/1-	State, Zip Code)	72.2.0		
	1	20s. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, crematory or	OF OISPOSITION (Name of other place)	DATE 20c. LOCA	ATION — City or Town,	Stota T 500		
ALTIN teath. Pag funeral di xaminer		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	P. W. Dr.	22. NAME AND ADDRESS OF	FACILITY	304 N.	Pontal A.		
BA nours after of d in by the or removal.		23. PART i. Enter the diseases, pr compile ahock, pr heert fellure. List pn	cetions that ceused the death. Do			tory errest,	Approximate / interval Between		
in 24 I ely fille nation,		IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	NASOPHARYNGER DUE TO (OR AS A CONSEQUENCE C	HE METASTASIS			Onset and Death		
X 687 e executed an and con to burial, umatic en	NOIL		SQUAMOUS CELL CO	HILLNOMA EPIBLO		STATIC	9405		
P.O. B th certificate anding phys Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reaulting in death) LAST C. Due to (or as a consequence or):							
the deal of the atthe deal of the atthe of Menta injury,	A.	PART II. Other algorificant conditions contri	ributing to deeth but not resulting	in the underlying ceuse given	in Part i. 24s. WAS AN AL		RE AUTOPSY FINDINGS		
PECC requires to the signer of Health	: MEDIC				1 YES 2	OF OF	MPLETION OF CAUSE DEATH? YES 2 1 NO		
TAL The law the has late Dept	PHYSICIAN:		PITAL:	26. PLACE OF DEATH (
OF V PHYSICIAL this certifi with the		27. MANNER OF OEATH 20 1	patient 2 ER/Outpatient 3 DOA 8e. DATE OF INJURY (Month, Day, Year) 28b. Till IN	4 Nursing Home 5 PResidence ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specily) 28d. DE\$CRIBE HOW INJ	URY OCCURED			
TISIC NTTENDI CTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	8e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)		281. LOCATION (Street and City or Town, State)	1 Number or Rutel Route	Number,		
DIV THE HOSPITAL DR A THE FUNERAL DIREC	COMPLE		o the best of my knowledge, death occur he basis of axamination and/or investigati				d manner ea stated.		
TO THE HOSPITAL TO THE FUNERAL TO TH	AH)	29b. SIGNATURE AND TITLE OF CERTIFIER	enothi	29c. LICENSE N	10MBER 2	Description of the second of t	nth, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WHO COMP THEDA KONTIS;	MD JOHNS H	OPKINS HOSPITA	L BALTIM	ORE MI)		
	6	31. DAJE EILED (MONTE DOX. YOUR) 1993 Juli	2. REGISTBAR'S SIGNATURE						



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TO BE COMPLETED BY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WERSHIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									9	3	16589
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF HEALTH ANI	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	/.			10/11/2	OI DEATH	2. DAT	E OF DEATH			. TIME OF DEATH
	WILLIAM	WHI	TE				MON			YEAR 3	4:07 PM
	4. SOCIAL SECURITY NUMBER 241-64-3899	5. SEX	6. AGE (In yrs. Is	est birthday) 7 YRS.	IF UNDER	YEAR IF UNDER 24 HR	7. DAT	E OF BIRTH oth, Day, Year)		_	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR LOCATION OF		100	9c. COUNT	Y OF DEA	ATH
TOR	FRANCIS SCET	Scott Key Med Cen Balto.									
DIRECTOR	10e, STATE 10b, COUNT	Υ		10c. Cl	TY, TOWN OF	LOCATION					IOd. INSIDE CITY
	10e. STREET AND NUMBER	1			1901	101, ZIP CODE			10a CITIZE		TES 2 NO
FUNERAL	2114 E PRO	Ston	St.			2121	3		log. Citize	75	A
	11. MARITAL STATUS 1 Never Married 2 Merried		YES 2		11	AS DECENDENT OF HIS yes, specify Cubay, Mer	dcen, Puert	IN? (Specify Yee o Ricen, etc.)	or No- 1	4. RACE - Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	,	1	☐ YES 2 (D) Spi	ectfy:			Specify:	Black
岜	15. DECEDENT'S EDU	CATION completed)	16a. D	Give kind of	Work done d	CUPATION uring most of working	10	66. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondbry (0-12)	College (1-4 or 5	+)	1715	Ab/	2					
8	17. FATHER'S NAME (First, Middle, Last)				· · · · ·	18. MOTHER'S	NAME (First	, Middle, Malden	Sumame)		
띪	OKh					UKn					
2<	190. INFORMANT'S NAME (Type/Print) HERSA W	ite		52	6 M	(Street and Number or Rules	ROUTE NO	mber, City or Town	Store, Zip C	(ode)	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, cr			TION (Name of	DA	TE 20c. LO	AL	ty or Town	n, State
	21. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								1)		
_	* frythel	le			3	If M.	lex	丰州	BK	59 102	dway
	23. PART I. Enter the diseases, pr ehock, or heert fellure.	complications the	it caused the duse on each lin	eeth, Do	not enter t	he mode of dying, s	uch aa ce	rdiec prireapi	ratory srres	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disesse or condition	0.		. •							Onset and Death
	resulting in death)		COM AS A CONSE		IÉ:						48 hrs
z		En	d- stac		,	disease	2				Yrs
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE			CAL D COLD					
임	CAUSE (Disesse or Injury thet initiated events	cDUE TO	(OR AS A CONSE	OUENCE O	F):						
EHI	resulting in death) LAST	d									į
ᄓ	PART II. Other significant condition	na contributing to	deeth but not	resulting	In the unc	lerlying ceuse given	In Pert I	24a, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
N S	Pancreatic	insof	ficienc	Y				PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
PHYSICIAN: MEDICAL	Diabetes	S Mellitus OF DEATH?									
AN	25. WAS CASE REFERRED TO MEDICAL					20 DI 405 DE DE	PC-1				
딣	EXAMINER?	HOSPITAL:	ED/Outs-ti	2 🗆 🗆	OTHER						
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	ng Home 5 Residence	_	ter (Specify) ESCRIBE HOW IF	JURY OCCU	RED	
	~	(Month, D	any, Year)	I IN.	JURY	WORK?	100				

25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEATH (C	neck only one)	_	
1 YES 2 NO		HOSPITAL: 1 A Inpatient 2 ER/Outpatient 3	□ DOA	OTHE		sidence 6 Other (Specify)		
	nding restigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED		
3 Suicide 8 Co	uld not be termined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm,	street, fac	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

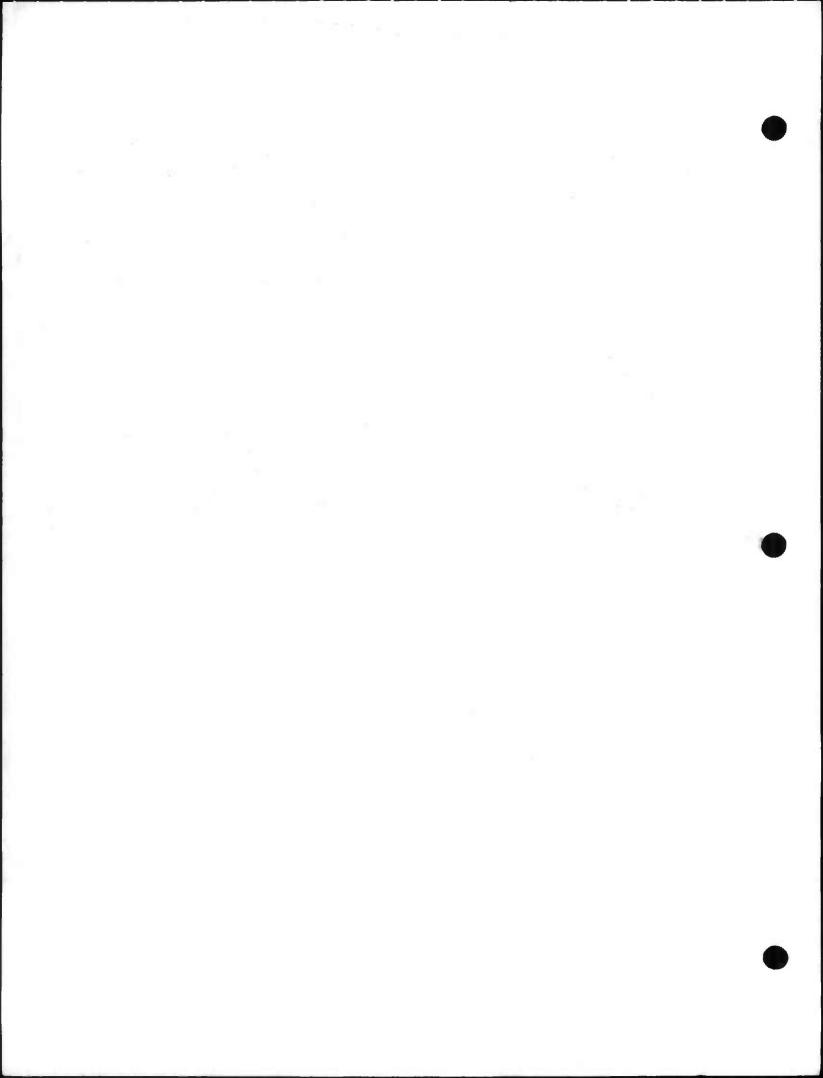
	 in my opinion, death occurse at the time, data and p	nace, end due to the cause(e) end menner ee stated
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) GUGS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GEORAS,		JOHNS	HOPKINS	HOSPITAL,	BACTO	MIS
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31. DATE FILED (Month, Day, Year) JUN 0 9 1993

J. HEGISTRAR'S SIGNATURE



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O THE ON THE NO.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 mounts after death. Yage 5 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hydere prior to burial, cremation, or removal. IMPORTANT: It fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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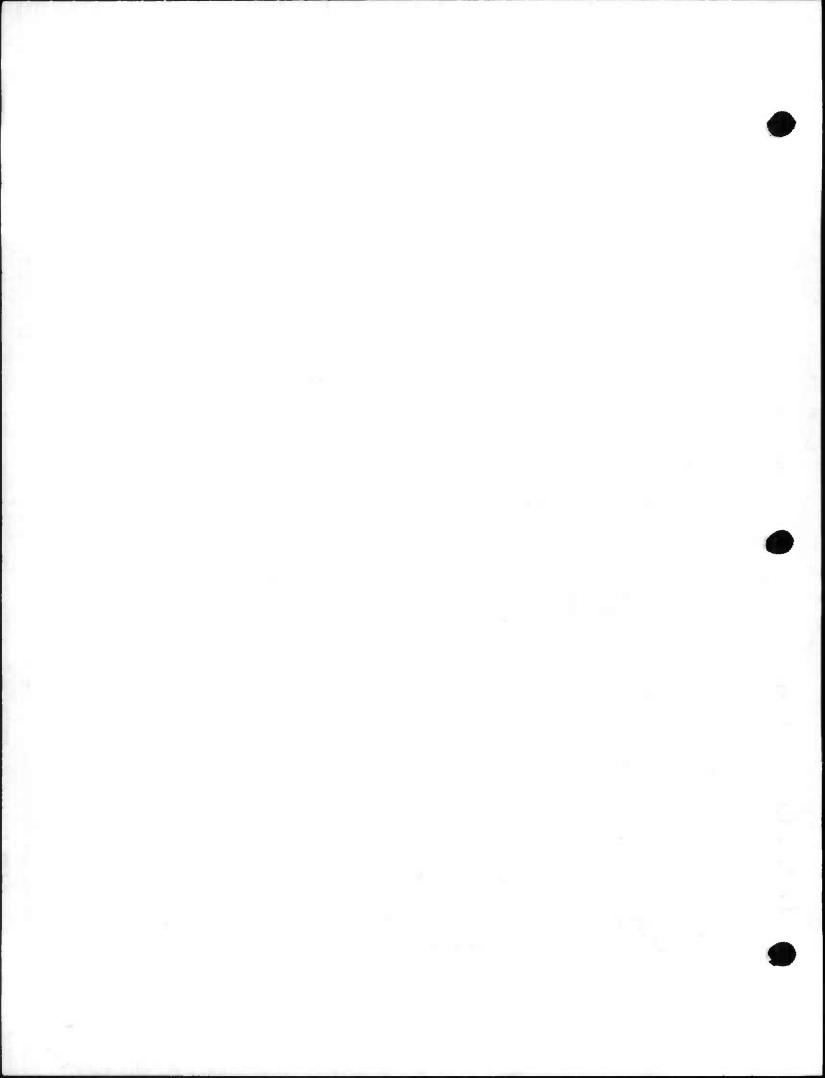
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1:05PM WILLIAM LENTILE WEBER 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Yea B. BIRTHPLACE (State or Foreign 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 218-32-0485 9/23/1897 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATE 9b. CITY, TOWN OR LOCATION OF DEATH Meridian Nursing Center-Hamilton Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Baltimore Carney 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 8722 Eddington Road 21234 S A

14. RACE — American Indian,
Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) 2 NO 1 Never Married 2 Merried 1 YES ZENO Specify: Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 186 KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 3rd Car Dealer Own Buginess 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden St. Henry John Weber Justina Stoddler 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8019 Yellowstone Road Mary L. Sugg Kingsville, MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 1 Surial 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 6 ☐ Other (Specify) Parkwood Cemetery 6/10/9 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Towson 21286 MD 43. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ee cardiec or respiratory arrest, **Approximete** shock, or heart fellure. List only one cause on each lina. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Metastatic resulting in deeth) oconary Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ntient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED 1 Neturel 5 Pending 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, etreet, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(e) and manner as stated. D312 29b. SIGNATURE AND TITLE OF CERT 30. NAME AND ADDRES WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7600 OSLER

m Julia Davidson Handall

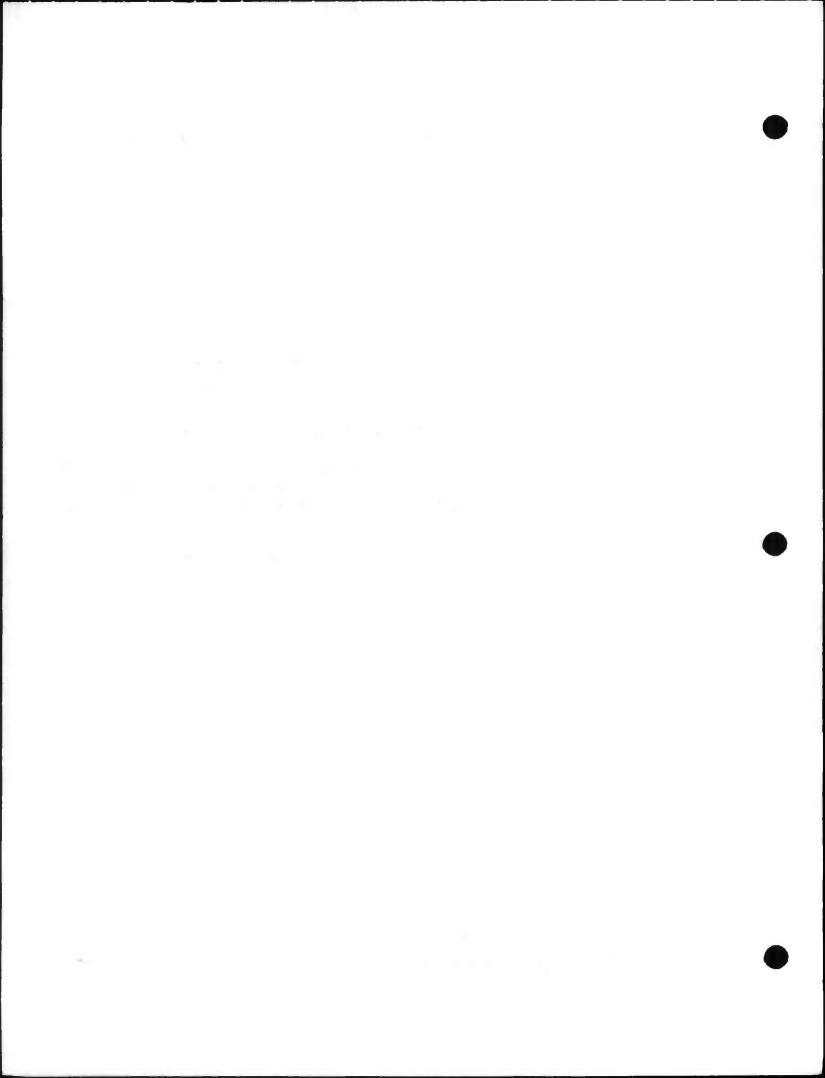


31. DATE FILED (MOTT), POT YEAR 1993

22. REGISTRAT MICHATURE PARALLES

ires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	
attending p	se as the	
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	_	FOR 1 - STATE REGISTRAR			CERTIFIC	ATE O	F HEALTH AND OF DEATH	MENTAL	HYGIEN REG. NO.		3	16591
	i e	1. DECEDENT'S NAME (First, Middle, Last)	John Jos	eph (Esk				2. DATE O MONTH	F DEATH	7 9:	SAR 3	TIME OF DEATH
p		4. SOCIAL SECURITY NUMBER 218-14-2823	1 M 2 F	GE (In yrs.		UNDER 1 YEA		7. DATE Of	F BIRTH Day, Year) L9 /75		Country)	ACE (State or Foreign
1, 2, 3 should	20	98. FACILITY NAME (If not institution, give str UNI VEW UTY OF MAN RESIDENCE OF DECEDENT		ITAL	1.00		THERE, I			9c. COUNT		THE
P2008	בוב	10s. STATE 10s. COUNTY Ann	e Arundel		10c. CITY, TO Pas	adena						Od. INSIDE CITY LIMITS? YES 2 2 NO
20 ysician. urlat-transit permit.	NCUAL.	100. STREET AND NUMBER 8448 GARDEN					21122				S.A.	AT COUNTRY?
-0020 ding physician. the burlat-transit	5	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 2 Y IF YES, GIVE WAR D WORLD WAR	R DATES	ARMED NO	If yes,	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 XNO Specif	n, Puerto Ric		or No 14	Black, V Specify:	American Indian, White, atc.
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once. TO BE COMPLETED BY FILMS	11111	15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade	ATION ompleted) College (1-4 or 5+)	-	DECEDENT'S USE (Give kind of work life. Do NOT use re tor Win	done during tired.)	ATION I most of working fusician			al Ele		
RYLAND 21 ed by the hospital or uid be detached for ed at once. BE COMPLE		17. FATHER'S NAME (First, Middle, Lest)	aul Yeske	r			16. MOTHER'S NA	ME (First, Mic L'esa	Neub	sumame) ack		
MAR e retained 5 should notified		19a. INFORMANT'S NAME (Type/Print) Dolores Yesker			196. MAILING AD		et and Number or Rural in Road Pa			n, State, Zip Co		122
FORE, e 6 may be ector, page		26e. METHOD OF CISPOSITION 1 XBurlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	rel from State	20b. PLAC cemetery,	CE AND DATE OF D	ISPOSITION		6/8	20c. LO	CATION — CIT	y or Town	
ALTIN death. Pag funeral dir		21. SIGNATURE OF FUNERAL SERVICE LICE		rli	1	22. NAME Geo:	rge J. Gor 1 Ritchie	CILITY ICE FU	neral	Home	P.A	•
4 hours filled in to no, or ret		23. PART I. Enter the disesses of constant of the shock, or heert feliure. L. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	RESPITZ	n eech II	ne.		mode of dying, suc			ratory srres	t,	Approximate interval Between Onsel and Death
P.O. BOX 68 th certificate be execut tending physician and call Hygiene prior to burial or other traumatic or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sevente	THU	EOUENCE OF):		onowany A			sekse	,	
ECORDS squires that the can signed by the of Health and Me hows any injur		PART II. Other significant conditions	contributing to dest	h but no	t resulting in t	ne underly	ring ceuse given in		4a. WAS AN PERFOR	MED?	OF	FRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 700
DF VITAL R FSICIAN: The law n rectificate has been the State Dept. or item 23 st PHYSICIAN:			HOSPITAL:			HER:	PLACE OF DEATH (Chi					
		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	TY	28b. TIME OF	28c.	INJURY AT WORK?			JURY OCCUP	IED	
DIVISION OF TENED DIRECTOR TO THE TENED NOTE: THE TENED PLETED BY		2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, atc. (S	JRY — At Specify)	home, farm, stree			28f. LOCAT City or	ION (Street a Town, State)	nd Number or	Rurel Rout	Number,
DIVI HOSPITAL OH FUNERAL DINES within 72 hours TIANT: If Item 2 COMPLET		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	AN: To the best of my kr	nowledge, ation and/o	death occurred at	the time, d	ate and place, and due	to the cause time, data ar	(a) and man	ner as stated.	ause(s) ar	nd manner as stated.
THE PORT		29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN			29d. DATE S		onth, Day, Year)
PP3 M		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (I	EM 27) (Type, Prin	t)				- 0/	113	/ .



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ
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	FOR 1 - STATE	STATE OF I	MARYLA							MEN'	TAL HYGII	NE	9	3	6	59
	REGISTRAR			CER	TIF	ICAT	E OF	DEAT	ГН		REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last		AL	001						MC	ATE OF DEATH	DAY	YEAR	3. TIME		ЛН
	4 SOCIAL SECURITY NUMBER		AYEA							1	AY	1 1	993	09	10	AM
	703-07-9667	5. SEX 1 XXM 2 - F	6. AGE (In	yrs. lest bir	rthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DA (M	TE OF BIRTH	2	Count	HPLACE (SI		
DIRECTOR	90. FACILITY NAME (# not institution, give Frederick Memo		pital					erick		EATH			Fred		2	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN															
R	102 00011	ederick		10		Y, TOWN								10d. INSI	TS2	
		eaerick			-	rede	vuc	R						1 X YE	S 2 🗌	NO
FUNERAL	111 Kline Blud						101	2170				10g. CI	USA	WHAT COU	NTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	D		If yes, sp	ENDENT O	F HISPAI n, Maxica Specif	n, Puer	GIN? (Specify to Rican, etc.)	Yes or No-	Blac	E — Americk, White, p	IC.	
8	15, DECEDENT'S ED	UCATION	- 1	16a. DECED	DENT'S	USUAL O	CCUPATIO	ON O			16b. KINO OF I	SUSINESS/II	NOUSTRY			
Ш	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	4)	(Give k	NOT us	vork done se retired.)	during ma	st of workin	ng							
립	12	5+	"	Coac	h &	Sch	rool	Teac	cher	- 1	Pres.	ton C	0. S	chool	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Parker C. Ayers	man						18. МОТ Р	HER'S NA	ME (Fir	st, Middle, Meid Notrin	en Sumame) G				
8	19a. INFORMANT'S NAME (Type/Print)			19b. M.	AILING	ADORES	S (Street a						Pin Code)			
198. INFORMANT'S NAME (Type/Print) Mrs. Evelyn Ayersman 190. MAILING ADDRESS (Street and Number or Rural Route Number, Cry or Town, State, Zip Code) 111 Kline Blvd., Frederick, MD 21701																
	20a. METHOD OF DISPOSITION 1.A. Burlel 2 Cremation 3 Read 4 Donation 5 Other (Specify)	noval from State	20b. P cemet	PLACE AND	DATEC	her place)	norio	al Ga	vrdei	ns:	5/4/93	Fre	deri	ck, M	D	
	21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE PEL	econ	x)		22.	NAME AN	BOX	1819	era era	l Home reder	ick.	A. MD 21	1702		
	23. PART I. Entar the diseases, or shock, or hasrt failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ven	TRI CULL	CONSEQUE	F. 6	ot enter	the mo	de of dyi	ng, suc	h ss c	ardiec or res	piratory a		App		ats etween d Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c A	OR AS A CO	sclen	270	ċ (FAR	ction Dia-V	'Ase	PR	R D	reyre)				
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	ons contributing to	deeth but	not resu	ilting i	n the ur	nderiying	g couse g	jiven in	Part I.		AN AUTOPSY ORMED? 2 NO	7 24b	AWAILABLE COMPLETE OF DEATH	E PRIOR ION OF C	TO
M	25. WAS CASE REFERRED TO MEDICAL						26. PL	ACE OF DE	EATH (Ch	ack only	one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpati	lent 3 🗆 r	DOA	OTHER 4 Nun	₹:				ther (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY		Bb. TIME	OF	28c. INJ WO			_	DESCRIBE HOV	V INJURY O	CCURED	-		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY etc. (Specify,	Al home,	farm, s	treet, fact			,	281. L	OCATION (Streetly or Town, Sta	et and Number	er or Rurel I	Route Numb	er,	-
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the beat of a	my knowled	ige, death o	occurre atlgation	d at the t	lma, data	and place,	and due	to the	cause(a) and m	anner as at	ated.	i) and many	ner sa si	tated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE			4).			29c. LICE			7		TE SIGNED			

1058

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993

31. DATE FILED (Month, Day, Year)
MAY 5

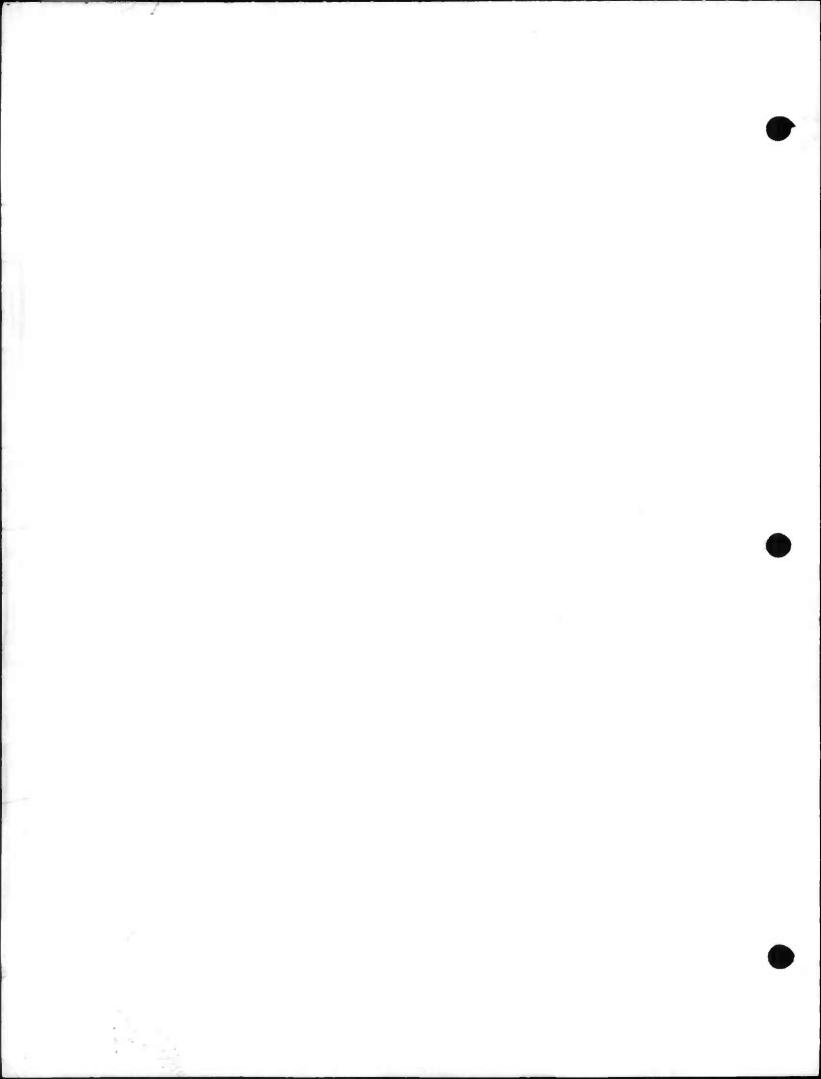
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32. REGISTHAR'S SIGNATURE
Julia Davidson-Randala

DHMH-18 Rev 1/89

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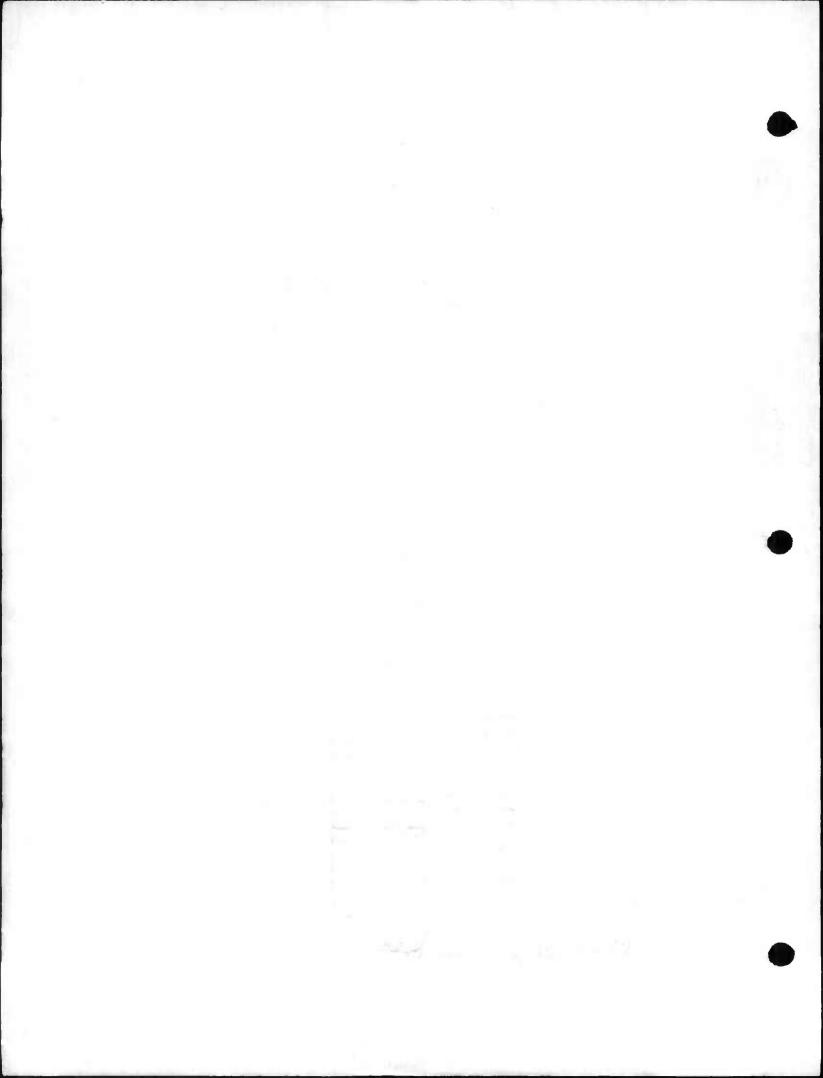


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has each unity and death and Marial Harison prior in burial premation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE DF M			TMENT ICATE				MENTAL	HYGIE) () 10090
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF OEATH
	Raymond	Nelson	Ambrose		36.0					6, 1		TEAR.	5:30 p.m. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	_	IF UNDER		7. DATE (OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	235-18-7014	1 X M 2 - F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	June	25,	915	Wes:	ť Virginia
	9a. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF OE				INTY OF D	
e e	Frederick Memori	al Hospi	tal		Fre	deri	ick				F	rede	rick
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
FUNERAL DIRECTOR	155-176-1				Y, TOWN OF		ON						10d. INSIDE CITY LIMITS?
	Maryland Frede	erick		<u>K</u>	<u>noxvi</u>	T T					Line on		1 TYES 2 NO
A I						10f.	ZIP CODE				10g. CIT	TIZEN OF V	WHAT COUNTRY?
핗	806 Knoxville Roa						217						SA
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS OECEDENT	EVER IN U.S. AR	MED					NIC ORIGIN In, Puerto F		Yes or No—	14. RACI Black	E — American Indian, k, White, etc.
ΒY	3 Widowed 4 Divorced	World	AR OR DATES		1	T YES	2 X NO	Specify	y:			Spec	nite
	15. DECEDENT'S EOUC			CEDENT'S	USUAL OC	CUPATIO	au .		16h	KIND OF I	BUSINESS/IN		III ce
	(Specify only highest grade of Elementary/Secondary (0-12)		(G		work done di			g	1.00				
COMPLETED	1 1	College (1-4 or 5 +		pervi	sor					Air F	Port.		
NO.	17. FATHER'S NAME (First, Middle, Last)	-	00,	70172	301		18. MOTI	HER'S NA	_		len Sumame)		
	Samuel Ambrose	4				-			Allr				- Land
BE	10 INFORMANT'S NAME (Top Diet)												
Evelyn Ambrose 806 Knoxville Road - Knoxville, MD 21758										758			
554	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo		20b. PLACE	AND DAT	E OF DISPO	SITION	(Name	<u> </u>	DATE	_	LOCATION -		
	1 LABurial 2 Cremation 3 Remo	val from State	of cemetary Ref	ormator	d Cem	eter	٠v		5/1	o k	noxvi	lle.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	, Ow	rer				SS, OF EA			al Ho	,	
	Harlara A	6/1/	1111	. ,							dI no	me	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, Dr heert failure. List Dnly Dna cause Dn each line.												Interval Between Onset and Death
	disease or condition												CA 10 F
	resulting in death)	DUE TO	OR AS A CONSE	QUENCE C	- (C	NL	1	9	1 -	1			Urzer
-		//	110	NA	20/1	al		11	ANK	lin	1		
ō	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	PF/)	0	1	786	N. P.C.	(CU	11	1	
¥	cause. Enter UNDERLYING	(1)	None	So	hon	11	u	40	2001	1920	· Ho	ONB	Wesen W
Ē	CAUSE (Disease or Injury that initiated evants	DOE TO	OR AS A CONSE	QUENCE C	F):	V W				(100	L. W.	
ERTIFICATION	resulting in death) LAST												
O	DARY II Oshoo olanidissaa saadislaas	a de la contraction de la cont		. tot-	1 1				- I				
¥	PART ii. Other significent conditions	contributing to	death but not i	reaurring	in the unc	aanying	csuse :	given in	Part I.		AN AUTOPSY FORMED?	248	NERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ	·								— l	1 TYES	2 X NO		OF DEATH?
M													1 TYES 2 NO
ä													
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 0 FDEATH? 1 YES 2 NO 0 FDEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 EXPOUNDED FOR SITE OF INJURY 26. INJURY AT WORK? 26. INJURY AT WORK? 26. INJURY AT WORK?													
X	1 TYES 2 X NO	1 Inpetient 2		-				esidence	8 🗆 Othe				
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TII	JURY M		RK?	7.114	28d. OES	CRIBE HO	W INJURY O	CCURED	
BY	2 Accident Investigation						/ES 2 [_ NO					
G	3 Suicide 6 Could not be	building,	F INJURY — At he atc. (Specify)	PITIO, TEITTI,	street, recto	эгу, отно	•			or Town, St		er or Hurai	Route Number,
	an ormania V					_			<u> </u>				
AP.	(Check only one)												
COMPLET	MEDICAL EXAMINER	1: On the basia of a	xamination and/or	Investigati	on, in my of	pinion, d	eath occu	red at the	e time, dete	and place	, and due to	the cause(a) and manner as stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIER	for.	100	1	-		29c. LIC	ENSE NU	MBER	17	29d. DA	TE SIGNE	D (Month, Day, Year)
TO B	Sugar	aler	OKIN	(1	0	18	0"	TX	/	0/1	0/73
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH /ITE	M 27) (Tvn	a Print)								/

32. REGISTRAR'S SIGNATURE
JUNIA LAWASON-RANDER

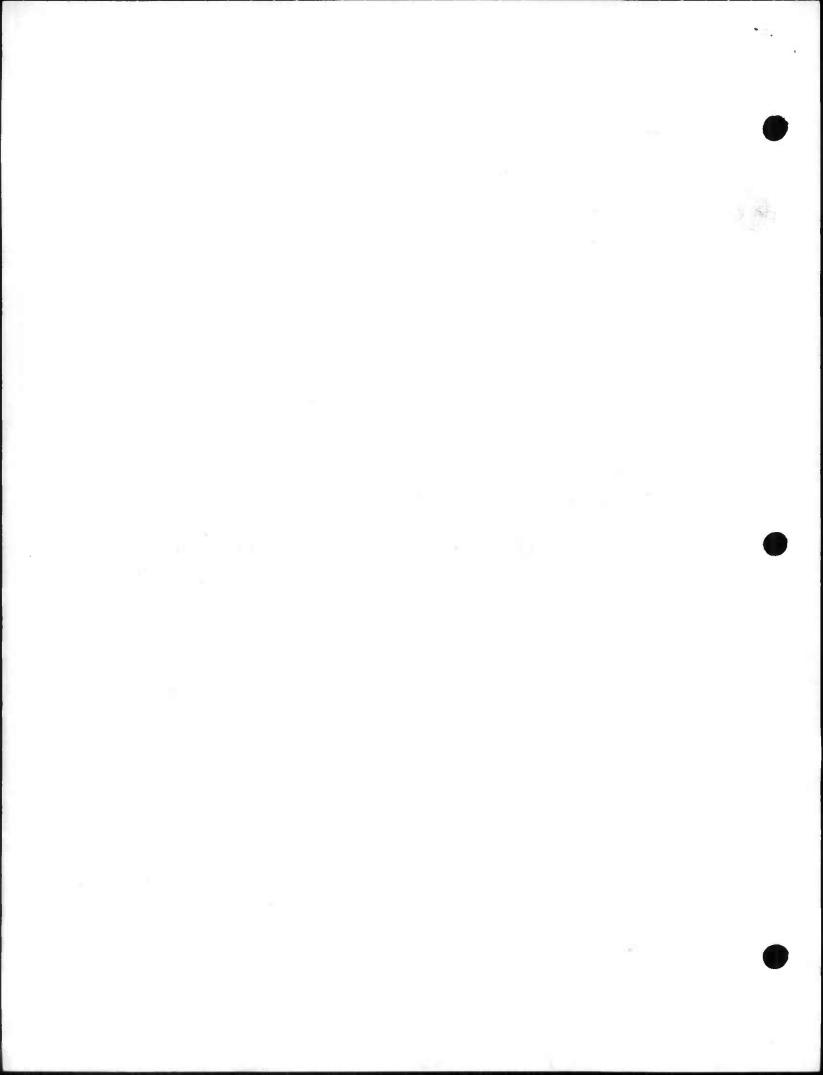
206 West Liberty Street - Charles Town, WV 25414



6	2	7		l
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit.	is signified must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

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4	1. DECEDENT'S NAME (First, Middle, Last) SYDNEY W. ANDREY	WS					2. DATE OF DEATH	WY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-26-4630	5, SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. last birti 68 y		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) MARCH 20, 1	925	a. BIRTI	NPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give : DORCHESTER GENER RESIDENCE OF DECEMENT	*	AL		CAMBI	N OR LOCATION OF	DEATH					
DIRECTOR	10a. STATE 10b. COUNT	CHESTER	10		LOCK	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	4330 CABIN CREEK	ROAD				101. ZIP CODE 21643		10g. CIT				
B	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 MYO R OR DATES		If yes,	DECENDENT OF HISP, apocify Cuban, Maxie (ES 2 X NO Spec	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No—	Blec	ARR 7:00 P M INTITUDE CENTRE OF FOREIGN ONTO PROPERTY ARY LAND OF DEATH HESTER 10d. INSIDE CITY 1 YES 2 NO OF WHAT COUNTRY? JSA RACE — American Indian, Black, Whita, etc. Specify: WHITE RY RING 21643 OF TOWN, Stata 4D K 207 KET, MD 21631 Approximata interval Between Onset and Death RSA 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)		ind of work NOT use ret	done during fred.)	most of working	CAN MAN			NG		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN WESLEY ANDREWS 18. MOTNER'S NAME (First, Middle, Maiden Surname) MYRA STEVENS											
2	190. INFORMANT'S NAME (Typo/Print) DOTTIE ANDREWS		- 1				AD, HURLOCK			643		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	City or To	own, Stata									
	21. SHOWATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BOX 207 106 MAIN STREET, EAST NEW MARKET, MD 21631											
2	21 PARTA Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Neck	OR AS A CONSEQUEN	Sign S	IGMO	D COLON	PERFORATION MINAL AORT	reli	nā	interval Between		
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· av	PR AS A CONSEQUENT OF AS A CONSEQUENT BOWEL	MS ICE OF 1:	NEWI /	7 ;	> 001	we	e			
MEDICAL	PART II. Other algorificant condition	s contributing to d	eath but not resul	iting in th	ne underly	ring ceuse given i	Part i. 24a. WAS AN PERFOI	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpatient 3 🗆 D		HER:	PLACE OF OEATN (C	heck only one) 6 Other (Specify)					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	IJURY 286 ; Year)	b. TIME OF INJURY	28c,	INJURY AT WORK?	28d. OESCRIBE HOW	NJURY OC	CURED			
- 1	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At home, f ic. (Specify)	farm, street	t, factory, o	Mice	281. LOCATION (Street City or Town, State)		or Rurel i	Route Number,		
6 Could not be determined building, etc. (Specify) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										e) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 290. SIGNATURE AND ADDRESS OF PERSON WITH	StEE1	nan	M	0	29c. LICENSE NI	MBER	29d. DAT	SIGNED 2	(Morith, Day, Year)		
	Suzanne Stea	man	of DEATH (ITEM 27)	RO	RA	St. C	ambi	do	()	40 2161		
	31. DATE FILED MAY 28 93	32. REGISTRAN	SATGNATURE P	indell	•							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMEN	T OF	HEALTH F DEA	AND	MENT	AL HYGIEN			, 00	
1	1. DECEDENT'S NAME (First,	Middle, Last)	Har	o1d			rnc				MON	E OF DEATH	AY	YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER 2 17-24-6 146 9a. FACILITY NAME (If not ins		5. SEX		in yrs. les	t birthdey) YRS.	MONTHS		HOURS	R 24 HRS. MIN.	02/	E OF BIRTH		Mar	yland	
TOR	4 Seasons	12024		tewa	ay				City		EATH			rces		
BY FUNERAL DIRECTOR	10a. STATE Maryland	10b. COUNTY	rcester			10c. CIT	Y, TOWN		City						10d. INSIDE CILLIMITS?	
NERAL	4 Seasons 1								218	_				SA	WHAT COUNTRY	•
	11. MARITAL STATUS 1 Never Married 2 X 1 3 Widowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YE\$	2 X N	MED IO	13.	If yes,	ECENDENT Specify Cubes	en, Mexica	an, Puarto	ilN? (Specify Yes Rican, etc.)	s or No—	Spec	E — American In- k, White, etc. hity:	dian,
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 truck driver transportation 17. FATHER'S NAME (First, Middle, Last) Jacob (unk) Arnold 19a. INFORMANT'S NAME (First, Middle, Mailden Surmame) M11 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie D. Arnold 20a. METHOD OF DISPOSITION 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4 Seasons 12024 Ocean GateWay, Ocean City											DUSTRY					
								• •	21842							
	1 Burial 2 X Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State															
	· John	n. 1	below	me	1	_		Ho1	loway Snov	Fur Hi	nera 11 R				MD. 218	301
	23. PAP I. Enter the diseases, or complicatione that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert siliure. List only one ceuse of each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Oue TO (ON AS A CONSEQUENCE OF): Approximate interval Between Onest and Death Due TO (ON AS A CONSEQUENCE OF):															
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated evente resulting in death) LAST	iate IG y c.				UENCE OF										
PHYSICIAN: MEDICAL C	PART II. Other signitican	t conditions	contributing to	deeth bu	at not re	suiting i	n the u	nderlyi	ng ceuse	given in	Part i.	24s. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	1	HOSPITAL:	ER/Outpa	rtient 3	□ DOA	OTHE	R:	PLACE OF D			ne) er (Specify)		!		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pr 2 Accident In		26b. TIMI	OF URY M	28c. IN W	JURY AT ORK? YES 2		_	SCRIBE HOW II	NJURY OC	CURED					
- 4	4 Homicide de	ould not be starmined		etc. (Speci	(γ)						City	CATION (Street a or Town, State)			loute Number,	
COMPLETED	(Check only one) 2 MEDIC	AL EXAMINER:	AN: To the best of On the basis of ax) and menner as	stated.
TO BE	296. SIGNATURE AND TITLE C	102	1 DE	de	w	M			29c. LICE	S NUM	ABER	51	29d, DATI	SIGNED	(Month, Pay, Year,	3

HANOVED

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2. DATE OF DEATH

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23 shows any injury,

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O THE HOSPITAL ON THE FUNERAL DIRECTOR: Aft be filed within 72 hours after dr

23

DIVISION OF VITA HOSPITAL OR ATTENDING PHYSICIAN: The MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

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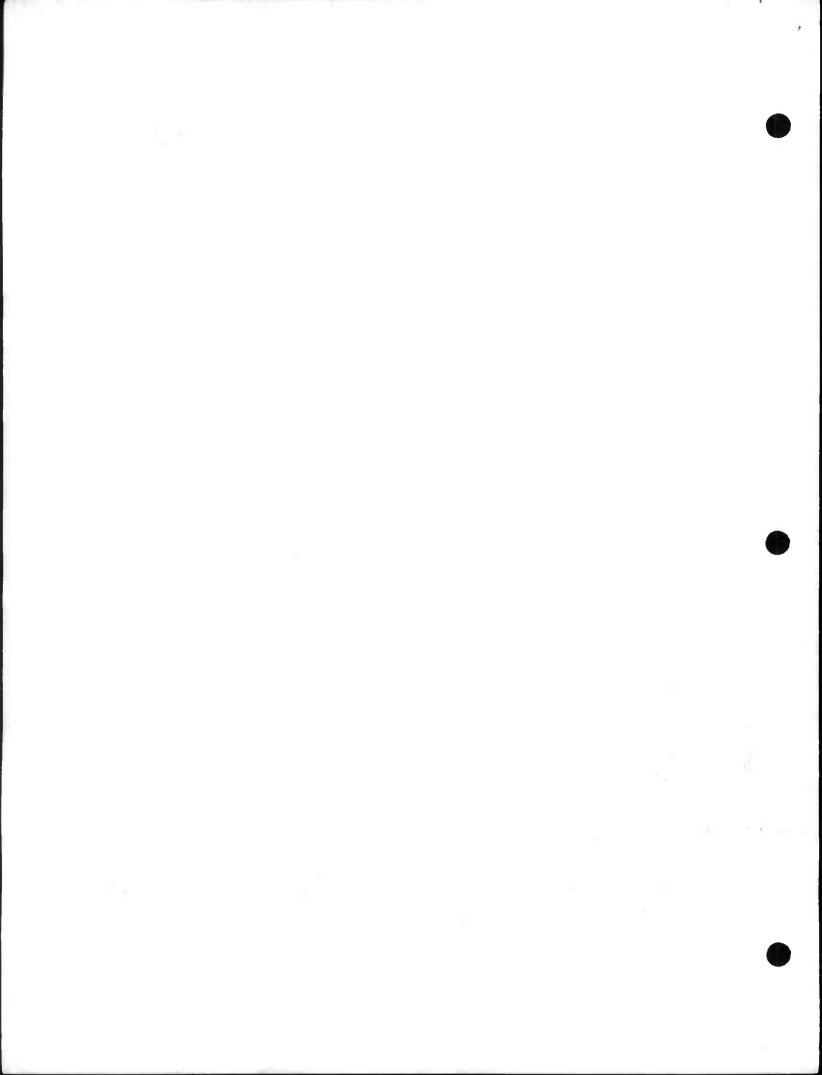
1993

1. DECEDENT'S NAME (First, Middle, Last)

BITH -/6 DAY William Edward Aiken A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 🔯 M 2 🗌 F 52 YRS 578-54-4247 12-18-40 Wash., D.C. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's General Hospital Cheverly Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Prince George's 1 YES 2 NO Upper Marlboro 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2406 Dorchester Road 20772 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, stc.) 1 TES 2 X NO Specify 3 Widowed 4 Divorced White 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) ege (1-4 or 5+) 12 Electrician Electricity 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Gordon Birch Aiken Eileen Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Lynn Aiken Same as 10a.-10f. 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) Resurrection Cemetery 5-19-93 Clinton, Maryland 21. SIGNATURE OF FUNERAL SE 22. NAME AND ACCRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton Maryland 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximsta shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death releven and variety disease disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART il Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO 25. WAS CASE REPERRED TO MEDICAL EXAMPLER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 PER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated, 29b. SIGNATURE AND TITLE OF CERT MC. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 30 ATH (ITEM 27) (Type, Print) Savidson-Randall 8



TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permanent of the last begin of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORMAN: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	THE IDING				2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
	JOYCE	MAE ADAMS				5	17	93	440 PM
	4. SOCIAL SECURITY NUMBER 213-38-3592	5. SEX 6. AGE	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIF (Month, Day,		8. BIRTHE Country Mary	•
	9a. FACILITY NAME (If not institution, give st	ireet and number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF DE	
CTOR	PRINCE GEORGE'S HO RESIDENCE OF DECEDENT	SPITAL CEN	TER	Chel	rerly		PRI.	NCE 6	EORBEN
DIRECTOR	10a. STATE 10b. COUNTY	CF GEORGE	10c. CIT	LADE	USB UR 6	_			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				of. ZIP CODE		10g. Cl		HAT COUNTRY?
FUNERAL		Ruenue	APT /		20710		U.	.S.A.	
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 TYES	2 X NO	13. WAS DE If yea, s	CENDENT OF HISPAN pecify Cuban, Maxica	IIC ORIGIN? (Spe n, Puerto Rican,	cify Yea or No-		- American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR O	DATES		S 2 NO Specify		,	Specify	ih, te
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	166. KIND	OF BUSINESS/IN		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	e retired.)					
MP	17. FATHER'S NAME (First, Middle, Last)		Propert	y Mana			tment		
	Benjamin L.	Mills			Myrtle	ME (First, Middle, Mae	Maiden Sumame) Drisco		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	AOORESS (Street	and Number or Rural F				
5	Myrtle M. Hughes				enue, Bla			20710)
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remo	oval from State Ger	b. PLACE AND DATE (OF DISPOSITION (N	eme ol	OATE	20c. LOCATION -	- City or Tow	rn, Stata
	4 Donation 5 Other (Specify)	- G	eorge Was	hington	Cem. 5/2	20/93	Hyattsv	ille,	Maryland
	· Oliaile 7	T. Bell		Franc	no adoress of fac Cis Gasch Baltimor	's Sons	Funera	l Hom	ne, P.A. MD 20781
	23. PARTY. Enter the diseases, or cahock, or heert feliure. I	omplications that chuse	the death. Do n	ot entar the me	oda of dying, such	as cerdiac o	r respiratory a	rrest,	Approximate
	IMMEDIATE CAUSE (Final			0.1					Interval Batween Onset and Death
	disease or condition resulting in death)	Overdoja,	u uf	Phe	noban	bital			
_	_		~						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DOE TO (OR AS	A CONSEQUENCE OF	74/00					
3	CAUSE (Disease or Injury	<u> </u>							
Ħ	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	7:					
E		l							
	PART II. Other significant conditions	contributing to death b	out not resulting i	n tha underlyin	g cause given in		MAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	17 Heast Carca	nomes wil	mme	14 14a H	eV		YES 2 NO		COMPLETION DF CAUSE OF DEATH?
ME						_			1 _ YES 2 _ NO
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	netlant 2 7 DOA	OTHER:	LACE OF DEATH (Che				
Ϋ́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM	E OF 28c. IN.	JURY AT		HOW INJURY OC	CURED	
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO				
III	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	/ — At home, ferm, a	treef, factory, offic	ia .	281. LOCATION	(Street and Number State)	er or Rural Ro	ute Number,
Ë,							, 51215)		
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of my know	rledga, death occurre	d at the time, date	and piece, end due	to the ceuse(e) e	nd menner as ata	sted.	
S I	2 PMEOICAL EXAMINER	R: On the beals of examination	n end/or investigation	n, in my opinion, o	seath occured at the	lime, date and pi	ace, and due to t	he cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	of O Depot	ymedic	of	29c. LICENSE NUM		29d. OA	TE SIGNEO	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	MINE THE	Print)				-17-	
	PAULA. DEVORE	MD 420	3 Que	WIGUN	Rd H	19115	villen	1) 2	0781
	MAY 1 9 1993	32. REGISTRAR'S BIGN	Son-Rande	2					
- 10	III - 1000								

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1993

3. TIME OF DEATN

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2. DATE OF DEATH

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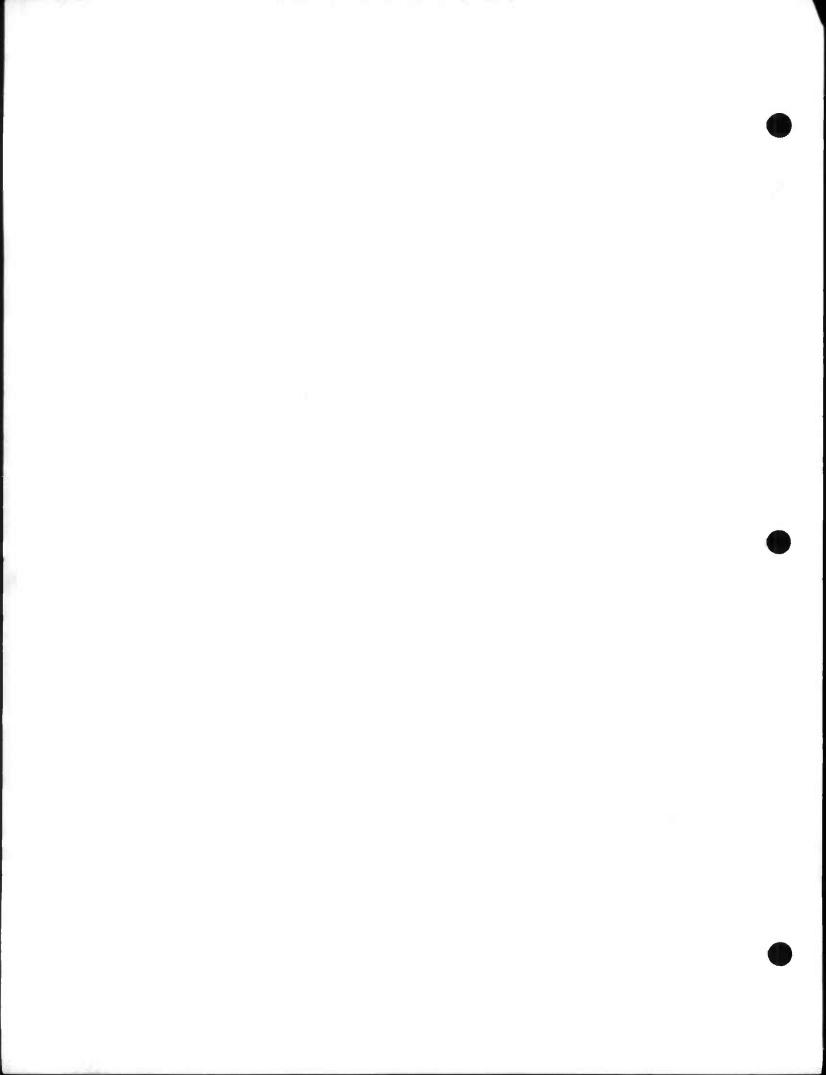
Dana

Allen

executed within BOX 68760. requires that the death certificate be DIVISION OF VITAL RECORDS, P.O. OR ATTENDING PHYSICIAN: The law

HOSPITAL

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JAN 7,1974 215 94 0363 19 DAYS HOURS 1 XM 2 F WASHINGTON, D 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince Georges General Hospital Cheverly Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C. YES 2 NO NONE WASHINGTON, D.C FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1236 EATON RD. S.E. 20020 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES A NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ric 1 YES 2 NO Specify: BY IF YES, GIVE WAR OR OATES 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INQUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED llth NONE once. 17. FATNER'S NAME (First Middle Lest) 18. MOTNER'S NAME (First Middle Maiden Sumame) ALEX ALLEN Te JOYCE MARIE TAYLOR BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALEX ALLEN 1236 EATON RD. S.E. Pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ※ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 5/28ATE9 B 20c. LOCATION - City or Town, Stata must ARLINGTON, VA. 4 Donation 5 Other (Specify) VIRGINIA CREMATOR 21. SIGNATURE OF FUNERAL SERVICE LICENSER examiner WILLIAMS FUNERAL SVC 517 llth STREET S.E. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximsta shock, or heart failure. List only one cause on each line interval Between 0 **IMMEDIATE CAUSE (Final** Onset and Daath nding physician and completely fille Hygiene prior to burial, cremation, the disesse or condition_ 8 (a) 14 resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): the attending p that initiated events resulting in daeth) LAST 0 PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the Health and been signed by or, of Health and shows any is AVAILABLE PRIOR TO VES 2 NO COMPLETION OF CAUSE YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OFATH (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | XER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH marked, 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED After this c 1 Natural 5 Pending 19 1993 0745M 1 YES 2X NO BY Subject shot 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 80 COMPLETED 8 Could not be DIRECTOR: A 4 Homicide 28 determined in auto Dianna & Leeds Drive item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the Ilms, data and place, and due to the cause(s) and manner ea stated. FUNERAL within 72 I IMPORTANT: If 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불분 05 20 1993 223 O.C.M.E. 9 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Larson Locke, MD. Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (MOOTH, Day, Year) 8 32. REGISTHAR'S SIGNATURE Mandall 199 Holia Davidson



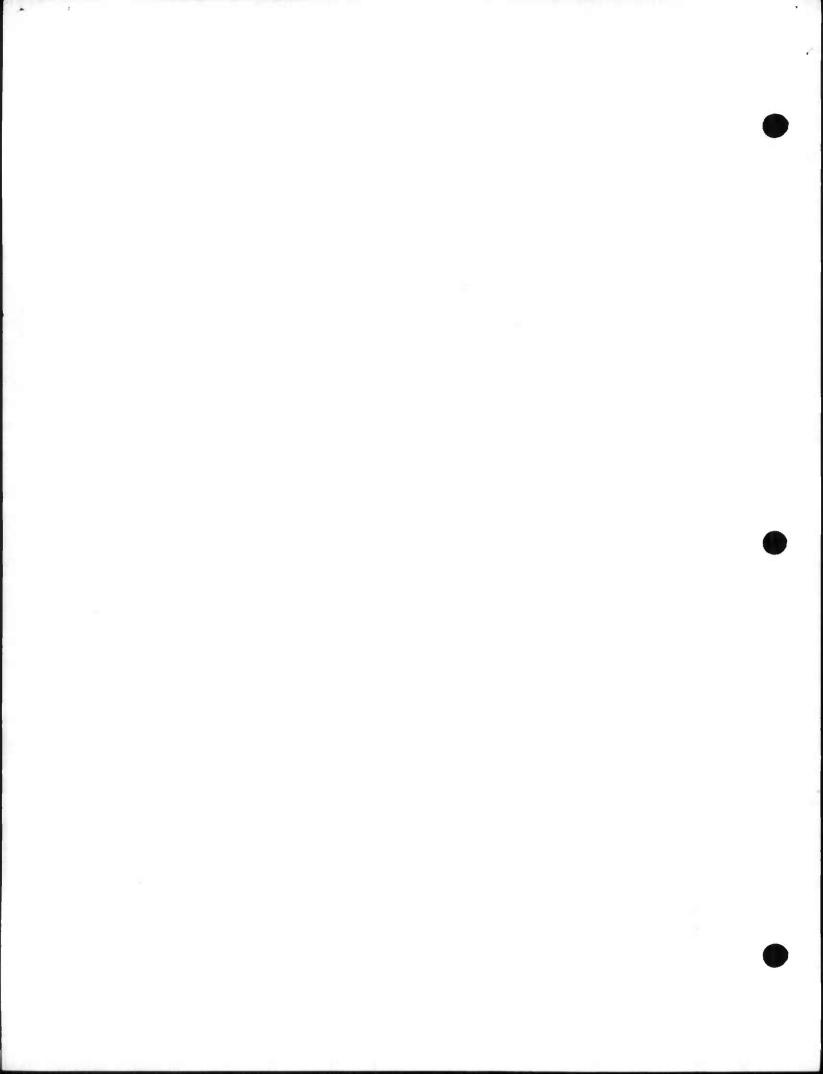
	3.1	TIME	OF I	OF AT	н	_
93	}		6	5	9	0

	- REGISTRAR	CERTI	FICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH			3. TIME OF DEATH
- 3	Helen C AMES				0 5	2		1993	7:25P M
		AGE (In yrs. last birthda	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B				PLACE (State or Foreign
	578-22-7933	74 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day,		110	Country	v)
	Se. FACILITY NAME (If not institution, give street and number)		96 CITY TOWN	OR LOCATION OF DE	JAN. 6	, 19	919	DIS!	of COL.
Œ	DOCTORS HOSPITAL								
6	RESIDENCE OF DECEDENT		LANE	AM			PR.	INCE	GEORGES
ĕ	10e. STATE 10b. COUNTY	10c. 0	CITY, TOWN OR LOCA	TION					10d, INSIDE CITY
DIRECTOR	MARYLAND PRINCE GEORG	78	мттент	LLVILLE					LIMITS? 1 YES 2 NO
4	10e. STREET AND NUMBER	30		H. ZIP CODE			10a. CIT	IZEN OF W	THAT COUNTRY?
8	10403 VISTA GRANDE DRIVE			2072	1				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	ZU / Z.		activ Vac	or No	US	American Indian,
	1 Never Married 2 Married FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Mexica S 2 NO Specifi	n, Puerto Rican,	etc.)	UI 110	Black	, White, etc.
B₹	3 X Widowed 4 Divorced	ON DATES	UAL VE	S 2 NO Specin	γ:			Speci	BLACK
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	"S USUAL OCCUPAT	ION	18b. KIND	OF BUSI	NESS/IN	DUSTRY	
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5+)	Illa. Do NOT	of work done during m use retired.)	ast of working					
7	12th	HC	USE WIFE			P	RIV	ATE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle,	, Maiden S	iumame)		
BE C	SAMUEL CLARK			TOT	rie bro	WN			
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street	end Number or Flural I			State, Zi	p Code)	
2	CHARLES AMES			RANDE DR					20721
	20a, METHOD OF DISPOSITION	20b. PLACE AND DAT	TE OF DISPOSITION (A	ame of	DATE			City or To	
	1 Surial 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	HARMON	Y CEMETE	RY	5/29	T,AN	IDOVI	ER. M	IARYLAND
ľ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. 0		ND ADDRESS OF FA		324 31 4	DO 11	J1() 1.	HATELAND
	101	7 V		JENLINS H					
	Kommy 6. fee	DI	7474	LANDOVER	RD, LA	NDOV	ER,	MARY	LAND 20785
	23. PART I. Enter the diseases, or complications that c shock, or heart failure. List only one cause	on each line.	o not enter the m	ode of dying, suc	h as cardiac o	or respin	atory ar	rest,	Approximate tnterval Between
- 1	IMMEDIATE CAUSE (Final	+							Onset and Death
1	disease or condition resulting in death)	oti caer	nca						one marle
-	N }	AS A CONSEQUENCE	•						A .
2	Sequentially list conditions,					are marth			
Ĕ	if any, leading to immediate	AS A CONSEQUENCE	OF):						
3	CAUSE (Disease or injury	AS A CONSEQUENCE							3-4 year
Ë	that initiated events resulting in death) LAST	A DON TO	04):	y teem					5 40000
CERTIFICATION	d	1 0000	7 131011	y lum	lory				0000
ايد	PART ii. Other aignificant conditions contributing to de	ath but not resultin	g in the underlyis	g cause given in	Part i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
DICAL	Left Hemilal	egia			- 1	PERFORM			MAILABLE PRIOR TO COMPLETION OF CAUSE
	Dehn dration	-)		_	''	YES 2 [∐ NO		OF DEATH?
2					-				1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	_	26.5	LACE OF DEATH (Ch	ect only one)				
[일	EXAMINER? HOSPUTAL:	R/Oulpatient 3 DOA	OTHER:						
¥	27. MANNER OF DEATH 28s. DATE OF IN.			JURY AT	6 U Other (Spe 28d. DESCRIB		BHEV OC	CHRED	
	1 Netural 5 Pending (Month, Day,	Year)	INJURY W	ORK?	200. DESCRIBE	E HOW HA	JUNI OC	CONED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	NJURY — Al home, fam			20f. LOCATION	1 (Ctt	and Advanced on		
	4 Homicide determined building, etc	. (Specify)	.,,,		City or Tow		io Numbe	or norm n	oute Number,
COMPLETED	29e. CERTIFIER								
Ē.	(Check only CERTIFYING PHYSICIAN: To the best of my								
Ş I	2 MEDICAL EXAMINER: On the basis of exam	Ination and/or investiga	ition, in my opinion,	death occured at the	time, date and p	place, and	due to t	he cause(e)	and menner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
	Mollammad S	leenans		D 204	82			5	27/93
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (T)	rpe, Print)	n	20101	F	\ ^	, ,	2711
	3060 Mitch	+ ELLE	VILE K	U I	30001	4	VV.	1) 2	-0116
i	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S STAR'S	SIGNATURE DAVIDSON-A	andell						



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

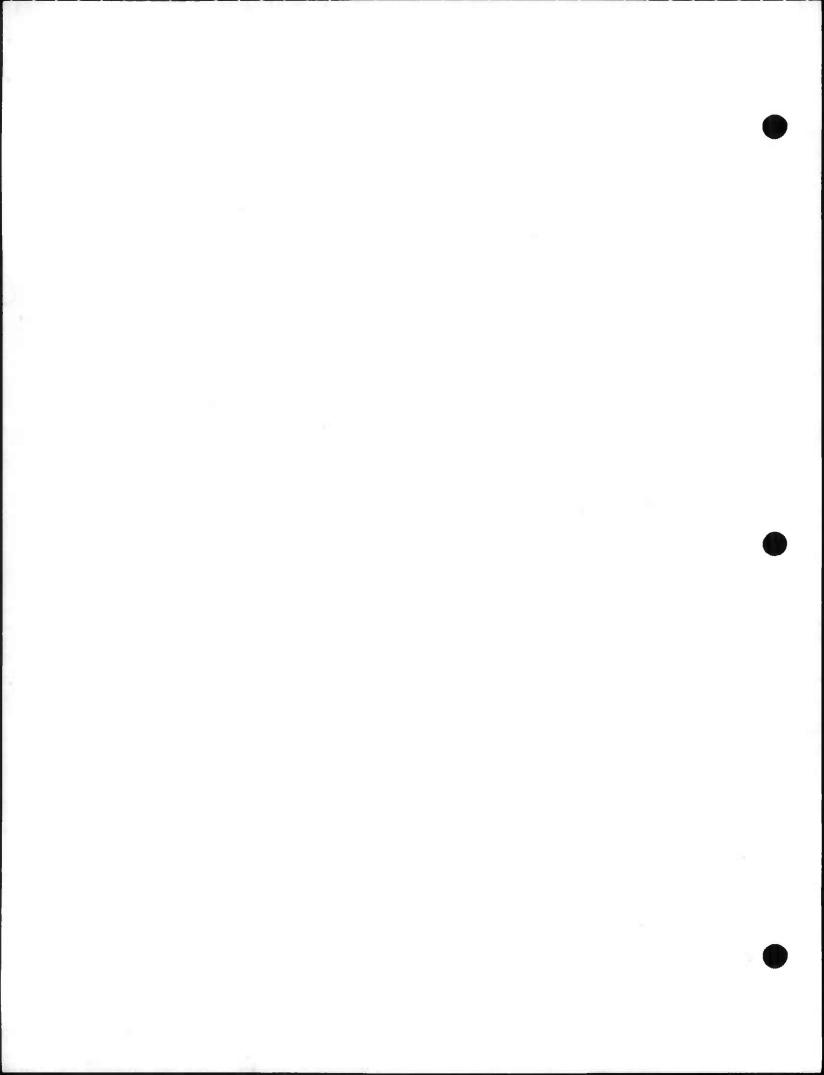
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	sician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ial-transit permit. Pro
MPORTANT. It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

					OLITTI	IOAII	_ 01	DLA			IEG. NO			
Į	1. DECEDENT'S NAME (First, A	_	A							2. DATE OF MONTH	De	AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Barb			pperso	_				May 2		1993	6:00 A. M	
	219-54-8253		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, De	BIRTH ly, Year)	7010	Country	CE (State or Foreign
1	9a. FACILITY NAME (If not insti			45	Tha.	01.000								gton, D.C.
œ	Prince Geor			Cento	r	96. CITY, TOWN OR LOCATION OF DEATH Cheverly						NTY OF DEAT		
DIRECTOR	RESIDENCE OF DECE	DENT	nospicai	Cente	1		OHE	veri	y			Prin	ce Geo	rge's
Ä		IOB. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION						100	I. INSIDE CITY LIMITS?	
	Maryland	Pri	nce Georg	ge's	Ch	elte	nham	ì		1 🗆				YES 2 X NO
¥	100. STREET AND NUMBER	.				7.2-1					10g. CITI	ZEN OF WHAT	COUNTRY?	
ij.	10001 Behun	Drive					20623 U.S.A.							
5	11. MARITAL STATUS 1 Never Married 2 \(\overline{\chi} \) M	arriad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED X NO	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	Black, WI	American Indian, hite, etc.
BY FUNERAL	3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES			1 YES	2 ₹ NO	Specify	n, Puerto Rica	,,		Specify:	hite
	15. DECED	DENT'S EDUC	CATION	164	. DECEDENT'S	USHALO	CCHPATIO	OM.	_	165 KB	ID OF BIN	SINESS/INC		nite
13	(Specify only h Elementary/Secondary (0-12		College (1-4 or 5		(Give kind of a	work done			ng	Tou. rui	O 0 80.	MINESS/INL	OOTHI	
교	12	"	Some (1 4 or 5		ast Fo	od C	ook			Park	land	Bow	ling L	anes
COMPLETED	17. FATHER'S NAME (First, Midd								HER'S NA	ME (First, Midd			-1115	direb
BE	David E. I	Randal	11, Jr.						Marg	aret R	. Th	omas		
5	19s. INFORMANT'S NAME (Type				19b. MAILING	ADDRES	S (Street a	nd Numbe	or Rural I	Poute Number,	Dity or Tow	n, State, Zip	Code)	
-	David A. App				10001	Beh	un D	r. C	helt	enham,	Mar	yland	2062	3
i	David A. Apperson 10001 Behun Dr. Cheltenham, Maryland 200 200, METHOD OF DISPOSITION 1 (A Burlai 2 Cremation 3 Removel from State Cametary, cremating, or other place) 4 Donation 5 Other (Specify) Date Cedar Hill Cemetery 5/27/93 Suitland, Maryland 200 Cedar Hill Cemetery 5/27/93 Suitland 200 Cedar Hill Cemetery 5/27/93 Suitlan									City or Town,	Stata			
										i, Mar	yland			
1	21. SIGNATURE OF FUNERAL SERVICE LICENSIAE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home													
	Teoled	11	Wall	0			6160	0xo	n Hi	II Rd.	Oxo	n Hil	ile II. Ma	.20745
	23. PART I. Enter the disc	ases, or c	omplications tha	t caused the	e death. Do i	not enter	the mo	de of dy	ing, suci	h as cardiac	or respi	ratory an	est,	Approximate
shock, wheart failure. List only one cause on each line. IMMEDIATE CAUSE (Final													Onset and Death	
	disease or condition resulting in death)	-	Carcin	oma o	f Lung	with	h Me	tast	asis	Gener	aliz	ed	ļ	2
	resulting in death) a. Carcinoma of Lung with Metastasis Generalized Due to (or as a consequence of):													
8	Sequentially list conditions,													
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
E	resulting in death) LAST												ļ	
	DART II ON THE I													
MEDICAL	PART II. Other significant	condition	s contributing to	death but n	ot resulting	in the ur	nderfying	g cause	given in	Part i. 24	PERFOR	AUTOPSY MED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO
ĕ										11	YES 2	X NO		WPLETION OF CAUSE DEATH?
									_	_			1	YES 2 NO
Z														
PHYSICIAN:	25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 X NO	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (C/N	eck only one)				
₹	27. MANNER OF DEATH		1 (A Inpatient 2 28a. DATE OF		H 3 □ DOA				esidence	6 Other (Sp		Ulwa-		
	1 Netural 5 Pe		(Month, D			URY		RK?	7 80	28d. DEŞCRI	BE HOW I	NJURY OC	UNED	
BY	a Carta	restigation	28a, PLACE O	F INJURY — A	At home, farm.	street fact			J 40	281 LOCATIO	M (Street)	and Number	or Burn! Bourts	Mumber
4 Homicide determined determined								or rioral riouto	Trumba,					
COMPLET	29a. CERTIFIER 1 TO CERTIF	VINC DUVER	CIAN: To the best of	mu kanaulada	- in Tark on 182			4010			N=100	1.55.50		
₹ P			R: On the best of											1 manner or stated
	296. SIGNATURE AND TITLE O			/		,	,		ENSE NUN		proce, a			
ш		t manner or record	///							REPERT			E SIGNED (Mo	nth, Day, Year)
∞	1	1	110	12				11 1.10	1451			5	2/1-02	
TO BE	Sur	ERSON WHO	COMPLETED CALL	OF DEATH	(ITEM 27) (Type	. Print)		D O	9451			▶ 5-	24-93	
∞	30. NAME AND ADDRESS OF P						er H			Forest	vill.	-		7
∞	Sur	. Pec		. 6106	6 01d S		er H			Forest	vill	-		7

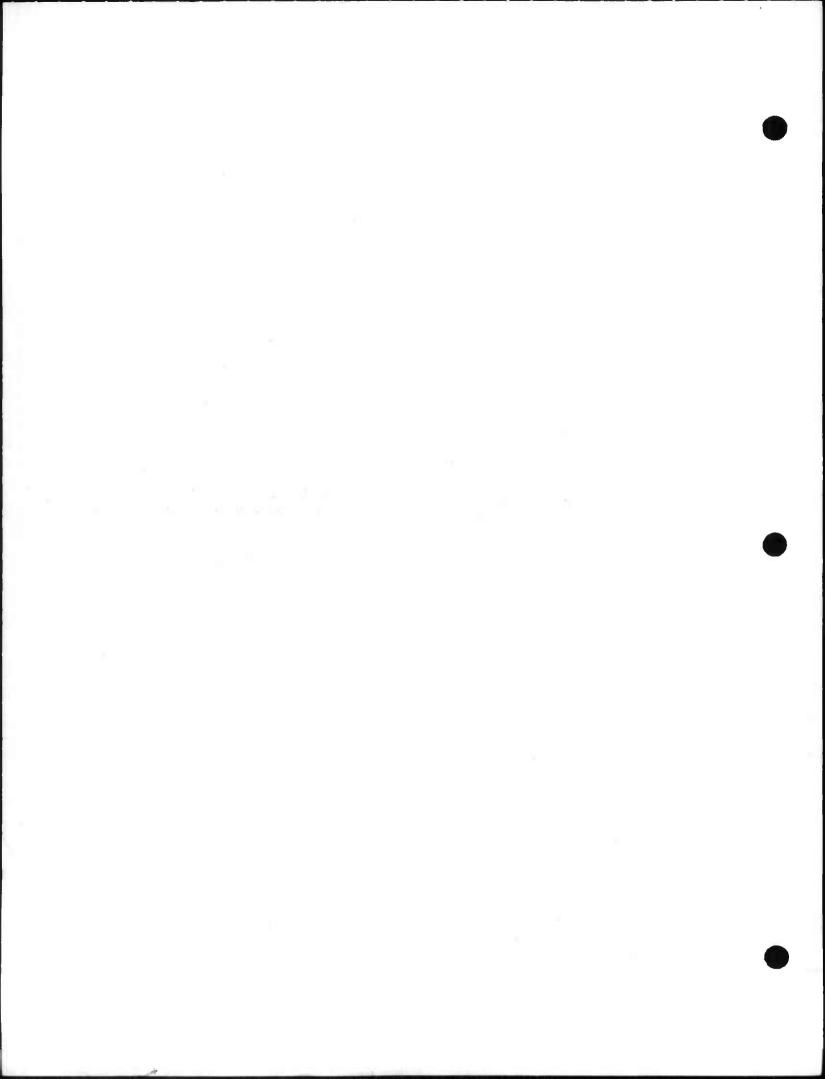


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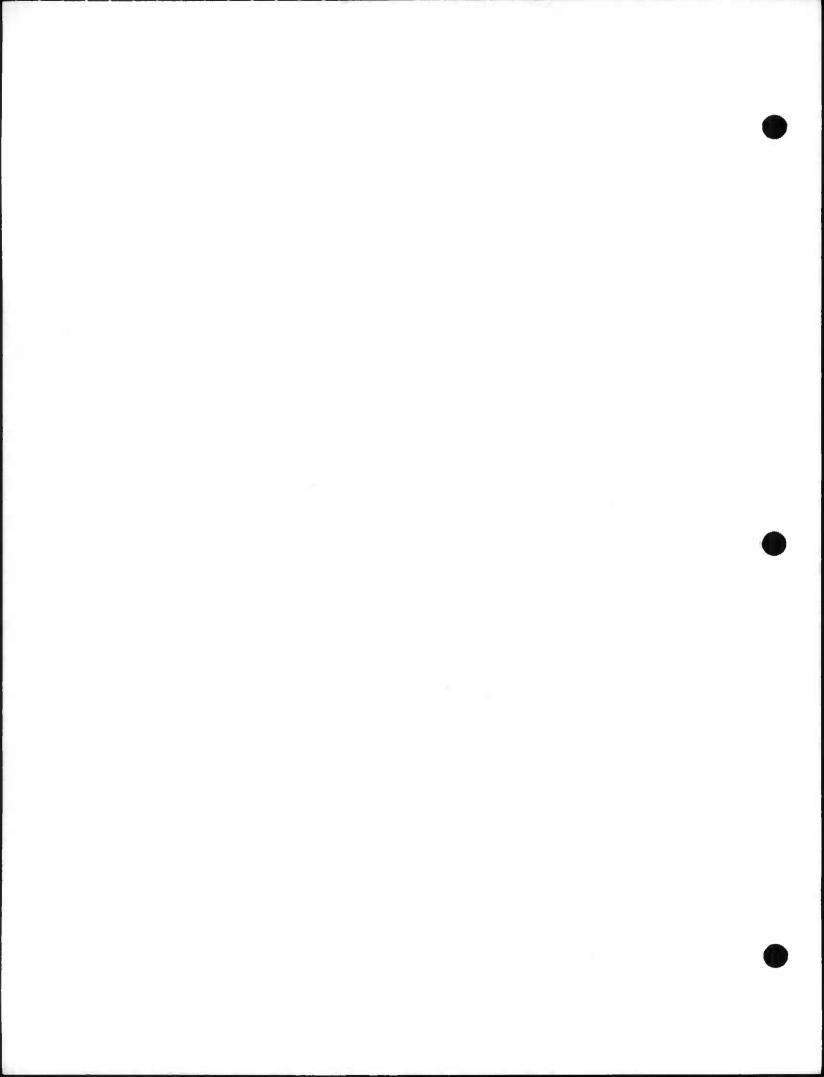
BALTIMORE MARYLAND 21215-0020	Para 6 may be mained by the hospital or attending physician.	al direction maps to smould be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ner must be notified at once.
BALT	after death.	by the funeral	ical examin
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Park 5 may be manufed by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral orners after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH APPELBAUM MINNA 1355 4. SOCIAL SECURITY NUMBER 5 REY IF UNDER 1 YEAR 7. DATE OF BIRTH (MONT), Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 🗆 # 2 🔯 F 123-26-5824 June Germany Sa. FACILETY NAME (If not institute SE. COUNTY OF DEATH Mady (NOV RESIDENCE OF DEGEDENT DIRECTOR 16NTGOMEN OCKVIlle Ma 10s. STATE 10c. CITY, TOWN OR LOCATION Pike Pennsylvania Shohola 1 YES 2 50 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 19g. CITIZEN OF WHAT COUNTRY? RR-1 Box-1148 18458-9708 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXO 11. MARITAL STATUS WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mesican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCEST 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 ☐ YES 2 X NO Specify: BY 3 X Widowed A Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do MOT use rating). 16b. KUND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Land) 18. MOTHER'S NAME (First, Michille, Maicher Surrame) Paul Halbekath BE Maria Knittemeir 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Renate M. Bullock 903 West Edmonston Drive, Rockville, MD 20852 20a. METHOD OF DISPOSITION
1 □ Burial 2 X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 5/21/93 DATE compatery crematory or other place) 20c. LOCATION — City or Town, State Montgomery Crematorium, Inc. 4 Donation 8 Other (Specify) Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery K0800M Avenue, Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ronce 1 elogenou resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO JOR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: nt 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural В 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated (Check only one) 2 MEDICAL ENNIN of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CEL 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 5 3240 9 30. NAME AND ADDRESS OF PI Q COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) -808 10 SEPH # 2/2 ROCKVILLE MD 20857 HYSICIANS LAVE 32/ REGISTINA'S SIGNATURA DANGE BE 31. DATE FILED (Month



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death capture to be accused within 24 hours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the best of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shy be filled within 72 hours after death with the State Dept. of Health and Mechanism to be found to removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, the foundation of the control of the c
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND M	ENTAL HYGIEN	93	16602)		
	1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH		3. TIME OF DEATH	\neg		
	Ruppert Ana	heim				May 21.	1993	7:40	Рм		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. lest birthday) F	UNDER 1 YEAR	-	S. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign					
	578-18-4738	1 🔀 M 2 🗆 F	(Month, Day, Year) 7-24-1916	Country)							
	Se. FACILITY NAME (If not institution, gir			CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF		ra		
<u>წ</u>	Montgomery	General Hosp	rital	0.1	.ney		Mont	Comonii			
DIRECTOR	RESIDENCE OF DECEDENT		31 0a1		.rre.y		MONG	gomery			
ᇎᅵ	10a. STATE 10b. COU	NTY	10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY			
		ntgomery	eaton				1X YES 2 NO				
≅	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	_2610 Randolph F				20902		U.S.	Α.			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC city Cuben, Mexican,	ORIGIN? (Specify Yes	or No- 14. RAC	E American Indian k, White, etc.	,		
À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:			hite			
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S USU	AL OCCUPATIO	M	Las vivo os ava		litte			
COMPLETED	(Specify only highest gr	rade completed)	(Give kind of work	done during mos	t of working s Garage	16b. KIND OF BUS	INESS/INDUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Automobil		_	Automobi	lo Popoi	r Chan			
8	17. FATHER'S NAME (First, Middle, Last)		Hacomobil	C HCCH		(First, Middle, Maiden		.i Shop			
O I	Unobtainable				Flor		Jumentey				
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING ADD	RESS (Street a		the Number, City or Town	State Zin Codel	-	-		
2	Mary King					aton, Mar		902			
1	20s. METHOD OF DISPOSITION	206.	PLACE AND DATE OF DI				ATION — City or To		\dashv		
	1 Burial 2 Cremation 3 R		etary, crematory or other port Lincol	n Crem	atory 5	-25-93 Br		A	4		
	21. SIGNATURE OF FUNERAL SERVICE		STO STREET	22. NAME AN	D ADDRESS OF FACIL	ITY		nary ranc	\vdash		
- 1	· /./ (Kee -				Funeral H		20904			
-	22 PART I Enter the diseases	100		11800	NewHamps	hire Ave.	SilverSp				
	23. PART I. Enter the diseases, o shock, or heart fallur	re. List only one cause on ea	the deeth. Do not e ach line.	inter the mod	le of dylng, such a	as cardlec or respi	atory errest,	Approximate Interval Bet			
	IMMEDIATE CAUSE (Finel disease or condition	1600	ninta		5.0			Ogiset and I)eath		
- 1	resulting in death)	a. DUE /TO (OR AS A	provor	7	raum	Ce		delle			
_	_	- DOE TO TON AS A	CONSEGUENCE OF ;	1	APA			1,00	, ,		
HIFICATION	Sequentially list conditions,	b. OUE TO JOR AS A	CONSEQUENCE OF:		000			yeu	71		
₹	If any, leading to immediate cause. Enter UNDERLYING	700	1118	aln.	120			1000	10		
Ĭ	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					19 000	2		
=	resulting in death) LAST	d.									
5	PART II. Other significant condit	lone contribution to death by									
ξ	OVAR	il aln		e Underlying	ceuse given in Pa	ert I. 24a. WAS AN / PERFORI		. WERE AUTOPSY FIND AVAILABLE PRIOR TO			
MEDIC		we wiv	UPC)			_ 1 _ YES 2	□N0	OF DEATH?	ISE		
Ξ						_		1 TYES 2 THO			
PHYSICIAN:											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL	NCE OF DEATH (Check	only one)					
2	1 TYES 2 NO	1 Sinpatient 2 ER/Outpo	etient 3 DOA 4 D	Nursing Home	5 Residence 8	Other (Specify)					
E	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOI	RK?	8d. DESCRIBE HOW IN	JURY OCCURED				
5	2 Accident Investigatio		411		ES 2 NO						
3	3 Suicide 8 Could not to determined		— At nome, farm, street	, tactory, office	2	8f. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,			
4	29a. CERTIFIER	7.1									
MPLEIE	(Check only	YSICIAN: To the best of my knowle									
3	2 MEDICAL EXAM	INER: On the basis of examination	and/or investigation, in	my opinion, de	ath occured at the tin	ne, date end plece, and	due to the cause(s) and menner as stat	ed.		
4	29b. SIGNATURE AND TITLE OF CERTIF	700	1		29c. LICENSE NUMBI	ER	29d. DATE SIGNED	(Month, Day, Year)			
		11/1	m	>	11504	5/	1 5 2	4195			
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print	D Or	7 716	OLIK	1 11	A Oals	2		
	Dr. Goyal	1011 KIN	LE YAMLI	YVI	- 410	BUNE	y va	10 100	, 5		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	son-Randess								
	MAY 24 19	193 guna David	ODY-National								



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Servicurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		1. DECEDENT'S NAME (First, Mickin, Last) JORGE ALBIERTO AYALA								2. DATE OF DEATH DAY OF 93				3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-17-6428		6. SEX	6. AGE (In y	rs. lest birthday) YRS.	IF UNDE	ER I YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, E	Jav Yearl		8. BIRTI	HPLACE (State or Foreign
H.	90. FACILITY NAME (N not N 70-West Mye	natitution, give s	treet and number)	23	1110.		96. CITY, TOWN OR LOCATION OF DE Gaithersburg, Mo						El Salvador BC. COUNTY OF DEATH Montgomery Count	
5	RESIDENCE OF DE	_				,								-9
DIRECTOR	Maryland		omery Cou	unty		thersburg								10d, INSIDE CITY LIMITS? [XX] YES 2 [] NO
₹	104. STREET AND NUMBER			10	of. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?			
ÿ	83043 Lasti	night (Circle #2	201				208					Salv	ador
BY FUNERAL	11. MARITAL STATUS 1 National Status 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	NO	13	If yes, of	CENDENT (pecify Cubic \$ 2 \cap NO \$ 1 Sa.	n, Mexica Specify		Specify Yes an, etc.)	or No—	Spec	E — American Indian, k, White, etc. Sily: PANIC
		EDENT'S EDU		16	Give kind of	Work door	OCCUPATI	ION ost of worki	na	16b, K	IND OF BU	SINESS/INI	DUSTRY	1 1 1 1
COMPLETED	Elementary/Secondary (Unknown		College (1-4 or 5		Ma. Do NOT i Painte	ise retired.)				None			
Ö	17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	ME (First, Mid	dle, Meiden	Sumame)		
BE C	Alberto	Ag	<i>jala</i>					Ma.	ria	Anton	nia .	Selga	ado	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLIN	G ADDRES	SS (Street	and Numbe	r or Rural i	Route Number,	City or Tow	n, State, Zi	p Code)	
2	Virginia	Ayala	3		414 W	derp	ark,	Gai	ther	sburg,	Md.	208	877	
	20e. METHOD OF DISPOSIT 1 Description S Other	on 3 🗆 Rem	oval from Btata	20b. Pl Ch	LACE OF DISPO	ua C	Name of ce	emetery, crei	matory or emete	ery		Mige		own, State 1 Salvador
	21. SIGNATURE OF FUNERAL	AL SERVICE LIC	CENSEE	lein	2	22	2. NAME A	AND ADDRE	SS OF FA	CILITY Var.	ın &	Will	iams	Funeral Home C. 20011
CERTIFICATION	disease or condition resulting in death) Sequentially list condition if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	DINSEQUENCE (ENCE OF):											
H	d													
MEDICAL	Alcoholism PERFORMED? 1 YES 2 NO OF I									b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	28. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
IYS	1 SQ YES 2 ☐ NO 27, MANNER OF DEATH		1 Inpatient 2 28a, DATE Of				_		esidence	6 Other (
ВУ	1 Natural 6 2 Accident	Pending Investigation Could not be determined	28a. PLACE	Day, Year) 11999 OF INJURY — I, etc. (Specify)	At home, farm,	M street, fa	1 🗆	JURY AT ORK? YES 2		28f, LOCAT	INFL ION (Street Town, State	ISTEI	or or Rural	SW-HEAD Route Number, LE Exit
COMPLETED	anal .		ICIAN: To the best of								e(e) and me	nner as st	sted.	(a) and menner as stated.
TO BE C	30. NAME AND ADDRESS O	RI	RRN	ats	MD			De	SENSE NU	-67		▶ c	25/	9 (Month, Day, Year)
	RRRR	OBE	275 M	DI	5W 7	Pr 5.	+	FR	EDL	ERIC	KI	MM	217	701-4599
	31. DATE FILED (Month, Day,	400	32. HEGISTR	DON-Rang	tall								7.1	

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REG. NO

-0020	DING PHYSICIAN: The law requires the presented within 24 hours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been and the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, death with the State hear of	
BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attend ge 5 should be detached for use as	e notified at once.
	n 24 nours after death. Page 6 may ly filled in by the funeral director, pagning in removal	the medical examiner must b
S. P.O. BOX 68760,	certificate be executed withIn ding physician and completel	ry, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IDING PHYSICIAN: The law requires it the pear certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been seed by the configuration and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans death with the State Dent of the configuration of the companion or temporal many with the State Dent of the configuration of t	is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE FUNERAL DIRECTOR: After TO THE FUNERAL DIRECTOR: After The filed within 72 hours after death	IMPORTANT: If Item 28 Is men

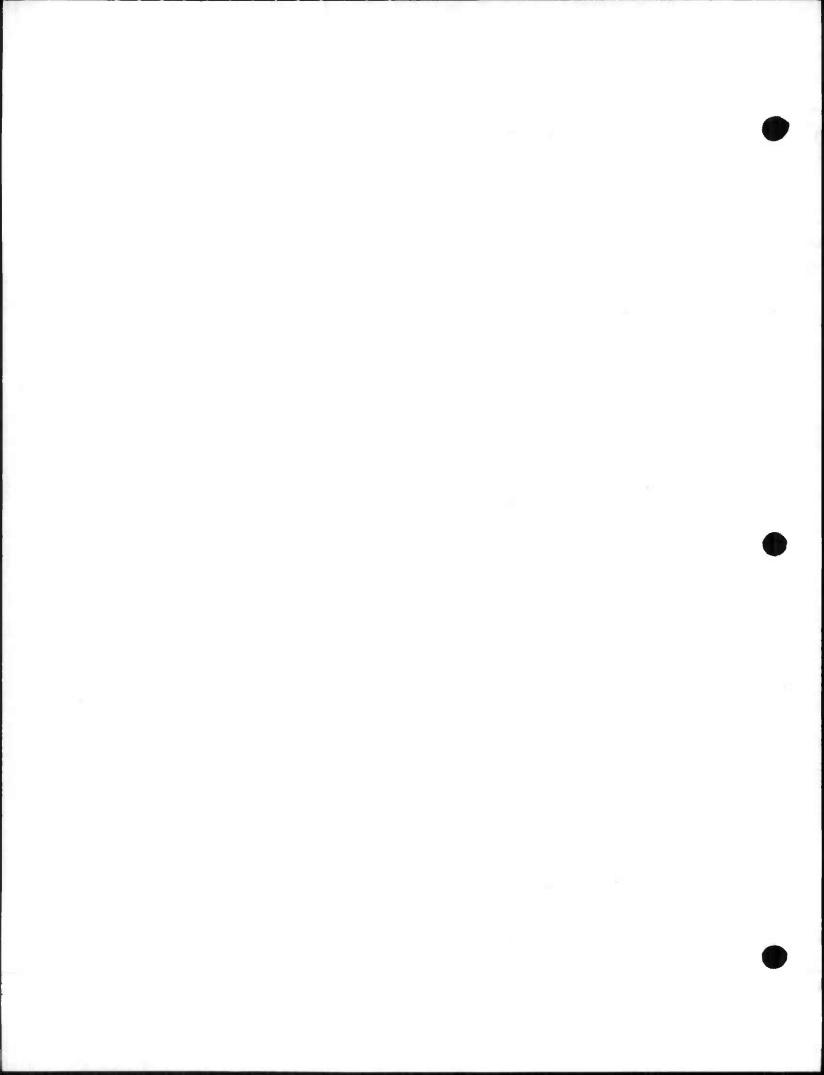
Bhould 8

2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH CECILIAN ELIZABETH AYALA 43 1740 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 7 F VRS 220-23-2145 May 6, 1989 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Interstate 70 East / Myersville Exit Myersville Frederick 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Montgomery Gaithersburg 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20877 38 West Deer Park Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri 1 X YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES Specify: ВУ 3 Widowed 4 Divorced El Salvadorian Hispanic COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 0 N/A - Child N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Jorge Ayala Paula Bonilla Montiel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zio Code) 2 same as #10 Paula Montiel 20a. METHOD OF DISPOSITION
1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Forest Oak Cemetery 5/24 Gaithersburg, Maryland 21. SIGNATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, MD 20877 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE IPINAL Onset and Death disease or condition resulting in death) GUN SHOT - HEAD DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6X Other (Specify) 1 YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Roadway 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 119193 1 Netural 5 Pending GUN SHOT - 4 ead 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Tourn, State) 3 Suicide 8 Could not be COMPLETED PARKED MYERSUILLE EXIT 4 W Homicide CAR TO EAST 70 E 29e. CERTIFIER (Check only one)

One)

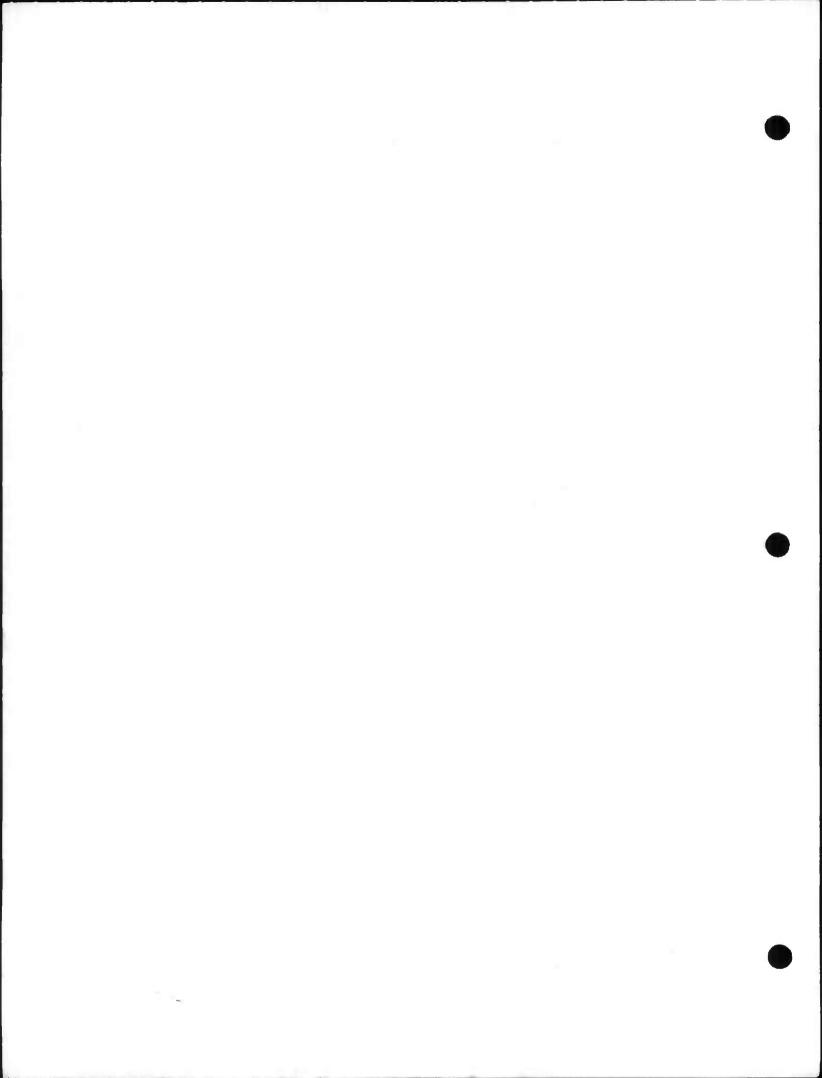
Approved EXAMMED On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 😾 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

05/19/93 29c. LICENSE NUMBER BE Kohut RR Robertz MD 209867 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREDERICK Md RRRRD MENTS MDISW 21701-4599 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell MAY 25 1993

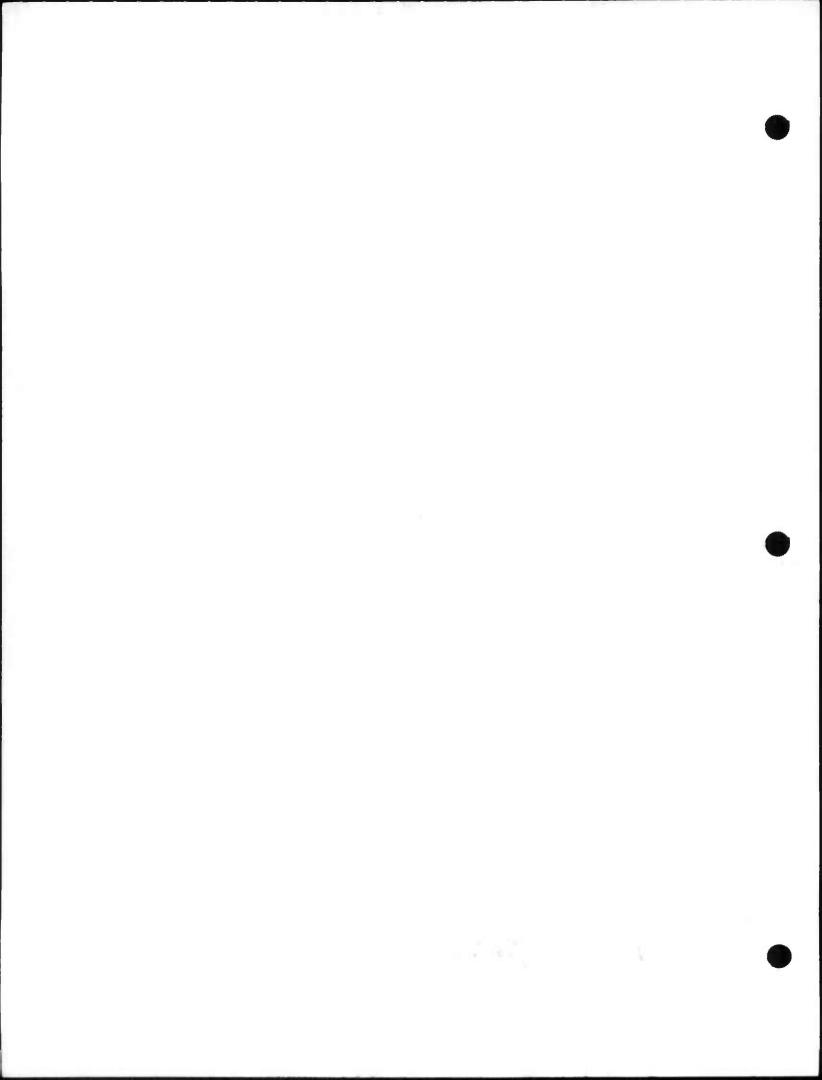


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Se	fter	8
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JR.	JIRE Durs	8
AL (2 P	11 11
SPIT	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	MDOCTANT If from 28 is marked or item 23 shaws and inline or other traumatic sames the marked
오	E F	TAL
물	뿔	AUG
2	2 %	5

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMEN'	T OF H	EALTH DEAT	AND I	MENT	AL HYGIEN REG. NO.	E -	3	16605
	1. DECEDENT'S NAME (First,	Middle Last)) G	ren	as	,				2. DAT	E OF DEATH	Y	43	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-70-451	1100	5. SEX 1 M 2 F	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	MONTHS DAYS HOURS MIN. (Month, Day, Year) Cour						Count	NPLACE (State or Foreign by)
OR	9a. FACILITY NAME (If not in WASHINGTO)				Par				9c. COU	NTY OF C				
DIRECTOR	RESIDENCE OF DEC	10c. CIT	Y, TOWN	OR LOCAT	ION					TE SUI	10d. INSIDE CITY			
								ing				40 . 017	7511 05	LIMITS? 1 YES 2 NO
FUNERAL	108 East M	le I hour	ne Ave				""	2090			1			WHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F NISPAN	IC ORIG	IN? (Specify Yes		14. RAC	nt-USA E — American Indian,
B	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	YES 2 X			1 X YES	2 NO	n, Maxicar Specify		Ricen, etc.) Lumbiar	1		white white
Ī	(Specify only	EDENT'S EOUC highest grade	completed)		Give kind of	work done	CCUPATIO during mo	N st of workin	g	16	b. KIND OF BUS	INESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	•)	usew						Own I	Jomo		
BE CO	17. FATHER'S NAME (First, M. Pedro Aren										Middle, Meiden :	Sumame)		
2	Mariela Pe	rdomo		i	196. MAILING	Me1	s (Street a bout	nd Number	or Rural R	Sil	nber, City or Town Ver Spr	ing,	Code) MD	20901
20a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Special Special S														
- 1	Fort Lincoln Crematory Q5/15/98 Brentwood, MD 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home										MD			
	Dorms	T.	From	X		1	1800) New	Han	ıpsh	ire Ave	, Si	.1ve1	Spring, MD
	23 PARTI. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sart failUre, L	omplications tha	ASP	eath. Do r	0N		de of dyl	ng, such	n aa car	rdiac or reapir	atory arr	eat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
: MEDICAL	PART II. Other significa	nt conditions	contributing to	death but not	reaulting	in the un	nderlying	cause g	iven in i	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATN (Che	ck only o	ine)			
<u> </u>	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Rad	ildenca (B 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. INJU	JRY AT			SCRIBE NOW IN	JURY OCC	CURED	
B	2 Accident	oldent Investigation M 1 YES 2 NO												
ETED	4 Homicide	Could not be	zsa. PLACE 0 building,	F INJURY — At h etc. (Specify)	ome, farm, s	street, fact	ory, office			28f. LOI City	CATION (Street ar r or Town, State)	nd Number	or Rural F	Route Number,
COMPLET			CIAN: To the best of											i) and manner as stated.
BE C	29b. SIGNATURE AND TITLE	d-		1/11)		29c. LICE			-/	29d. DATI		4
0	30. NAME AND ADDRESS, OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITI	EN 27) (Type.	Print)		1	<u>U2</u>	105	7]	>	5/	11/195
	31. DATE FILEO (Month, Dey, 1	(74N)	/ 432. REGISTRA	H'S SIGNOATHINE	REC	RG17	- 1	1/2	1	191	27/4/CA	14	0'	10/1/2
	1	93 8	fiche Davido	A'S SIDENTIAL						/				



FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIFI	TMENT OF I	EALTH AND	MENTA	L HYGIENI	9	3	166	06
1. DECEDENT'S NAME (First, Middle, Last)	EDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH				EATH	
SILVIA	М.	ANTEZANA			05 24 MY 199			3" !	9:37	A M
4. SOCIAL SECURITY NUMBER None	1 - M 2 - F	AGE (In yrs. lest birthday) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTN 1, Day, Year) -1956		BIRTHPL Country)	ia	r Foreign
9a. FACILITY NAME (If not institution, give 14423 GUNSTOCK RESIDENCE OF DECEDENT				7, TOWN OR LOCATION OF DEATH LVER SPRING			9c. COUNTY OF DEATH MONTGOMERY			100
10a. STATE 10b. COUNT	gomery	10c CITY, TOWN OR LOCATION Silver Spring							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER	-gomery	101. ZIP CODE			10g. CITIZEN (
14423 Gunstock C	ourt	20906			Bo1i			ivia		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPA YES 2 NO If yes, specify Cuban, Maxic			ANIC ORIGIN? (Specify Yea or No— 14. RACE—Bleck, \ can, Puarto Rican, etc.) Specify: Specify:					
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a, DECEDENT'S I	USUAL OCCUPATION done during mo	ON st of working	16b.	KIND OF BUS	NESS/INDUS			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem				At Home				
17. FATNER'S NAME (First, Middle, Last)		Tromen.	GREE	16. MOTHER'S NA	AME (First, A					
Alfonso	Leguia		Concepcion Ramirez							
19a. INFORMANT'S NAME (Type/Print)	Conception Ramified									
Sally Ruck		6804	Ericka A	ve. Alex	xandr	ia, V.	A. 22	310		
20a METHOD OF DISPOSITION 1 \(\overline{\Omega}\) Buriel 2 \(\overline{\Omega}\) Cremation 3 \(\overline{\Omega}\) Ren 4 \(\overline{\Omega}\) Donation 5 \(\overline{\Omega}\) Other (Specify)		20b. PLACE AND DATE O cametary, crematory or off La Paz,	Bolivi	a		-93 La				
21. SIGNATURE OF FUNERAL BERVICE LI	The second			Rinaldi NewHamp				209		
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Mullis	ale grand	lotwo	unds						l Between and Death
Sequentisily list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE OF								
PART II. Other aignificant condition	leath but not resulting in the underlying cause given in I				1 I. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO		24b. WRIE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER? 1 XYES 2 NO	HOSPITAL:	3/Outpetient 3 DOA	OTHER:	ACE OF DEATH (Ch						
27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TIME	OF 26c. INJ	URY AT	_	(Specify) CRIBE HOW IN	JURY OCCUP	ED	-	
1 Netural 5 Pending 2 Accident Investigation	05-24-	,		RK?		BJECT WAS SHOT				
3 Suicide 6 Could not be	28s. PLACE OF INJURY — All home, farm, street, factory, offi- building, stc. (Specify)			a 26f. LOCATION (Street as			NSTOCK CIRCLE/MO			
4 X Nomicide detarmined		HOME			1442	3 GUN	STOC	K C	RCL	E, WQ
		knowledga, death occurred						ause(a) an	d manner a	as atated.
296. SIGNATURE AND TITLE OF CERTIFIE								29d. DATE SIGNED (Month, Day, Year) ▶05-25-1993		
JU. HAME AND ADDRESS OF PERSON WI					0 - 7			-	-	2120
DONALD G. WRIGHT	, M.D.	111. P	enn St.	reet, B	diti	more,	Mar	y⊥ar	nd	2120



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	FICATE C	F DEATH	REG. N	0.		
		1. DECEOENT'S NAME (First, Middle, Last)		AADONGON			2. DATE OF DEATH	DAY Y	3. TIME OF DEATN	
. 2. 3 should	1	ABE 4. SOCIAL SECURITY NUMBER	5 65V 4 655	AARONSO		1		.993	7:00 AM w	
	стоя	579-07-8962	1 X M 2 □ F	(In yrs. last birthday) 73 YRS.	MONTHS DAY		7. DATE OF BIRTH (Morth, Day, Year) 9 - 8 -	1919	BIRTHPLACE (State or Foreign Country) MARYLAND	
		9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 9c. COUNTY OF DEATN SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT								
Pages 1.	REC	10e. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY	
permit. Pa	AL DI	MARYLAND MONT 100. STREET AND NUMBER	GOMERY		SILVER	SPRING		1	1 YES 2 NO	
CLAND 21215-0020 The hospital or attending physician. be detached for use as the burial-transit at once.	65	3124 BECKENHAM COURT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			20906 UN			UNITE	JNITED STATES	
	COMPLETED BY FUNI	1 Never Married 2 X Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES					or No.— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		16a. DECEDENT'S (Give kind of life. Do NOT	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY		
		12		GROCER			GROCERY STORE			
		17. FATNER'S NAME (First, Middle, Lest) WOLFE AAPONS	ON		16. MOTHER'S NAME (First, Middle, MI					
1)	TO BE	19a. INFORMANT'S NAME (Type/Print)	I. INFORMANT'S NAME (Type/Print)				Route Number, City or To	own, State, Zip Co.		
۾ آهانس	F	RUTH AARC	ONSON				-SILVER SP			
April 1		1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	D. PLACE AND DATE				ELPHI,	MARYLAND	
ALT death. e funera		21. SIGNATURE OF PUNETAL SERVICE LIN	ADQ	AND ADDRESS OF FACILITY ANSKY-GOLDBERG MEMORIAL CHAPELS, INC. A POCKYLLLE PIKE-POCKYLLLE MD 20852						
s aft		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate								
fille tion,		IMMEDIATE CAUSE (Final disease or condition	0	T	(~				Interval Batween Onset and Death	
ted within 24 completely filled cremation, sevent, the		resulting in death)	a. OUE TO (OR AS A	CONSEQUENCE	OF):	e)			2 hec.	
OX 68 be execution and for to bur	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d								
P.O. B th certificat tending phy al Hygiene p or other	CERTIFICATION									
E Me d	- 11	PART ii. Other significant condition	s contributing to death b	out not resulting	In the underly	ring cause given in	Part i, 24a, WAS A	IN AUTOPSY	24b, WERE AUTOPSY FINDINGS	
requires that been signed by t. of Health and shows any	H: MEDICAL						PERFO	2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
TA The ate h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN: This certific with the St	PHYS	1 VES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	patient 3 DOA	4 - Nursing I	injury at	6 Other (Specify) 28d. DESCRIBE HOW	IN HIPV OCCUP	JEO.	
	ВУР	Netural 5 Pending Investigation	(Month, Day, Year)	IN	M 1	WORK? YES 2 NO	Tod. Deportube 11011	WOON! OCCOM		
TTEN TOR: after	ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, building, etc. (Specify)			City or To			ON (Street and Number or Rural Route Number, Town, State)		
로 네 오 노	COMPL	29a. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO THE HOSPIT TO THE FUNERA DE filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Martin, Day, 1661)								
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
		31. DATE FILED (Month, Day, Year) MAY 2 6 1993	32. JEGISTRAR'S SIGN.	ATURE PANDER	5	***				

notified at

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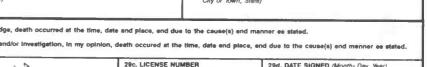
DIVISION OF VITAL RECORDS, P.O.

must medical examiner signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal. the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic or other shows any t, of h Dept. 23 this certificate ha 6 marked, After death TO THE FUNERAL DIRECTOR: Afti X

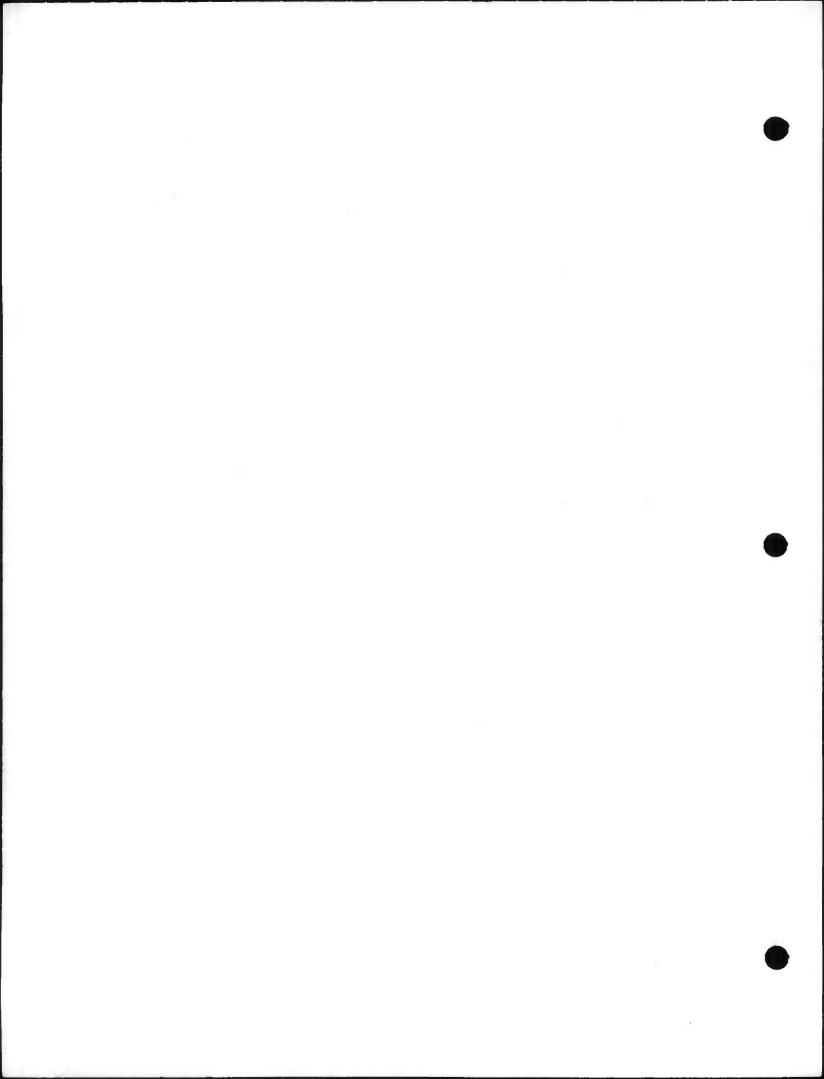
CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR **EONA** Leah **ANDERSON** 5/3/93 6.15AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) JF UNDER 1 YEAR IF UNDER 24 HRS 1928 6. BIRTHPLACE (State or Foreign Country) Sprague, 1 🗌 M 2 🔯 F DAYS HOURS 64 233-42-2328 November 16, West Virginia 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSP.CTR. CHEVERLY PRINCE GEORGE RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Prince George's Seabrook 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9515 Worrell Avenue 20706 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 M Merried IF YES, GIVE WAR OR DATES B Snec#v-3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) 12 Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Isaac Gilkeson Bessie Carper 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Cod H. Glenn Anderson 9515 Worrell Avenue, Seabrook, MD 20706 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremstion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 5%6 1993 20c. LOCATION — City or Town, State Sunset Memorial Park 4 Donetion 5 Cher (Specify). Beckley, West Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY #M00690 Rose & Quesenberry Funeral Home Beckley, West Virginia 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart tailure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition esperators resulting in death) DUE TO OR AS A CONSEDUENCE OF MEDICAL CERTIFICATION Sequentially liet conditions, if any, leading to immediate AS A CONSEDUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF) that initiated events resulting in deeth) LAST asleh PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO PLETION OF CAUSE 1 TYES 2 X NO OF DEATH? n 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: bnorowann 28. PLACE DF DEATN (Check only one) EXAMINER? HOSPITAL OTHER: 1 | YES 2 | NO 1 Inpatient 2 I ER/Outpatient 3 I DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 H Neturel 5 Pending investigation BY 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State) COMPLETED a 🗌 Could not be 4 Nomicide 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD: ANNAPOLIS Rd 9470 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 1993

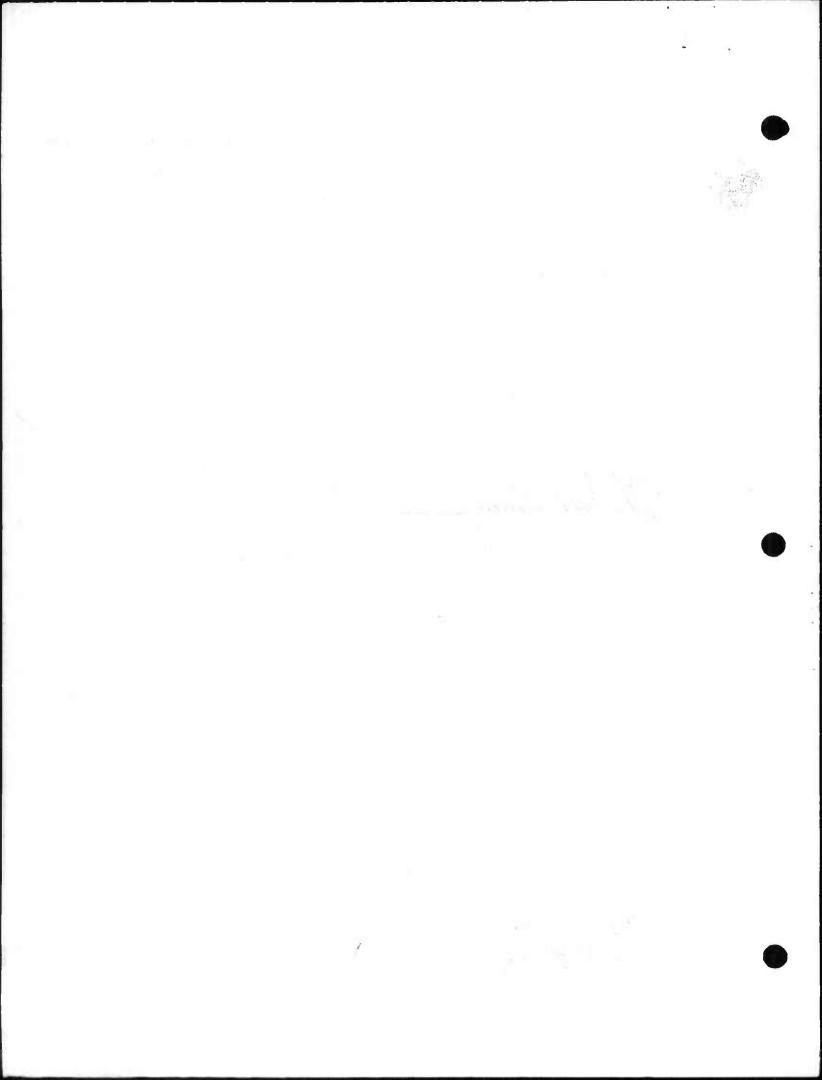


DNMH-18 Rev 1/89



DIVISION OF VITAL RECORDS. P.O. BOX 68760.

		1. DECEDENT'S HAME (First, Middle, Last)								2. DATE OF DEAT			3. TIME OF DEATH	
	- 8	Herbert R. Bus	sh							MONTH DAY 31 1993 074			0742 M	
	- 8	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTI	1	8. BIRTH	PLACE (State or Foreign	
		155-09-7851	1×2 M 2 □ F 71		YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 7		Country)	
		9e. FACILITY HAME (If not institution, give s			9b. CITY,	TOWN	OR LOCATI	ON OF DE				EATH		
	DIRECTOR	PENINSULA REGIONA	AL MEDICA	AL CENT	ER	ER SALISBURY					WICOMICO			
	끭	10e. STATE 10b. COUHTY	,		10c. CIT	Y, TOWN OF	LOCA	тюн					10d. INSIDE CITY	
-E		Md Worce	ster		Berlin 1 X YE									
physician. burial-transit permit.	₹	10e. STREET AND HUMBER			·		10	1. ZIP COD	E		10g. CI	FIZEH OF W	NAT COUNTRY?	
an. ransit	NE.	122 Branch Stre					2	1811			US	Ą		
physician. burial-tran	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S.		13. W	MS DEC	CEHDENT C	OF HISPAN	IC ORIGIN? (Specif	y Yes or No-	14. RACE Block	— American Indian, White, atc.	
g g	В	3 X Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				3C)4NO			,	Specify Whit	y:	
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tal or atte	9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)	any m	Jat or Workin	9					
the hospital detached fo	COMPI	12		Ma	aintar	ence					y Sch	ool		
	8	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle, Me	iden Surneme)			
ed by uid be	8	Herbert R. Bush	ı, Sr							rawford				
be retained to	2	190. INFORMANT'S HAME (Type/Print) Lois Brunkhorst								oute Number, City of erlin, M		(p Code)		
2 2		20e. METHOD OF DISPOSITION 1 Secretary State 20b. PLACE AHD DATE OF DISPOSITIOH (Name of State Complete Compl												
		Sleepy Hollow Cemetery 6/4/93 Tarrytown, No. 100 Sleepy Hollow Cemetery 10/4/93 Sarrytown, No. 10/4/93 Sarryt												
death.		V M. Keep	Buch			Bı	urb	age n, N	Fune	ral Hom 21811	e, 108	Willi	iams St.	
hours after d ad in by the or removal. medical e		23. PART I. Enter the diseases, on a	omplications the	caused the	death. Do	not enter t	he mo	de of dv	na. such		espiratory as	rest.	Approximate	
24 hour filled I tion, or the m		shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one can	on each li	ne. Idens	nal c				wysm			Interval Between Onset and Death	
th certificate be executed ending physician and con I Hygiene prior to burial.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Clisease or injury that initiated events resulting in deeth) LAST b. Emphasemac DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
the death y the attend Mental		PART ii. Other significant condition	contributing to	death but not	t resulting	in the und	lectvic.	2 001100	duen in I	and I I are uni	AN AUTOPSY			
ires that the signed by tealth and ws any Ir	MEDICAL						- Tymi	a cause (PEF	FORMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
he law requires been of P						-				_			120 2 NO	
V: The Licate has State De	ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOSITAL					ACE OF O	EATH (Che	ck only one)				
SICIAN: The certificate the State to the State	Š I	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DDA	OTHER:		e 5 🗆 Re	sidence (Other (Specify)				
PHY with	Y PHYSICIAN:	27. MAHNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIM	E OF 2	WO	URY AT	NO	28d. OEŞCRIBE HO	W INJURY OC	CURED		
TTENDING STOR: Afte after deal	2 Accident Investigation 3 Suicide 5 Could not be determined 2 See. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER 1 ACRITIFYING PHYSICIAN: To the heat of the home farm, street, factory, office building, etc. (Specify)								reel end Numbe tele)	r or Rural Ro	oute Number,			
DIR DIR	PLET	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge,	death occurr	ed at the tim	e, date	end plece.	end due i	o the cause(s) and	manner ee ele	ted		
HOSPITAL FUNERAL Within 72	COMPLET	one) 2 MEDICAL EXAMINE											end menner ee stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	296, SIGNATURE AND TITLE OF CERTIFIER PRICHARD P. Ba	Chuan	- Mr.	B				NSE NUM	- 4	29d. DAT	E SIGHED (Month, Day, Year)	
	_	30. HAME AND ADDRESS OF PERSON WHO 201 Pine 13/4 ff 12	d. Medi	SE OF DEATH (IT	EM 27) (Type	Print)	les	t, 3	Suin	38 te25				
		31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	- Konda	X.		-						
		JUN 04 M												



ASP

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	ITMENT	OF H	EALTH DEA	AND I	MEN.	TAL HYGIEN REG. NO.		93	16610	
	1. DECEDENT'S NAME (First, Middle, Last)								2. D/	ATE OF DEATH			3. TIME OF DEATH	
	SHANNON	RAY		BI	ECKW	ITH				MTH D	199	YEAR	11:50 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	2 24 HBS	7 DA	TE OF BIRTH		a BIDT	HPLACE (State or Foreign	
	558-29-9678	1 💢 M 2 🗌 F		21 YRS. MONTHS DAYS					Jai	n. 21,	1972	Ar	Kansas	
	9a. FACILITY NAME (If not institution, give st							ON OF DE	EATH			NTY OF D		
DIRECTOR	MARYLAND RTE#	107/WHI	TE FER	RY	PO	OLE.	VIL	LE —			MON	VI'G(OMERY	
Ä	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
D.	Maryland Was	hingtor	1		Boo	nsb	oro						LIMITS?	
A	10e. STREET AND NUMBER					101.	ZIP COD	E			10g, CIT	ZEN OF	WHAT COUNTRY?	
FUNERAL	5826 Moser Roa		21713								U.S.A.			
ᅙ	11. MARITAL STATUS 1. Never Merried 2 Merried		ECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14. 14. If yes, specify Cuben, Mexican, Puerto Rican, etc.)								14. RAC	E — American Indian, k, White, etc.		
B∀	3 Widowed 4 Divorced		THE WAR OR DATES											
	15. DECEDENT'S EDUC (Specify only highest grade	ATION Completed	16a. DE(CEDENT'S	USUAL O	CCUPATIO	N of world			16b. KIND OF BUS	INESS/INC	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5			work done				.	_				
	12		Co	ok/.	Food	Pr	epa:	rati	ioh	Rest	uara	ant		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (Fire	st, Middle, Maiden	Surneme)			
BEC	Carl Thomas	BECKV	VITH	SR			Ma	udie	9	Jane	G(OODI	VIN	
	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street as	nd Number	or Rural F	Route N	umber, City or Town	_			
2	Carl T. Beckwi	th, Jr	36	616-	A Lar	nder	Road	d, J	eff	erson,	Mary	land	21755	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 □ Cremetion 3 □ Remo	rval from State	20b. PLACE A						- 1		CATION —			
	4 Donation 5 Other (Specify)		Owens	ville				_	/8/				, Arkansas	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENBEE /			22. K	NAME AN	D ADDRE	SS OF FA	CILITY	P.A. F	unare	.1 U	omo	
	South homen	, Note	JMOC	0706	10	16 E	y u.	Thus	oru oh	C+ E	aden	31. II	MD 21701	
	23. PART I. Enter the diseases, or c	omplications the			ot enter	the mos	to of du	JIIUI.	CII	otto, FL	euer.	LCK,	-	
	enock, or neert fellure. I	let only one cau	se on each line.		iot enter	the mot	ie oi dy	ing, suci	n es c	erolec or respi	ratory an	est,	Approximate interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition		7										Onset and Death	
	resulting in death)			nir	-									
		DUE TO	(OR AS A CONSEC	UENCE O	9 9.									
NO	Sequentially list conditions,													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQ	UENCE O	ና):									
0	CAUSE (Disease or Injury		24											
μI	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	UENCE O	F):									
E	distribution of the second													
- 11	PART II. Other significant conditions	contributing to	death but not re	esulting	n the un	derivino	COURA	alven in	Dort I	24s, WAS AN	ALFRONCY	1 000	W. C. C. L. C.	
PHYSICIAN: MEDICAL				Journal	in the di	dertyling	Couse !	jivoti iii	Fail t.	PERFOR		240	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ا ۾										1 YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?	
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5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	eck only	one)				
Š	1 X YES 2 NO	1 Inputent 2	ER/Outpatient 3	□ DOA	OTHER		5 🗌 Ra	sidence	6 (Xo	ther (Specify)	SCEN	E		
ξI	27. MANNER OF DEATH	26a. DATE OF (Month, D		28b. TIM		28c. INJU	JRY AT			ESCRIBE HOW IN				
ΒY	1 Netural 5 Pending 2 Accident Investigation	04/11		1140	M	1 Y		NO	ÇI	UBJECT	DPC	WNE	ם חי	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hon	ne, ferm, i	rtreet, facto	ory, office			281, L	OCATION (Street a				
	4 Homicide determined	City or Town State)												
4	29e. CERTIFIER												NIX	
d N	(Check only												- 0	
COMPLETED	2X MEDICAL EXAMINER	: On the basis of e	camination end/or in	rvestigatio	n, In my o	pinion, de	ath occur	ed at the	time, d	ate end place, end	d due to th	e ceuse(e	e) end manner ee stated.	
w I	29b. SIGNATURE AND TITLE OF CERTIFIER	0 0	1				29c. LICE	NSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	
<u> </u>	L/ engan	1) 100	+				0	CM	E				2-1993	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Dennis J 31. DATE FILED (Month, Day, Year)
MAY 5

111 Penn 32. REGISTRAR'S SIGNATURE
1993 Julia wayu Ticha way uson Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21201

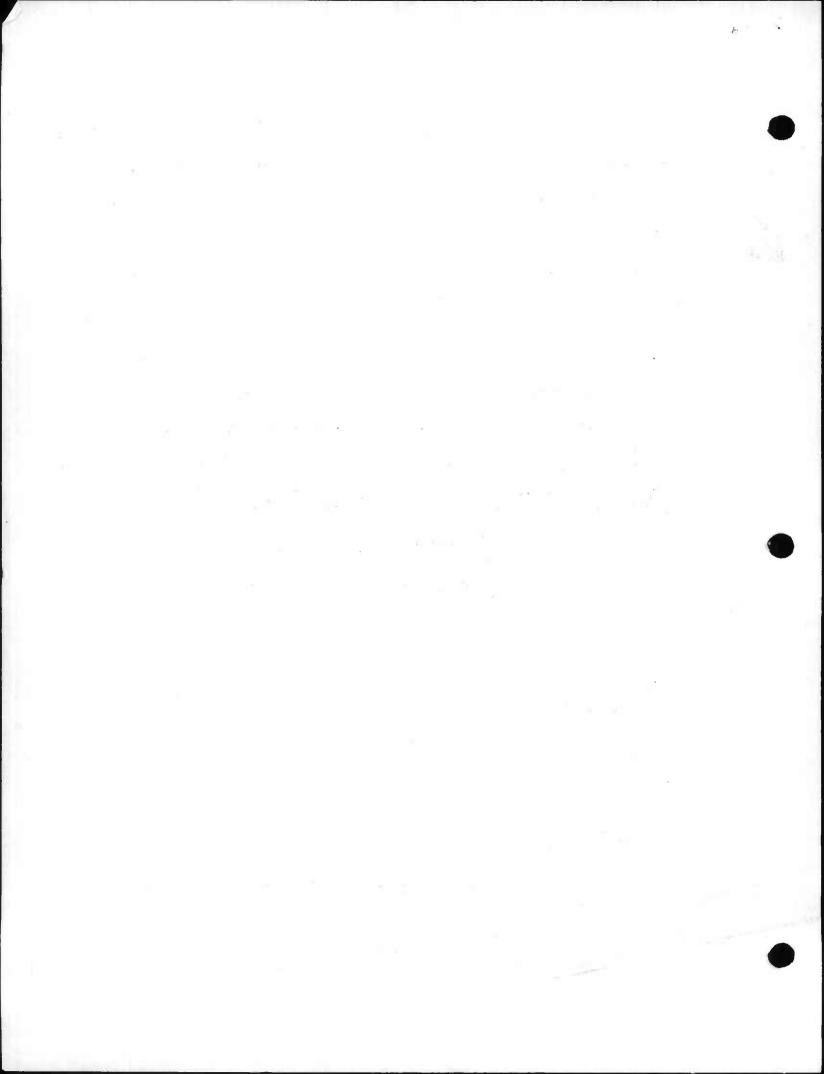
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Street, Baltimore, Maryland

on the subject of

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
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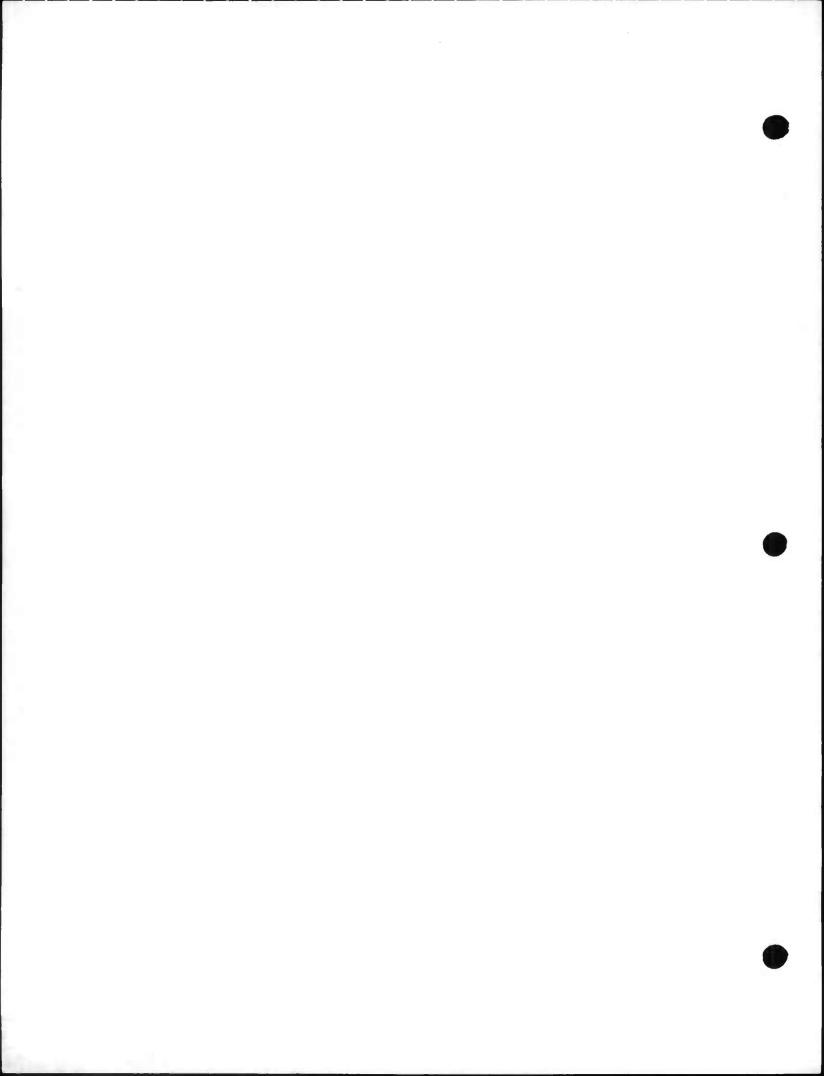
1	- STATE REGISTRAR		IARYLAND / DEP/ CERTI	FICAT				REG	. NO					
	1. DECEDENT'S NAME (First, Middle, Last Ather	ne Kathryn	Beachley					May 4,	TH 1	993	YEAR	3. TIME OF DEATH 5:15 A. M		
	4. SOCIAL SECURITY NUMBER 214-36-0495	5. SEX 1 M 2 XF	6. AGE (In yrs. lest birthde 94 YRS	MONTHS		IF UNDER	MIN.	7. DATE OF BIRT (Month, Day, Y Oct. 10	TM	1898	Md.			
TOR	98. FACILITY NAME (If not Institution, give 409 Magnolia A			9b. CIT	Y, TOWN C	deri		EATH		9c. COUNTY OF DEATH Frederick				
FUNERAL DIRECTOR	Md. 10b. COUN	wn or location 10d. inside climits 1 🛣 Yes												
ERAL	409 Magnolia Av	ле .			101	ZIP CODI	701			10g. CIT	U.S	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Development	T EVER IN U.S. ARMED YES XXNO WAR OR DATES	If yes, specify Cuban, Maxican, Puarto Rican,							Specify Yea or No- 14. RACE - American Indian,				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or										e				
BE CO	17. FATHER'S NAME (First, Miodie, Last) Albert C. B	eachley					Cat	therine	Boy	vlus				
2	Edna R. Beachle	'y						Route Number, City Frederic			217	01		
	20. METHOD OF DISPOSITION 14 Burfal 2 Dremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	Thomas .	20b. PLACE OF DIS other place) Reformed	d Ceme	etery Dona 31 H	ID ADDRE	ss of FA	nompson	5/6 Fur	6 Mid neral	Hom Md	own, Md.		
CERTIFICATION	23. PART - Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL (PART II. Other algorificent condition Hoodory of Hyperte	-	1 /				given in	P	ERFO	AUTOPSY RMED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	HOSPITAL:	ER/Outpatient 3 □ DO	OTHE	ER:			8 Other (Speci	16.1					
ВУ РНУ	27. MANNER OF DEATH 1	26s. DATE OF (Month, De	INJURY 26b.	TIME OF INJURY M	28c. INJ	URY AT] NO	28d. DESCRIBE		INJURY O	CCURED			
	3 Suicide 6 Could not b	e 26a. PLACE O building,	F INJURY — At home, far atc. (Specify)	m, atreat, fe	ctory, offic			26t. LOCATION (City or Town	(Street , State	and Numbe	er or Rural I	Route Number,		
COMPLETED	0001		my knowledge, death occ									s) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	1/1/1	SE OF DEATH (ITEM 27) (Type, Print)	10	29c. LIC	35	MBER 78-3		29d. DA	TE SIGNED	(Month, Dey, Year)		
	31. DATE FILEO (Month, Day, Year)	100h	AR'S SIGNATURE	dell										



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E, MARYLAND 21215-0020	y be retained by the hospital or attending physician.	hage 5 should be detached for use as the burial-transit permit. Page
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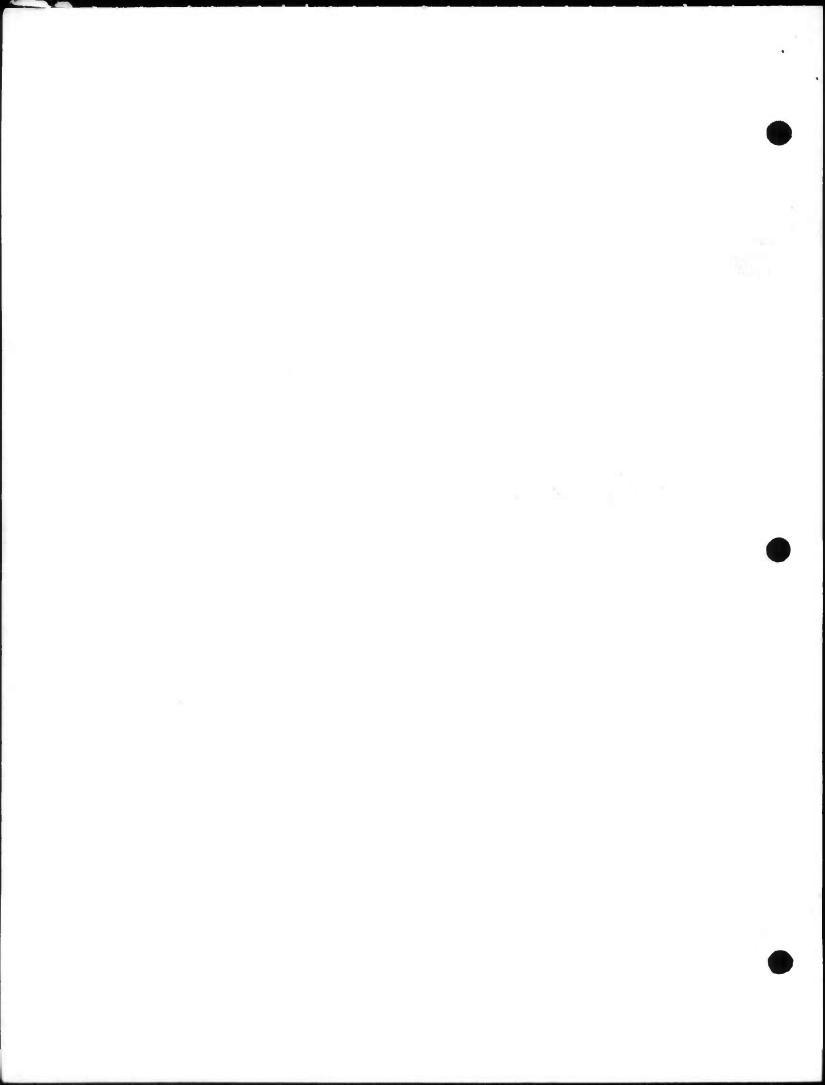
BALTIMORE	vin 24 hours after death. Page 6 may b	lely filled in by the funeral director, pag- nation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR	CI	ERTIF	ICATE O	F DEATH	REG. NO	D.		
	1. DECEDENT'S NAME (First, Middle, Last) Mary Virginia	BEACHLEY				2. DATE OF DEATH	_	VEAR	TIME OF DEATH
	-					MAY 5			0:50 P
	219-20-2507	SEX 6. AGE (in yrs. lat 85	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		May 1.5, Year	907	Mary	ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street Frederick Memorial			Frede	N OR LOCATION OF E	EATH	9c. COUNT	eder:	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				od, INSIDE CITY
L DIRECTOR	Maryland Frede	rick		derick				1	LIMITS? ☐ YES 2 X NO
FUNERAL	5201 Hayloft Cour	t			21702			S.A.	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MED	If yes,		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	se or No— 1	Black, W	American Indian, White, etc.
	15. DECEDENT'S EDUCATI (Specify only highest grade com			USUAL OCCUPA		16b. KIND OF BU	USINESS/INDU:	STRY	
COMPLET			i. Do NOT ui	work done during ne retired.) naker	most or worling	Hom	e		
COM	17. FATHER'S NAME (First, Middle, Last) Harry M. Sines				18. MOTHER'S N.	AME (First, Middle, Meide Eva M. H			
BE	19a. INFORMANT'S NAME (Type/Print)		6 MAILING	Annoess /s-	of and Number or Burni	Route Number, City or To	_		
2	Mrs. Anna M. Fogle	5	201	Hayloft	Court, I	rederick,	Maryl	and 2	
	20s METHOD OF DISPOSITION 1	from State 20b. PLACE		of disposition		7 8, 1993	ocation — ch Boonsb	or Town,	Maryland
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENS	H D	055	Keen	and address of Fa	sford P.A	. Fune	ral I	Home
	22 BADT I Enter the diseases or some	MOO:				ch St., Fr			d. 21/01
	IMMEDIATE CAUSE (Final disease or condition	only one classe on each line CHRONIC LYM	D.				piratory arres	it,	Approximata Interval Between Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSE							4 YEARS
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	OUE TO (OR AS A CONSE	QUENCE OF	ጉ :					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	ት):					
	d								
DICAL	PART II. Other significant conditions of	ontributing to death but not i	resulting	n the underly	ing cause given in	Part I. 24a. WAS AI PERFO	RMED?	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
: ME						—	,		TYES 25 NO
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			
Sic		OSPITAL: Sinpatient 2 ER/Outpatient 3	DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN: MEI	27. MANNER OF DEATH 172 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED .	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s			281. LOCATION (Street City or Town, State		Rural Rout	e Number,
COMPLETED		: To the best of my knowledge, de							
SOA	2 MEDICAL EXAMINER: O	n the basic of examination end/or	Investigatio	n, in my opinion	, death occured at the	time, date and place, a	and due to the	ceuse(e) ar	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	HinO4	Ho	and you	29c. LICENSE NU	MBER (761	29d. DATE 5	SIGNED (MI	Orith, Day. Year)
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print) J7H ST.	FRED	ERICK ML	217	01	
	31. DATE FILEO (MO M. AY 199) 1993	32. REGISTRAN'S SIGNATURE	Pande	92 <u>.</u>			 -		



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	REGISTRAN			LITT	ICALE	UF	DEAL		REG. N	O		
1	1. DECEOENT'S NAME (First, Middle, Leet) HAROLD Benj	amin			BF	RISC	COE		2. DATE OF DEATH	₩, 1º	995	3. TIME OF DEATH 1:51 p
	4. SOCIAL SECURITY NUMBER 213-34-2522	5. SEX	6. AGE (In yrs. ta 57	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER :	MIN	7. DATE OF BIRTH (Month, Day, Year) Feb. 6,	1936	Count	PLACE (State or Foreign ny) y land
OR	AND THE RESERVE OF THE PARTY OF	Treet and number)	ITAL				ATA	N OF DEA	EATH Sc. COUNTY CHAR			EATH
2	RESIDENCE OF DECEDENT											
뿐	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY LIMITS?
AL DI	Maryland St.	Mary's		Ca	llawa		. ZIP CODE			100 CII	TIZEN OF	1 YES 2 NO
FUNERAL DIRECTOR	Rt. 249, Box 14,	Hewitt Ro					2062	20			USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S., ARMED 2 № NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of 19 yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 □ YES 2 ☒ NO Specify:						es or No—	or No — 14. RACE — American Indian, Black, Whita, etc. Specify: Black			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, D	ECEDENT'S	USUAL OCC	CUPATIO	ON		16b. KIND OF B	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)		work done du se retired.) rtati				IIS Cove		n+ (Defense)
OM	17. FATHER'S NAME (First, Middle, Last)		1110	inspo	LLati	OH	r		E (First, Middle, Maide		nt (Delense)
BE C	Benjamin Lewis	Briscoe					An	ngeli	ne Dicke	ns		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (Street e	nd Number o	or Rural Ro	ute Number, City or To	wn, State, Zi	(o Code)	
	Catherine E. Bri	scoe						lewit	t Rd, Ca			
	20a. METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Rams 4 Donation 5 Of Other (Specify)	oval from Stata	20b. PLACE cometery, cre St G	emetory or of	ther plece)				OATE 20c. L			Maryland
	21. SIGNATURE COMPREHAL STRUPE LIC	PASEE /		eorge	22. N	AME AN	D ADDRES	S OF FACI	Brinsfie	ld Fir	eral	Home. PA
	Edward N. Bri	nsfield,	Jr., MC	00052	59 N	lort	n Wash	ingtor	Street, L	eonard	ltown,	
	23. PART I. Enter the diseases, or cahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one cous	ceused the de	eath. Do n	not enter ti	he mo	de of dyin	ng, such	as cerdiac or res	olratory er	теаt,	Approximete Interval Between Onset and Death
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. Se	OR AS A CONSE	Oh	ock							
٦ II	PART II. Other eignificant condition	contributing to	deeth but not i	reeuiting i	n the und	eriving	cause of	ven in D	ert I. 24e, WAS A	I ALCTOROV	Lan	Wene Manager
Σ	Renol fails		2 opira		/	5 4	ur-C		PERFO	RMED?	240	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z I	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DE	ATH (Check	k only one)			
<u> </u>	EXAMINER?	HOSPITAL:	EDIO. III	Date	OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM		8c. INJ	URY AT	-	Other (Specify)	INJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	FINJURY At ho	ome, farm, a	M treet, factor		ES 2	_	181. LOCATION (Street		r or Rural F	loute Number,
ETE	4 Homicide detarmined								City or Town, State			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIK One) 2 MEOICAL EXAMINE) and manner as stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Constil	2 hmp			N	29c. LICEN	1258	ER 7	29d, DAT	SIGNED	(Month, Day, Year) 4-93
-	30. NAME AND ADDRESS OF PERSON WHO Girija S. Rath, M	D. 7C Pos	st Office	м 27) <i>(Тур</i> е, се Ro	Print)	nne	Cent	tor 1	Waldorf	Mone	ا مد ا	20602
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE	n-Mana	all oc	-11110	. Cell	rei I	maruoii,	пагу.	rand	20002
	MAY 1 9 '9	3 gul	O Program									



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NDING R: After r: death	•
ATTENDING CTOR: After s after death	1 41 07
OR ATTENDING DIRECTOR: After hours after death	11 61 02 1101
HTAL OR ATTENDING RAL DIRECTOR: After 72 hours after death	. II III
HOSPITAL OR ATTENDING IUNERAL DIRECTOR: After within 72 hours after death	ANI. II IICIII 20 IS II
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. O Health and Mental Hygiene prior to burial, cremation, or removal. ***HORD THE TO THE CONTRACT OF Its model of the model of th	UNIANI. II IIGIII 20 IS II

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	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT					YGIEN EG. NO.	E 9	3	16614
	DECEDENT'S NAME (First, Middle, Last) SWOPE	ACKER B	AI.I.						2. DATE OF O	DEATH DA	w 9	¥43	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-16-1884	5. SEX	6. AGE (In yrs.)	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BI (Month, Day, APRIL 2.	(Year)	008	Counti	IPLACE (State or Foreign ry) LAND
OR	9a. FACILITY NAME (If not institution, give st GENERAL DELIVERY	reet and number)			9ь. сіту, ¹ ST •	INIC		ION OF DE	EATH			NTY OF O	
FUNERAL DIRECTOR		TATE 10b. COUNTY 10c. CITY, TOWN OR L. RYLAND ST. MARY'S ST. INIGOE TREET AND NUMBER NERAL DELIVERY							Y, TOWN OR LOCATION INIGOES 101. ZIP CODE 20684 UNITED ST				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Guben, Mexican, Puarto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Guben, Mexican, Puarto Rican, atc.) 14. RACE — A Black, Will Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Yea											
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	T'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
BE CO	JOHN LOUIS BALL NETTIE WASHINGTON 199. INFORMANT'S NAME (Reported) 190. MAILING ADDRESS (Street and Number of Burnl Brute Number City of Burnl Stefa. 7to Code)												
0													
	1 St Burdel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 220. METHODIST 5/14/93 ST. INIGOES, MARYLAND 221. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME 59. N. WASHINGTON STREET, LEONARDTOWN, MARYLAND												
	23. PART I. Enter the dieaeeas, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel diseaea or condition resulting in death)	List only ona ca		na.	but				ch ee cerdlec				Approximate Interval Between Onaet and Deat
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	O (OR AS A CONS										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to	o death but no	t resulting	In the unc	dariyinç	g causa	givan in		YES 2	1 4	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
rSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	OTHER	:	V		heck only one) 6 - Other (Sp	ecity)	-		
Β¥	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	26a. PLACE	Day, Year) OF INJURY — At		IJURY M	1 🗆 1	PK? YES 2	□ NO		N (Street	and Numbe		Route Number,
BE COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best o					aath occ		a to the cause(a		nner as sta	he cause((a) and manner as stated. O (Month, Day, Year)

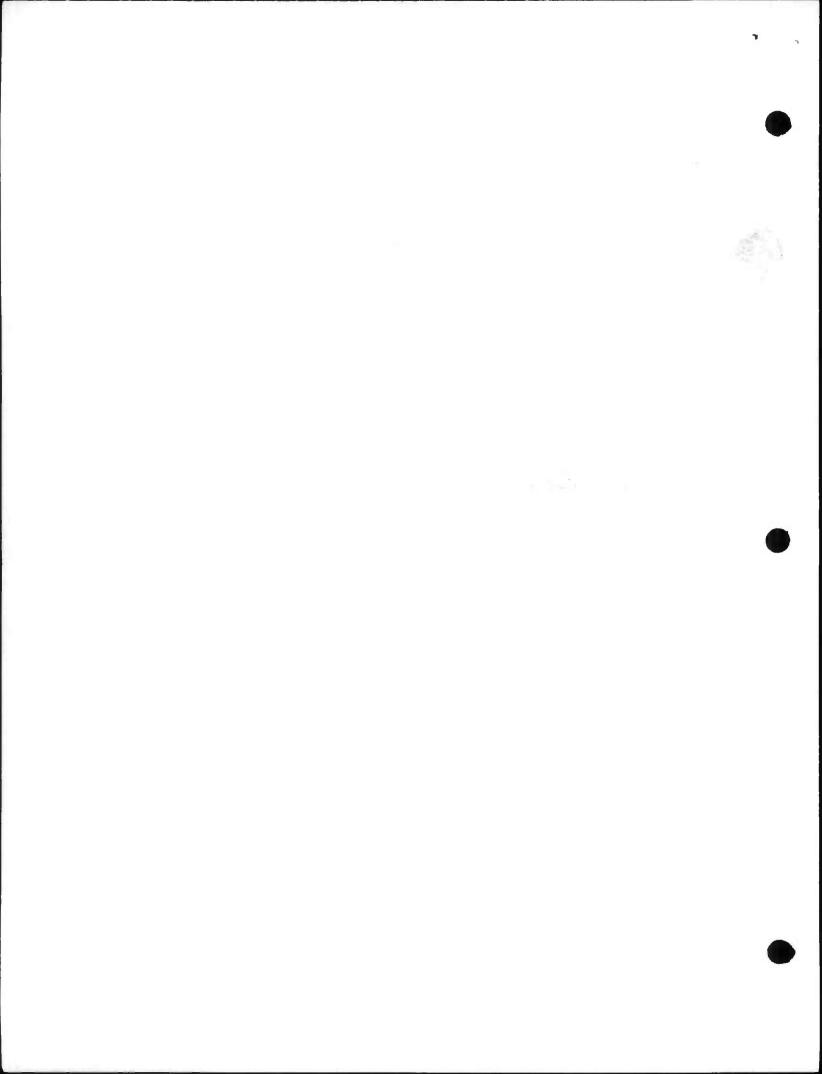
29d. OATE SIGNEO (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERT 29c. LCENSE NUMBER Downe

WHO CONPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

17 JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650 WILLIAM D. BOYD, MD 31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE Davidson-Randall



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	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP	ARTMENT	OF HEALTH AND		E	3	6615	
	1. DECEOENT'S NAME (First, Middle, Last)		CERT	IFICALE	OF DEATH	REG. NO	•	T -		
	Russell	Motthe				MONTH D	AY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Matthe 5. SEX 8. A	GE (In yrs. last birthd	Bro lay) IF UNDER 1		7. DATE OF BIRTH	10		1 4 1 () ACE (State or Foreign	-
	212-78-1022	1 ⊠ M 2 □ F	30 YR	S. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 10-22-19	60	Country)		
	Se FACILITY NAME (If not institution, one a	treat and number)	-	9b. CITY,	TOWN OR LOCATION OF D			Mary NTY OF DEAT	Land	_
S C	Rt. I Box 295 Norris Twilley RESIDENCE OF DECEMENT	Road		Mard	ella Spri	200				
DIRECTOR						IIgs	LWIC	omic		
IRE				CITY, TOWH OR				10	INSIDE CITY	
L D	Maryland Wice	omico	N	<u>lardel</u>	a Springs	3			YES 2 NO	
FUNERAL					101. ZIP CODE		1000	IZEN OF WHA	T COUNTRY?	
JNE	Rt 1. Box 295	12. WAS DECEDENT EVE	DIN II S ADMED	40.14	21837 AS DECENDENT OF HISPA			S.A		
	1 Never Married 2 Merried	FORCES? 1 V	ES 2 NO	lf If	ves, specify Cuban, Mexico	an. Puerto Rican, etc.)	or No—		American Indian, fhite, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	N DAI CS	11	YES 2 NO Speci	Ty:		Specify: Blac	ck	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDEN	T'S USUAL OCC	CUPATION	166. KIND OF BU	SINESS/INC		- 11	_
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hile. Do NO	T use retired.)	ring most of working					
MP		2 Yrs.	Labo	rer		None				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Surname)			
BE	James Robert I	rown Sr.			Mary E					
9					Street and Number or Rural					
	Nancy Brown 20a. METHOD OF DISPOSITION				ege Lane					_
	1 Suriel 2 Cremation 3 Remo	oval from State	20b. PLACE AND DA cametery, cremetory	or other place)		DATE 20c. LO	CATION —	City or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Springh		ardens	5/20 Heb	ron,	Md.		
	NAN O	0+	1		ma Anto Applicad Of Th			lest 1	Rd.	
	bladys B.	Slewar	<u> </u>		inton F.S	towart_S	alie	_Md_	21801	
	23. PART i. Enter the diseases, or of shock, or heart fellure.	omplications that cau List only one cause of	sed the deeth. D	o not enter ti	ne mode of dying, suc	ch as cerdlec or reep	ratory an	rest,	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	T.	4	0 /		-			Onset and Deati	
	esuiting in death) o. Due to (or as a consequence of):									
_		DUE TO (OR A	S A CONSEQUENC	E OF):						
RTIFICATION	Sequentially list conditions,		S A CONSEQUENCE	F OFI:						
¥.	if sny, leading to immediate cause. Enter UNDERLYING			- 01).						
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	E OF):					-	_
	resulting in death) LAST	1.								
8	PART ii. Other significent conditions	contribution to doct	h h							
S	TAIT II. Other significant conditions	contributing to deet	n out not resultii	ng in the und	enying ceuse given in	Part i. 24s. WAS AN PERFOR		AVI	RE AUTOPSY FINDINGS AILABLE PRIOR TO	à
à						YES 2	□ NO	OF	MPLETION OF CAUSE DEATH?	
Σ								1/2	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL									_
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (Ch					_
HYS	27. MANNER OF OEATH	1 Inpatient 2 ER/C			g Home 5X Residence	6 Other (Specify) 28d. OESCRIBE HOW I	N III III OO	OUD FO		_
Y	1 Netural 5 Pending	Found	1993	MANAGE A	WORK?	Control Control			-	
BY	2 Accident Investigation Suicide 8 Could not be	280. PLACE OF INJU	JRY — At home, fer	200	A	Self int		ted W		_
TEC	Homicide determined	building, etc. (S			City or Town, State)	D+	1 Bo	x 295		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my kr		surred at the time	data and place, and dis-	LNorris "	Wii	ley R	oad	-
ME	one) 2 MEDICAL EXAMINE	3: On the basis of examina	ition end/or investig	ation, in my opi	nion, death occured at the	time, data and place. en	d due to th	eu. Je Ceusele) an	d manner as stated	
	29b. SICHATURE AND TITLE OF CERTIFIER	-	4. 1		29c. LICENSE NUI					
H	/ / num	1 och 1	(M)					E SIGNED (Mo		
2	30 NAME AND ADDRESS OF BERSON WHO	COMPLETED ONLOS OF		The same of the sa	O.C.M	.Е.	0.	5 15	1993	

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 32. REGISTRAR'S SIGNATURE Penn Street, Baltimore, Maryland 21201

FILED (Month, Day, Year) 7 1993

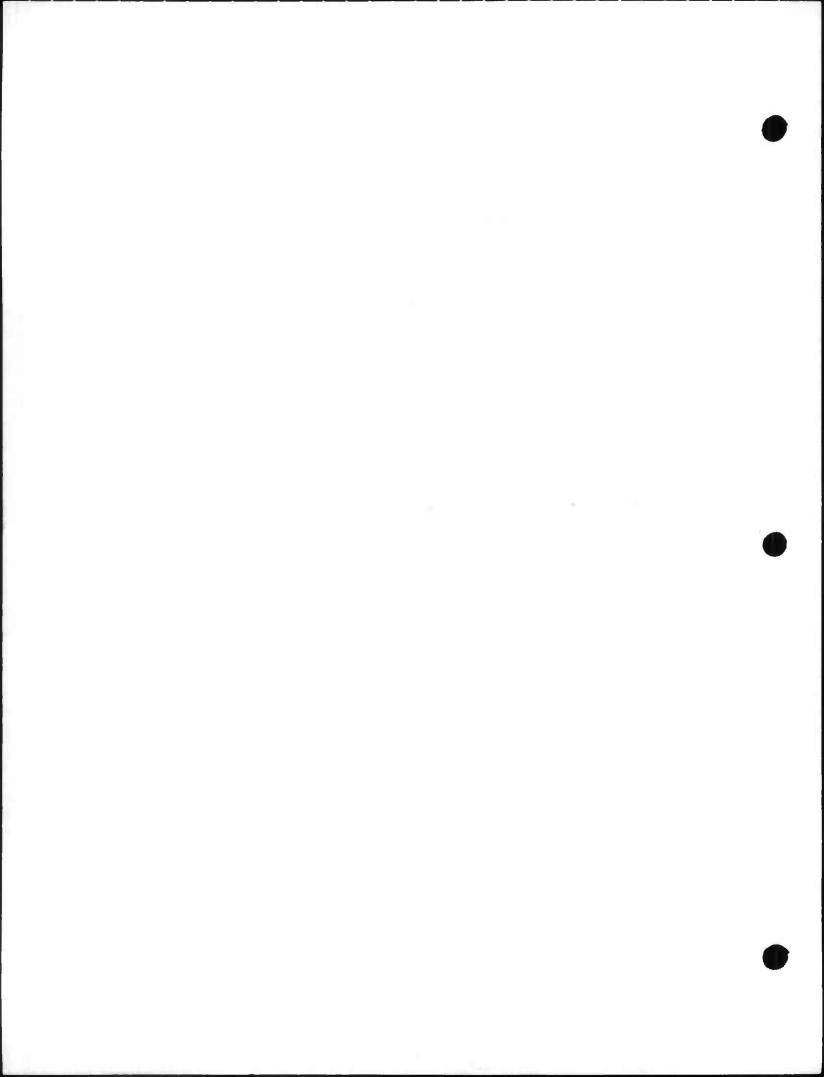
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C

. 1	1. DECEDENT'S NAME (First, Midd									2. DATE (OF DEATH	AY	YEAR	3. TIME OF DEATH				
	Terrence	Kei								05	0.	3 19		1:35P	M			
	4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. last birthday	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS.	7. DATE C	Dey, Year)		1993 1 8. BIRTHPLAC COUNTY) WASHI C. COUNTY OF DEATH PRINCE COUNTY OF DEATH PRINCE COUNTY OF DEATH USA NO- 14. RACE — A. Bleck, White Specify BI ESS/INDUSTRY RNMENT	IPLACE (State or Foreign)	n			
1	579 86 6470		1 XM 2 - F	3	3 YRS.		UNIO	HOOMS	min.		28,	1959		HINGTON	D			
4. SOCIAL SE 5.79 9a. FACILITY DOC TO RESIDENT 10a. STATE MARYI 10a. STREET 100. STREET 100. STREET 100. STREET 10. Never M 3 Widowe Widowe 17. FATHER'S WILLI 19a. INFORM/I BEVE 10a. Sequentiall If any, lead cause. Enter CAUSE (Distribution in the street of the	Sa. FACILITY NAME (If not institution					9b. CITY,	TOWN C	OR LOCATI	ION OF D	EATH		9c. COU	NTY OF D	EATH				
	DOCTORS HOS		VL			LAN	HAN	1, M	D			PR	INC	ICE GEORGES				
		COUNTY			10c. CI	TY, TOWN O	R LOCAT	TION				-		10d. INSIDE CITY				
ŧ	MARYLAND	DRIN	ICE GEO	RGE		ITOL			TS.	MD				LIMITS?				
	10e. STREET AND NUMBER	1 1(11	CD ODO	ROD	0 10110	71101		. ZIP COD				10a CIT	ZEN OF Y	AA	_			
	1005 ELFIN :	STRE	EET					2074	3									
ľ	11. MARITAL STATUS		12. WAS DECEDER	IT EVER	N U.S. ARMED	13. V	WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian,	_			
ĺ	Never Married 2 Marri 3 Wildowed 4 Divorced	led	FORCES?					2 NO		n, Puerto R y:	ican, etc.)							
														BLACK				
	15. DECEDEN (Specify only high				16a. DECEDENT'	S USUAL OC work done duse retired.)	CUPATIO	ON ast of worki	ing	16b.	KIND OF BU	SINESS/INI	DUSTRY					
	Elementary/Secondary (0-12)	Conege (1-4 or 5+)								COVI	FRMM	ENT						
I	17. FATHER'S NAME (First, Middle,	12th MAINTENANCE GOVERNMENT																
18. MOTHER'S NAME (First, Middle, Last) WILLIAM BARBER CYNTHIA DAVIS																		
WTILIAM BARBER CYNTHIA DAVIS 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)												_						
	BEVERLY WHI	TE)				
BEVERLY WHITE 6226 ADDISON RD SEATPLEASANT , MD 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												_						
1 Domition 5 Other Specify HARMON MEMORIAL PARK 5/8/93 LANDON												OVE	R,MD					
22. NAME AND ADDRESS OF FACILITY FUNERAL SVC																		
I	1 4	100	1/10	11									SVC					
1	23. PART 1. Enter the diseas	es. or co	omplications the	rt cause	d the death. Do						S.E		med.	Approximate	_			
	shock, or heart to	fallure. L	lst only one car	use on	ach line.	1. 1.1	10	19	4	JA L	1,-			Onset and D	men			
	disease or condition resulting in death)		41	VV	UIVY	Mic	ay.	I	111	y o · ·	V							
I			DUE TO	IOH AS	A COMBEQUENCE	I land	1	No	Wh	1_	_			1				
	Sequentially list conditions,		DUE TO	9	CONSIDURNCE	CH	10	// V	y W	P					_			
	if any, leading to immediate cause. Enter UNDERLYING	,	11	III		11	M	1.			09			i				
	CAUSE (Disease or injury that initiated events	1	DUE TO	ION AS	CONSTROUTRE	DF):		11/1	111	01	1	1 11		1 -	_			
ı	resulting in death) LAST	L.	aca	M	MIM	men	0	MM	UVA	MO	TU	11		-				
	PART A Other stendfoliot or	Line	contribution	death	de mort	- A	day to the	-	11			W-17	-					
ı	PART II. Other significant co	Iditions	K T	death t	not regulting	in the lune	Desgying	Calso	orenen in	Part	Ma. WAS AN PERFOR	MED?	246	WERE ALTOPSY FINDS AWAILABLE PRIOR TO				
	Jan Da	X	45.0	- 0	WU!	0 1	4	~ /		-	I TYPE 2	ET NO		OF DEATH?	Æ			
	- orthog	, _		/			_							1 TES 2 1 NO				
	25. WAS CASE REFERRED TO MED	DICAL		_			20.00	ARE OF 5	and the same of the same						_			
ĺ	EXAMINERY 1 YES 2 THO		HOSPITAL:	4-200		OTHER	2			ect any one			-		_			
	27. MANNER OF DEATH		1 1 inputient 2	mineral residence	28b. Til	_	ing Hom 28c. INJ		esidence	6 Other			Aumen.		_			
	1 Delatural 5 Pendi	ing	(Munth, C			JURY	WO	RK?	7 800	zee. Desc	THISE HOW I	NUMP OC	COMED					
	3 T Butte	ligation	28e. PLACE C	F INJUM	At home, farm,	Street facto		arabi sue	140	201 1 000	TOTAL CONTRACT	and the state	and Mariat M	Route Number	_			
l	4 Homicide detari		building.	etc. (Spe	cify)	and the same	ey, uemo			City o	Tiwn, State)	and winder	OF PEURIN	toute Number				
#	PIL CERTIFIER		2000	_		_	_								_			
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated.																		
	2 METHICAL C		. On the Dama Of C	1	vi erro/or investigat	on, in my op	mnion, d				and place, an	d due to th	ne cause(a) and manner as state	d.			
			1	12.0	W .	-	. /	29c, LICI	ENSE NUN	ABER _		204 DAT	E SIGNED		_			
-	1	ERNFIER	IAN/	1	$\lambda \wedge \wedge \wedge$	\ n	<u>S</u> \/ I	X	6110	V (1			-/-	(-				
	SHEMATURE AND TITLE OF	$\Lambda \Lambda$	W		W	AA	S V	D	DY	90		▶ 6	-/-	(Mgoth, Day, Year)				
		$\Lambda \Lambda$	COMPLETEO CAU	SE OF DE	ATH (ITEM 27) (Typ	p. Print)	S V	\$	OLY	V (1			-/-	(-				
	SHEMATURE AND TITLE OF	$\Lambda \Lambda$	14 11		ATH (ITEM 27) (Typ		\$ ∨	D	OLY	V (1			-/-	(-				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	cian.	ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2
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9	hospi	ched
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BALTIMORE, MARYLAND 21215-0020	neath. Page 6 may be retained by the hospital or attending physician.	5 shoul
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OH	E 9	ctor.
ž	age.	6
7	6	The state of
BA	far de	M The Th

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filler are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the most of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove must be notified at once. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH		
	Thelr	na Cecelia	Burch			0.5	12	YEAR Q Q	10:05P M		
			yrs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	TTH	8. BIRT	HPLACE (State or Foreign		
	L 410-3U-3326	1 ☐ M 2 🎗 F	84 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, 11-18	00	Coun	shington DO		
-	9a. FACILITY NAME (If not institution, give stre	et and number)	.9b	CITY, TOWN O	R LOCATION OF D	EATH	9c. COUN				
DIRECTOR	Springhrook Ads	ventist N.I		Silve	Sprin	ng	Mon	tgc	omery		
IREC	10a. STATE 10b. COUNTY Maryland Char	les		aldorf	ON				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		***		710 0007		Delan		1 TYES 2 NO		
FUNERAL				101.	ZIP CODE		10g. CITIZ	ZEN OF	WHAT COUNTRY?		
NS I	3549 Snowbell Co	12. WAS DECEDENT EVER IN	U.S. ARMED	12 WAS DECE	2060 NDENT OF HISPA			LS.			
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexico	n, Puerto Rican,	etc.)	Biac	E — American Indian, ik, White, atc.		
ВУ	3 Widowed 4 Divorced	IF TES, GIVE HAN ON DAI	CS	1 U YES	NO Specif	γ:		Spec	casian		
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION	N .	16b. KIND	OF BUSINESS/INDU		Castall		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	tired.)	or working						
COMPLET	8th	N/A	Administ:	rative	Aide	Bure	au of Ca	th.	Indian Missi		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)				
BE	Harry Elmer Bur	ch	_				ise Tenn		n		
5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street an	d Number or Rural	Route Number, City	or Town, State, Zip	Code)			
	Bonnie A. Hanger		Same a	as 10 A	-F						
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State Cemetery of other place Cemetery of ot										
	I SIGNATURE OF TINERAL SERVICE LICENSEE Lee Crematory 5 18 93 Clinton, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.										
	21. SIGNATURE OF THERE SERVICE CICE	1 5				Lee					
	(Joseph ()	tutos fet	\$	6633	Old Ale	xander 1	Ferry Rd	C1:	inton, Md2078		
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mplications that coused	the death. Do not e	enter the mod	e of dying, auc	h as cardiac o	r respiratory arre	est,	Approximata		
	IMMEDIATE CAUSE (Final	or only one cause on eac	in inie.	/ ./	1	/			Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or):										
		DUE TO (OR AS A C	CONSEQUENCE OF):			. 1	/				
N	Sequentially list conditions, b.					7					
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):								
길	CAUSE (Diseese or Injury C.	OUE TO YOU AS A	OURSONS OF								
Ē	that initieted events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF:								
CERTIFICATION	d.										
AL	PART II. Other significent conditions	contributing to deeth but	not resulting in th	ne underlying	ceuse given in	Part I. 24a. V	MAS AN AUTOPSY	246	. WERE AUTOPSY FINDINGS		
	Dementra	Hype-te.	15/,01,	Left			YES 2 FT NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	Vent-icol	ar Hxxe.	rroshy			_ ' ' '			DF GEATH?		
ż											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Ch	eck only one)					
SIC		HOSPITAL: Inpatient 2 ER/Output	lent 3 DOA 46	HER: Nursing Home	5 Residence	8 Other (Spec	My)				
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	_	RY AT		HOW INJURY OCC	UREO			
ВУ	1 Natural 5 Pending 2 Accident Investigation				S 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	- At home, farm, street	t, lectory, office		281. LOCATION City or Town	Street and Number of	or Rural I	Route Number,		
E	4 Homicide datermined					ony or rown	, ordio)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowler	dge, death occurred st	the time, data a	nd place, and due	to the cause(e) a	nd manner ee state	d.			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE MIQ VILLE OF CESTIFIER	-111			29c. LICENSE NUI				(Montty, Day, Year)		
BE	Stit 1	" LIT I	17		1	000	DATE	5 /	2 G 2		
5	30 NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	1 250				- (/	3173		
	Stuart F. Tu	rkenitz	M.D.	6,66		yma	*	7~	17.44450		
	31 DATE FILED (Menth, Day, Year)	32. REGISTRAR'S SIGNAT	URE		1001	110	. 207	70			
	MAY 1 0 1993	110. 2									

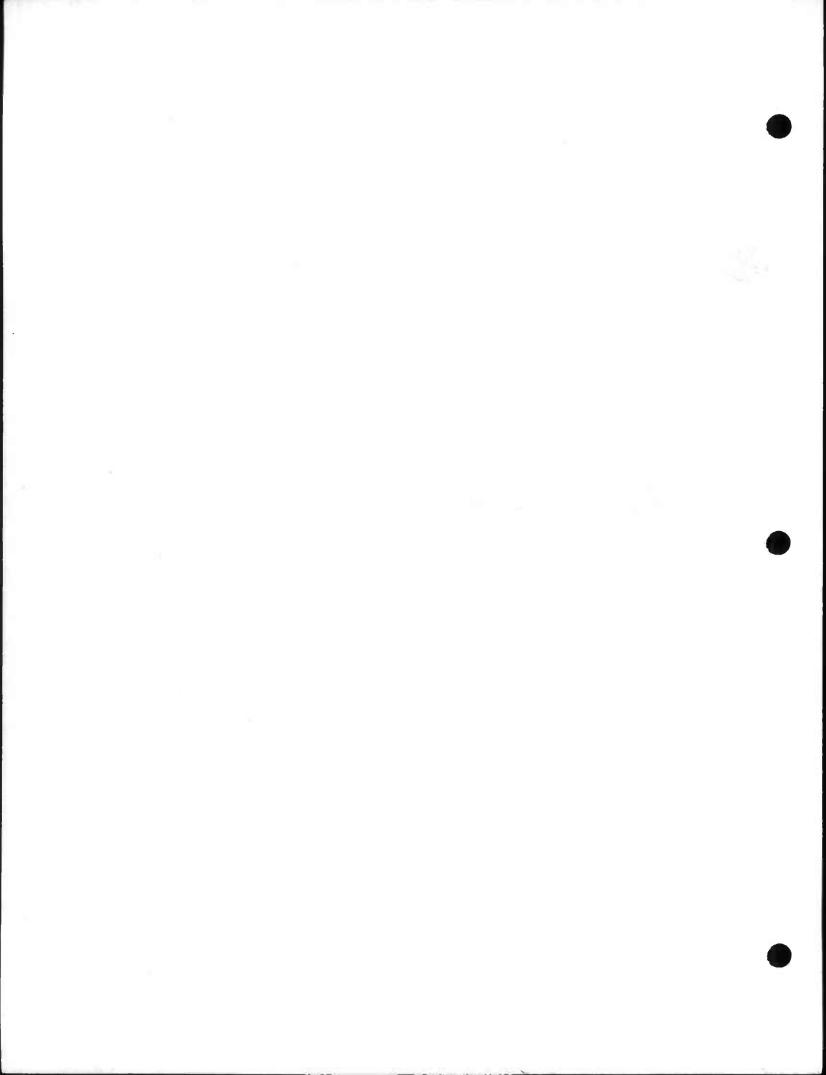


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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-	im 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner in
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urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	rent, the
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Aygiene	r other
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death	28 із та
after	28
ULS	E

	REGISTRAR		CERTIF	ICATE	OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2	2, DATE OF DEATH			3. TIME OF DEATH	
	BESSIE V.	BROWN									5:30PM	м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	-				DATE OF BIRTH		A. BIRTI	IPLACE (State or Foreign	ın
	578-18-7564	NAME (Price Modes), Largy SSSIE V. BROWN 3. ANG (Prys. Netl britishop) WORTH NUMBER 1. SEX 3. ANG (Prys. Netl britishop) WORTH NUMBER 1. SEX 3. ANG (Prys. Netl britishop) WORTH NUMBER 1. WAS P. 90 YES WORTH NUMBER	V1I	rginia								
	1. DECEDENT'S MANKE FIRST, MODES, LAND BESSIE V. BROWN 4. A DOCAL SECULITY NUMBER 578-18-7564 10 M 3 JEF 90 VIS. 10 M 3 JEF 9	_										
5	PRINCE GEORGES	BROWN S. SEX G. AGE (In yrs. list betinday) 90 YYB. 90 YYB. 90 CTITIEN OF LOCATION SHAP CONCEDURING ON THE PART OF CONCEDURI	E GEORGES									
5	RESIDENCE OF DECEDENT								- '	121100	- 0201020	-
DIRECTOR											10d. INSIDE CITY	
		Georges	Ну	attsv:	1116	9					1 TES 2 NO	
FUNERAL				-								
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO	13 W	AS OFCE	ENDENT OF H	ISPANIC	OBIGINZ (Secolar Var	as No.	14 840	E American Indian	
E	1 Never Married 2 Married	FORCES? 1 YES	2X XNO	If :	yea, spe	cify Cuben, M	lexicen, F		OF NO-	Bleci	E — American Indian, k, Whita, atc.	
BY	3 🔣 Widowed 4 🗌 Divorced	II TES, GIVE WAS ON E	DATES	11	YES	2XXNO	Specify:			Speci	^{⊮y:} white	
입	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCC	CUPATIO	N	-	16b. KINO OF BUS	SINESS/INC	OUSTRY		
ᇦ	Elementary/Secondary (0-12) College (1-4 or 5 +)											
4	Home maker Own Home											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER	'S NAME	(First, Middle, Maiden	Surname)			_
BE	D. B. Johnson					Jan	e N	Mann				
	198. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Lucille Mae Lawson										L	
	20g, METHOD OF DISPOSITION 20											
	4 □ Donation 5 □ Other (Specify) Ft. Lincoln Cemetery 5/19/9β Brentwood, MD											
7	21. SIGNATURE OF FUNERAL SERVICE LICE	cycles .	4	22. N/	AME AN	D ADDRESS C						г.
- 1		* X		/ 20	00 0	7 1 .	1 T	marsnal	ISI	unei	ral Home,	Lnc
\dashv	Juga 2	leca	h								20746	
	shock, or heart feliure. L	int only one ceuse on e	d the death. Do i each ilne.	not enter ti	he mod	ie of dying,	auch a	na cardiac or reapi	ratory an	rest,	Approximate Interval Betw	пее
1	The state of the s											
	resulting in death)											
		DUE TO (OR AS /	A CONSEQUENCE O	f):		0	10			2	4	
S	Sequentially list conditions, I b VEMENTIA 2 HYDROCE HAVE									nd?		
CERTIFICATION		DOE TO (OR AS)	A CONSEQUENCE O	F):				`				
5	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	OFD:								
Ē		502 10 (01) 70	A CONSECUENCE O	·).								
8	d											
	PART II. Other aignificant conditions	contributing to death t	out not resulting	in the und	eriying	cause give	n in Pa			24b.	WERE AUTOPSY FINDIN	NGS
DICAL	ille	10h DE	CUI	7, 76	1						AVAILABLE PRIOR TO COMPLETION OF CAUS	BE
ME			4			^		1 1 123 4	ALAO		OF DEATH?	
	(hrom)	march	notora	treet	New York	1/20	1/10	- I		1	1 YES 2 NO	
₹ I	-11	0000	4. 144		26 Pt 1	CE OF DEATH	H (Chack	ontrone)				_
38			netlant 2 DOA									
PHYSICIAN:							_		HILIDY OC	CHEE		
		(Month, Day, Year)	IN	URY	WOR	HC?		OU. DESCRIBE HOW II	NJUNT OCC	JUNED		
B	2 Sulstele	28e. PLACE OF INJURY	/ — At home, ferm	street factor		2	\rightarrow	M LOCATION (Charles				
	a Could not be	building, etc. (Spec	cify)	ation, racion	y, ornee		20	City or Town, Stete)	ina Numoer	or Hurai H	loute Number,	
9 H	29a. CERTIFIER											_
₹ I												
COMPLETED		. Of the bear of examinatio	n end/or investigation	n, in my opi	nion, de	ath occured a	t the tim	e, date and place, an	d due to th	e cause(a) end menner as stated	d.
B												
2	0(4) 1) 3(6) 43											
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)		THE A	14=	DIVED	200	12	Wy 383	131
	21 DATE ELLED MANUEL C. W.				015	-111	116	alila	VI	-1		٠٠
	^	32. REGISTRAR'S SIGN	Isma Rande	2								
	MAY 1 8 1993	CHAIR DAVID	10010-11-10-0									

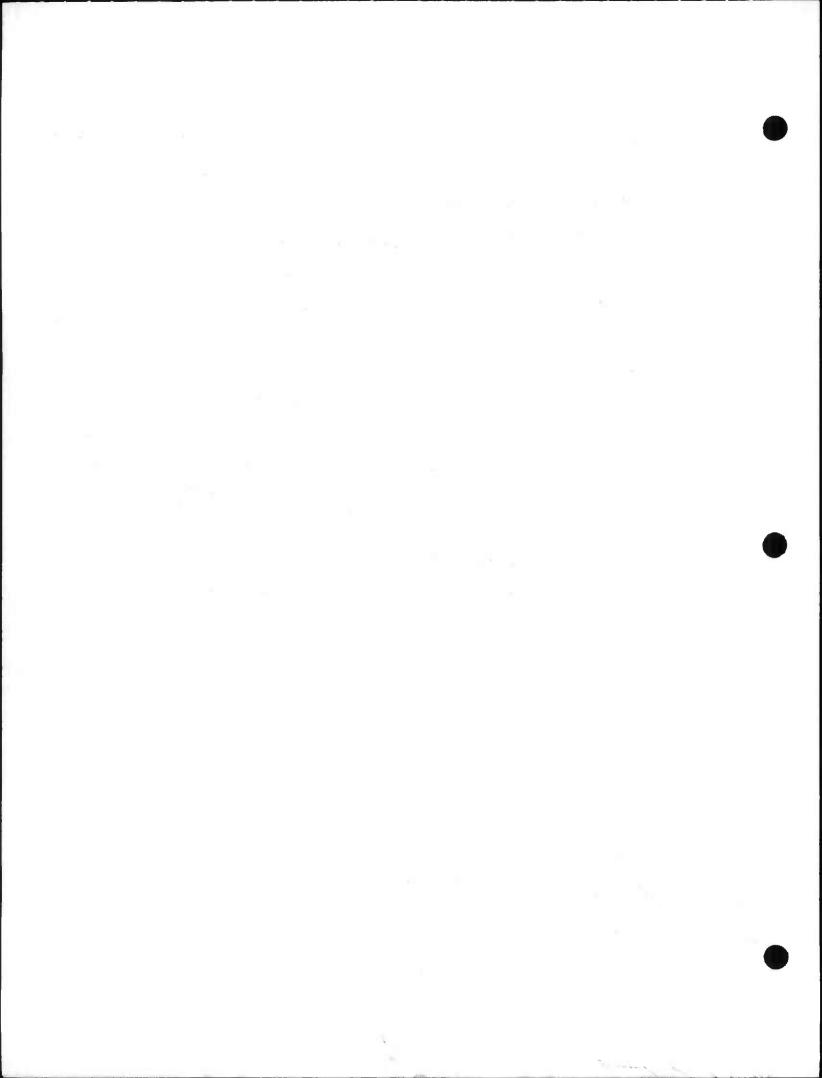


3. TIME OF DEATH

> Approximate interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

		1 0 / 1 / DUTTE				3. TIME OF DEATH
		Alice Louise BUTLER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. last high-day) 65 INDER 5 VEAR				993 6:18P
		O. PIGE (III y/s. MIST DIFFITORY) P. DINDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	22	BIRTNPLACE (State or Foreign Country)
Con.		220-28-6623 1 M 2 X F YRS. WRS. WRS. PROJECT TOWN OR SECURITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR	LOCATION OF ST	2-15		POMFRET, MD.
	O. E.	Doctors Community Hourital Land		AIH		Y OF DEATH CE GEORGES
	1	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIO	DM .		122110	
E. P.	DIRECTOR	MD Miny Heore's Lot NOH.	Ash	7		10d, INSIDE CITY LIMITS? 1 X YES 2 NO
t permit.	RAL		ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
lan. transi	FUNER	3016 Brightent Rd	2070			USA
020 physician. burlal-transit		1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, speci	ify Cuban, Maxican	C ORIGIN? (Specify Yo , Puarto Rican, atc.)	na or No— 14	I. RACE — American Indian, Black, White, atc.
D 2 2	ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2	NO Specify:			Specify Black
attend	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	of working	16b. KIND OF BI	JSINESS/INDUS	
YLAND 212- by the hospital or att be detached for use at once,	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) iife. Do NOT use retired.)				
AND the hospital detached to once.	ME	10th MENTAL HEALTH COL			PRIVAT	E
RYLAND ed by the hospit uid be detached ed at once.		CHIADA NO. COLUMN		NE (First, Middle, Maide	n Surname)	
E 66 70	BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and	ALICE S		ven State Zio Ci	-del
be retain ge 5 sho	임	GEORGE BUTLER 4142 BUNKER HII				
		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name	in of	DATE 20c I	OCATION - CH	y or Town State
TIMOR Page 6 ma eral director, p		4 Donation 5 Other (Specify) NATIONAL HARMONY ME	EM. PARK	5/22 LAN	DOVER,	MARYLAND
ALTIM death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND	ADDRESS OF FACE	ILITY		
BALT or death. the funera wal.				UNERAL HO RD,LANDOV		YLAND 20785
ور ع مل عام عام الم		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode shock, or heert failure. List only one cause on each line.	e of dying, such	as cardiec or resp	piretory arres	t, Approximate
		IMMEDIATE CAUSE (Fine)				interval Betwe Onset and De
		resulting in death) a. Candiac Arri	Lylh	min		
P 5 5 8		disease or condition resulting in death) a. Cardiac Arri DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.	, ,		1	
	FICATION		4-0101	vadeulau	O'ter	اعلا
BOX ate be e aysician prior to	A	If any, leading to immediate cause, Enter UNDERLYING				İ
일 전 원 등	Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF):				
G # B F S	ERTI	resulting in death) LAST				
41 2 2 3	IL C	PART ii. Other significant conditione contributing to deeth but not resulting in the underlying of	ceuse given in P	Part i. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING
that the that any	EDICAL			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECO requires the een signed of Health shows an	MEC			_ ' '	- [4]	OF DEATH?
E 5 50 2						
OF VITAL PHYSICIAN: The law his certificate has with the State Depr ked, or item 23	SICIAN	EXAMINER? HOSPITAL: OTHER	CE OF DEATN (Chec	ck only one)		
F VITA SICIAN: The certificate h the State I	HYS	1 NVES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name				
NG PHYSI frer this c eath with marked,	0	1 Netural 5 Panding (Month, Day, Year) INJURY WORK	K?	28d. DESCRIBE HOW	INJURY OCCUP	RED
ONG DING After death	BY	2 Accident Investigation 28s PLACE OF IN ILIEV. At home form ethal feature office	S 2 NO	281. LOCATION (Street	and Mumber or	Dural Courts Mumbas
ISI TTEN TTEN TTOR: after	밀	4 Nomicide determined building, atc. (Specify)		City or Town, State	and Number or	nurai noute number,
	l W	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date an	ad alana and due to	a the security and sec		
로 작은 =	COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, deat				
	D.	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUME			IGNED (Month, Day, Year)
THE Fled	0 86	Bulan lelon Examine	13068	5 2-	> <	-18-92
1	۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	11	1 2		• 0 • 0
(0)		4203 Queensburg Rd it yattor?	11e M	12 20	18)	
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				
	1 1	MAY 2 0 1993 Julia Davidson-Mandala				



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

D

31. DATE FILED (Month, Day, Year)

MAY 2.0

1993

4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. JULY 9, 1938 1 K M 2 F 238-56-7753 54 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1616 EAST WASHINGTON AVENUE LANDOVER RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION MARYLAND PRINCE GEORGES LANDOVER FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1616 EAST WASHINGTON AVENUE 20785 the funeral director, page 5 should be detached for use as the burial-trans after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2XX Married FORCES? 1 YES 2 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th PORTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JOHN BULLOCK BE ADDIE MAE FORD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DIANA EVONE BULLOCK 1616 EAST WASHINGTON AVE, LANDOVER, MARYLAND 20785 e 20a. METHOD OF DISPOSITION
1,Q Burlai 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must NATIONAL HARMONY MEM. PARK 5/21 LANDOVER, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD, LANDOVER, MARYLAND 20785 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one cause on each line. filled in by 6 IMMEDIATE CAUSE (Final completely filled rial, cremation, o the disease or condition_ aranoma resulting in death) The law requires that the death certificate be executed within event, DUE TO (DR AS A CONSEQUENCE OF) the attending physician and con Mental Hygiene prior to burial, regu traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? signed by the 0 1 TES 2 THE shows a peen PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate hi HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 4 Mesidence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Hatural 5 Pending Investige м 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 00 3 Suicide COMPLETED 6 Could not be 28 4 Homicide Hem 29s. CERTIFIER

Thank ank

The performance of the cause (s) and manner as stated. FUNERAL within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE 표 D-33224 DUN PE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

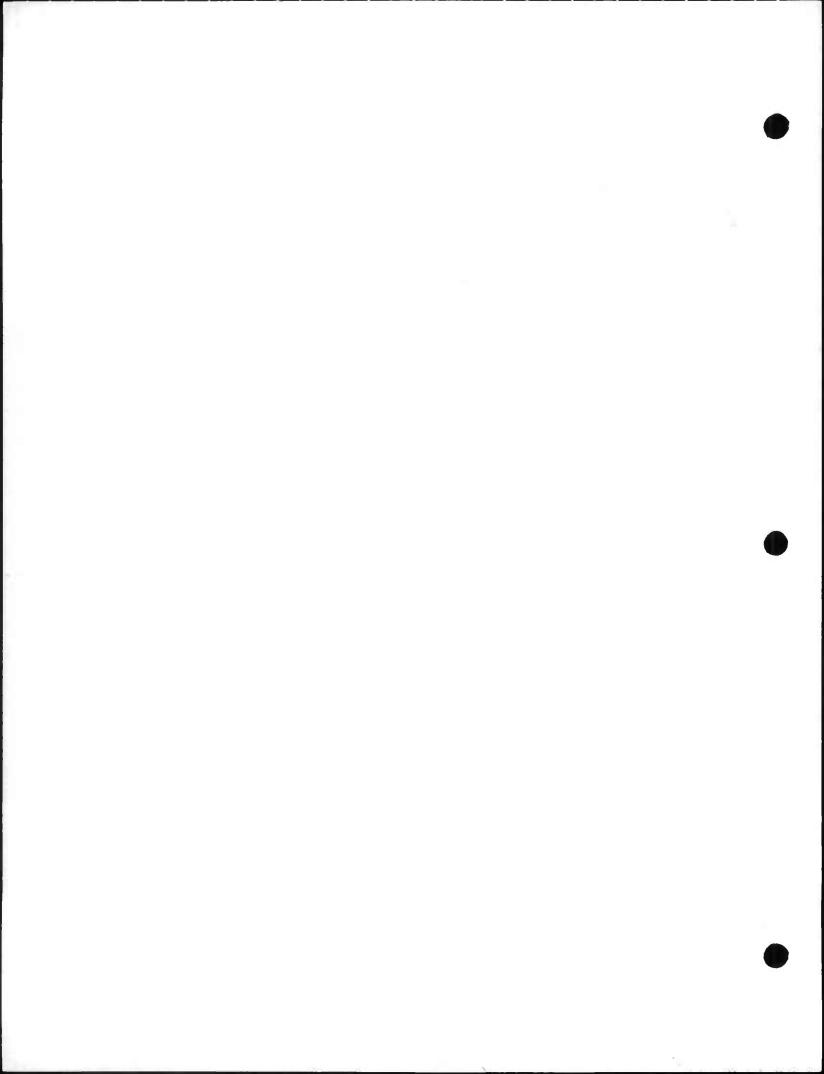
SOW

32. REGISTRAR'S SIGNATURE Pandala

Edmonston Dr #

93 16620 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR 4:50Am 14. 1993 8. BIRTHPLACE (State or Foreign ELM CITY, N.C. 9c. COUNTY OF DEATH PRINCE GEORGES 10d. INSIDE CITY LIMITS? 1XXYES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. BLACK PRTVATE 20c. LOCATION - City or Town, Stats Approximate interval Between **Onset and Death** 18 mth 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

5/18/93



19		219-54-5065 14x 24 F	42	YAS.		, noons	J	une	13.
phould		9e. FACILITY NAME (If not institution, give street end number)			96. CITY, TO	VN OR LOCATI	ON OF DEATH	i arr	10/
- TO 1	TOR P	Physicians Memorial Hosp	ital			Plata			
(Address)	ME	RESIDENCE OF DECEDENT				LCLA			
163	1	10e. STATE 10b. COUNTY			Y, TOWN OR LO				
AGE:	7 =	Maryland Charles		Ir	ndian	Head			
per	₹	10e. STREET AND NUMBER				10f. ZIP CODI	E		
n. ansit	5	115 Woodland Road	l			20	0640		
020 physician. bun'ai-transit per	FUNERAL		T EVER IN U.S. AR		13. WAS	DECENDENT O	F HISPANIC	PRIGIN? (S	pecify Yes
P P 2	BY F	1 Never Married 2 Merried FDRCES? 3 Wildowed 4 XDivorced FPRCES?	MAR OR DATES	NO		specify Cube YES 2 17 NO	n, Mexican, P Specify:	uerto Rica	n, etc.)
AND 21215-0020 the hospital or attending physician, detached for use as the bunal-tran					1	X			
afte afte	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE (G	CEDENT'S	USUAL OCCUP	ATION most of working	na	16b. KIN	ND OF BUS
20 miles	"	Elementary/Secondary (0-12) College (1-4 or 5	+) #fo.	Fork	work done during se retired.) Lift	Oner	ator		Go
N hosp	\$	12				ONCI	4001		
A stage	8	17. FATHER'S NAME (First, Middle, Lest)					HER'S NAME		le, Maiden
₩ ₩ ₩	H	Elwood Brown, Sr					roth	-	Was
MARYLAND retained by the hospiting 5 should be detached	2	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Str				
y be n	-	Dorothy Brown	1	15 N	loodla	nd Ro	l/Ind	ianh	ıead
ALTIMORE, leath. Page 6 may be tuneral director, page		20a METHOD OF DISPOSITION Applied 2 Cremation 3 Removal from State	20b. PLACE A		OF DISPOSITION	(Neme of	Ī	DATE	20c. LO
MO ge 6 lirect		Donation 5 Other (Specify)	Mt Ho	pe E	Sapt C	hurch			0
h. Pa		21 SIGNATURE OF FUNERAL SERVICE LICENSEE	1	1	22. NAM	J.B.	S OF FACILIT	TY	17
		Jammes (, U ~	1	. 717	4 Lan			
B/ after of by the moval.		23. PAST I. Enter the diseases, or complications the	et coused the de	eth. Do r	opt enter the	mode of dvl	ng such si	cerdiec	or read
hours after hours after or remove medical		anock, or neart tellure. List only one cel	use on each line			dao or ayr	ing, about a	Cardioc	or reepi
24 ho filled tion, or		IMMEDIATE CAUSE (Final disease or condition	1						
ted within 24 hours after ted within 24 hours after completely filled in by the lial, cremation, or removal event, the medical	1	resulting in death) a.	(OR AS A CONSEC	7	4	1			
N 2 2 - 8		He	To - I - I	JUENCE O	0	Syn	1		
P.O. BOX 6876 Th certificate be executed ending physician and corr Hygiene prior to burial, or other traumatic ex	CERTIFICATION	Sequentially list conditions,	(OR AS A CONSEC	SUPPLIE OF	2	syn,	econ		-
ficate be exphysician and prior to	AT	if any, leading to immediate cause. Enter UNDERLYING	410.000.00.70.00000	*1110346.301		4			
certificate ding physical principle	본	CAUSE (Disease or Injury that initiated events	(OR AS A CONSEC	DUENCE OF	n:				
P.O. th certific ending put Hygiene	F	resulting in death) LAST							
	Ö								
L RECORDS, law requires that the dea as been signed by the att bept, of Health and Menta 23 shows any Initury.	YSICIAN: MEDICAL	PART II. Other significent conditions contributing to	deeth but not re	esulting	n the underi	ying cause g	ilven in Par	l I. 24a	. WAS AN
LICOF uires that signed 1 Health a	18							. 1[YES 2
EC quire in sig	ME								
L R law re law re ept. c	ä								
JF VITAL RE(rSiCIAN: The law requi rsician: The law requi rsician the State Dept. of H d. or Item 23 show	N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DE	EATH (Check of	inly one)	
VITA CLAN: The princate ha he State D or Item	Sic	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 \(\text{Nursing t} \)	lome 5 ☐ Re	sidence 6 [Other (Sp	recify)
PHYSICI this cer with th	1 5 1	27. MANNER OF DEATH 28e. DATE OF (Month, L	INJURY	28b. TIM	E OF 28c.	INJURY AT	28-	. DESCRIE	BE HOW II
DIVISION OF OR ATTENDING PHYS ORECTOR: After this chours after death with Item 28 is marked.	ВУ	1 Natural 5 Pending 2 Accident Investigation	sty, roury	I		WORK? YES 2	NO NO		
NDIN NDIN GER	0	3 Suicide 6 Could not be 280. PLACE C	F INJURY — At hor	me, farm, s	treet, factory, c	ffice	28	. LOCATIO	
VISION ATTENDING ECTOR: After s after death		4 Homicide determined	etc. (Specify)					City or To	wn, State)
DIVISION OR ATTENDING F DIRECTOR: After hours after death	COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge de	eth occurre	d at the time of	lete and alone			
3 4 5 =	1 5 1	(Check only one) 2 MEDICAL EXAMINER: Dn the besis of a							
HOSPITAL FUNERAL WITHIN 72	8								piaca, en
TO THE HOSPI TO THE FUNER be filed within	H	29b. SIGNATURE AND TITLE OF CERTIFIER					NSE NUMBER		
668₹	2	30. NAME AND ADDRESS OF PERSON WAR COMPANY	<u> </u>	1.00.00	27.0	D-	-26352		
12		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU							
(DEC.)	1	Oswald Haye MD 9131 Piscat	away Roa	ad #5	540 Cli	nton N	1d. 20	735	

June Duydsor-Handell

CERTIFICATE OF DEATH

05

7. DATE OF BIRTH (Month, Day, Year)

Brown

6. AGE (In yrs. lest birthday)

#F UNDER 1 YEAR

#F UNDER 24 HRS.

A 2 YRS.

#F UNDER 1 YEAR #F UNDER 24 HRS.

MONTHS DAYS HOURS MIN.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 🗆 M 2 🗆 F

Wendell

4. SOCIAL SECURITY NUMBER

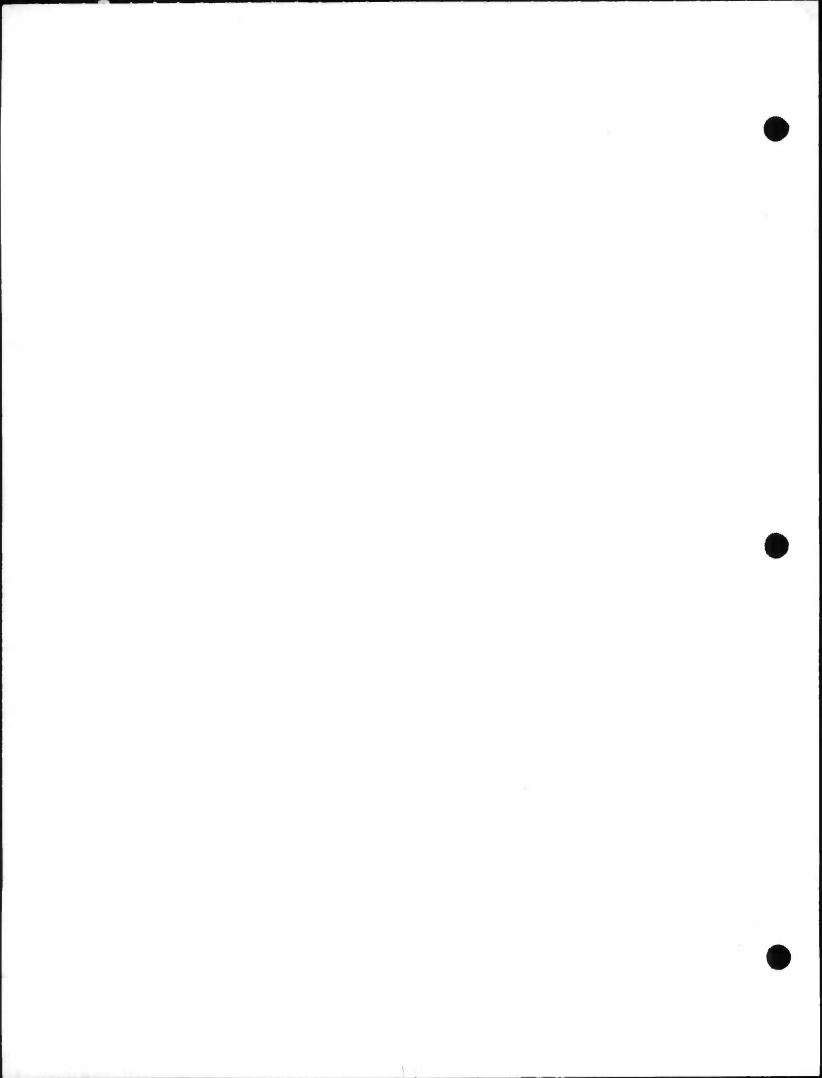
219-54-5065

31. DATE FILED (Month, Day, Year)

MAY 2 0 1993

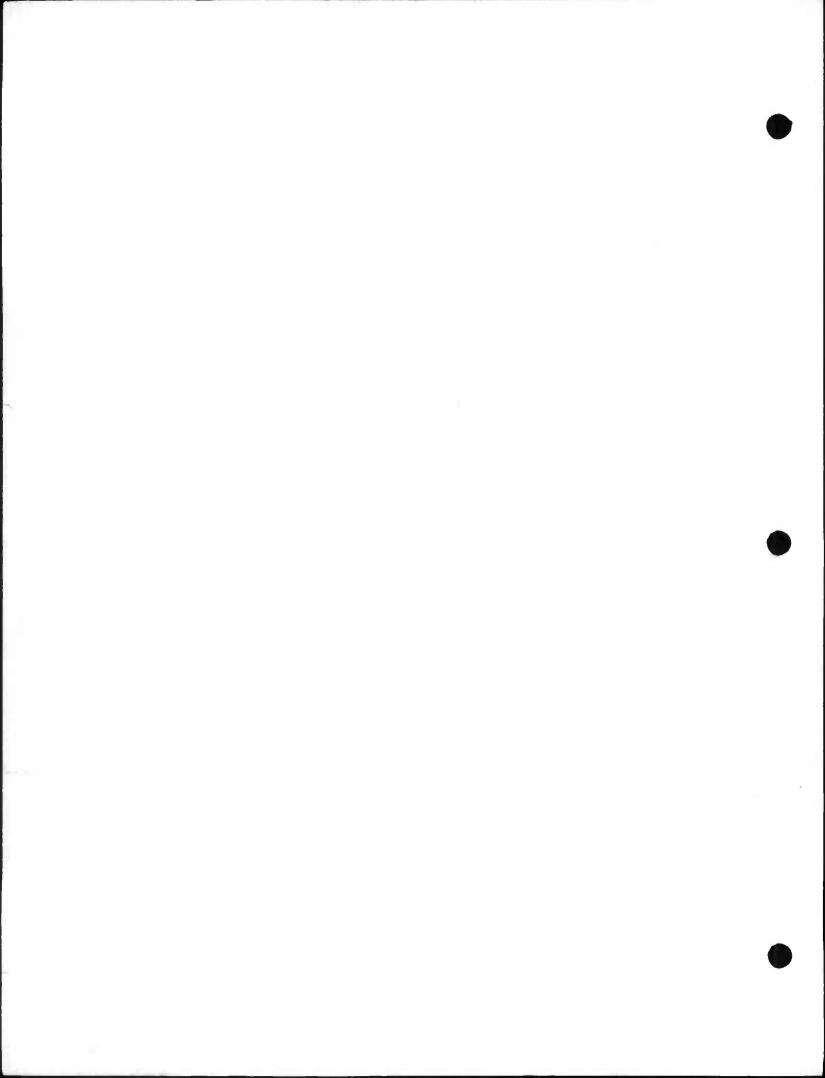
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR 01:20 A:M 1993 BIRTHPLACE (State or Foreign Country) 1950 Maryland 9c. COUNTY OF DEATH Charles 10d. INSIDE CITY LIMITS? XIX YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Yes or No-Specify Black BUSINESS/INDUSTRY overnment den Sumame) shington Town, State, Zip Code) d, Md 20640 LOCATION — City or Town, State Charles County neral Home andover, Md epiratory errest, Approximata interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY 2 🗌 NO 1 YES 2 NO W INJURY OCCURED et end Number or Rural Route Number, manner as stated. end due to the cause(s) end manner es stated. 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89



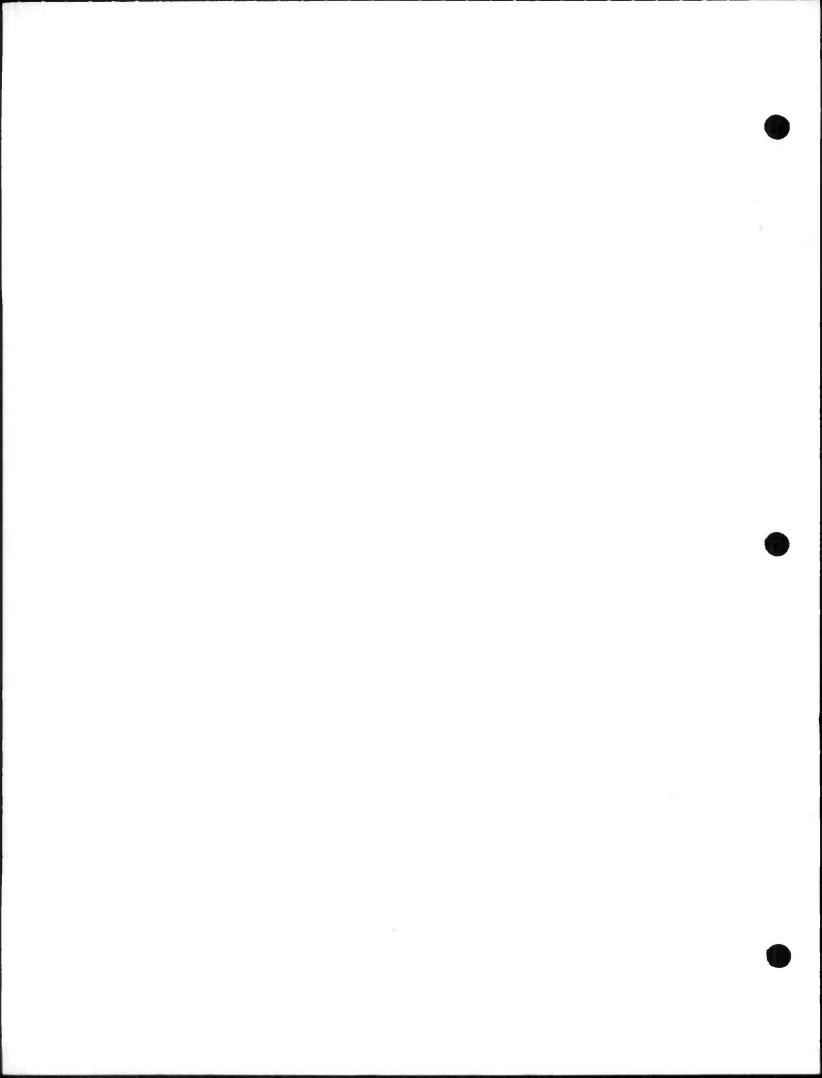
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	ICATE OF	DEATH	REG. N	0.				
	1. OECEDENT'S NAME (First, Middle, Last)		B 1			2. DATE OF OFATH			3. TIME OF OEATH .		
	24/010	NOFEN	Ortek	5		MONTH - 19.	MONTH - 19-49 3 YEAR 12 36				
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AG	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8 BIRTHP	LACE (State or Foreign		
	215 46 0156	1 □ M 2 以F	5 1 ^{YRS.}	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	I		
- 3	215-46-0156 9s. FACILITY NAME (If not Institution, give st		21			SEPT.23,	7		HINGTOR		
m	98. PACILITY NAME (If not institution, give st	reet and number)	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
Ö	PRINCE GEORGE'	S HOSPITA	AT.	C	HEVERLY		DDT	NCE	GEORGE		
2	RESIDENCE OF DECEDENT						LFAI	INTE	IFEURIAF.		
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
۵	MARYLAND PRINC	E GEORGE	'S	LAR	30				LE YES 2 NO		
4	10e. STREET AND NUMBER				1. ZIP CODE		10g. CITI	ZEN OF WH	IAT COUNTRY?		
8	521 MT. LUBEN	ITIA CT.		- 1	20772			***			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	12 WH C DE		NIC ORIGIN? (Specify)		US			
	1 Never Married 2 Married	FORCES? 1 YE	ES 27 NO	If yes, sp	pecify Cuben, Mexico	an, Puerto Rican, etc.)	es or No-	14. RACE - Black,	 American Indian, White, etc. 		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	1 TYES	3 2 XNO Specif	fy:	I	Specify:			
ED				1					BLACK		
ETE	15. OECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S t	vork done during me	ON ost of working	16b. KIND OF B	USINESS/IND	JUSTRY			
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT use	a retired.)							
	12+b		POSTZ	AL CLEI	2 K	G	OVT.				
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
JOHN H. COUNTEE. SR. 19. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print)											
m	19a. INFORMANT'S NAME (Type/Print)	UNITER SR		ADDRESS (Or :							
임						Floute Number, City or To	wn, State, Zip	Code)			
	JOAN COUNTEE		13523	54th 7	VE #2	HYATTSV	ILLE	MD	20784		
	20e. METHOD OF DISPOSITION 1 □ Burlet 2 □XCremation 3 □ Remo		20b. PLACE AND DATE OF		ame of		ATTSVIII.E MD 20784 TE 20c. LOCATION — City or Town, State				
Cemetery, crematory or other place CHAMBERS CREMATORY 5-24 RIVERD									MATATA		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE CHAMBERS CREMATORY 1. B. JENKINS FUNERAL HOME 7474 LANDOVER RD.LANDOVER, MD 2078										
	12/2/12/1	. 12	10.71		J.B.	JENKINS_	FUNE	RAL	HOME_		
	Jumana	(D. D	ruktor	4.1					D 2078		
	23. PART I. Entar the diseeses, or coshock, or heart failure. I	ompilcations that caus	sed the death. Do no	ot enter tha me	de of dylng, suc	ch as cardiac or res	piratory arr	rest,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF								
J	PART II. Other aignificant conditions	contributing to deeth	but not resulting in	n the underlyln	g cause given in				VERE AUTOPSY FIND		
2						PERFORMED? AWAILABLE PRIOR					
<u> </u>						I L YES	2 MO	٥	F DEATH?		
. ME						—		1	YES 2 NO		
¥	OF THE CASE DEFENDED TO THE COLUMN TO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch	neck only one)					
S	1 DYES 2 D NO	1 Inpatient 2 ER/O			ne 5 🗆 Residence	PERFORMED? 1 YES 2 NO OF DEATH?					
ᅔᇍᆘ	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	E OF 28c. IN.	URY AT		INJURY OCC	CURED			
<u>_</u>	1 Netural 5 Pending	(month, bay, rear	, INJU		YES 2 NO						
B	3 Sudalda	26e. PLACE OF INJU	IRY — At home, farm, at			281. LOCATION (Street	and Number	or Rivel De-	uto Mumber		
	4 Homicide determined	building, etc. (S)	pecify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, Stat	9)	or runer MOU	no translanj		
<u> </u>	no centicien										
OMPL		CIAN: To the best of my knots: On the basis of examinat							and manner as state		
8	29b. SIGNATURE AND TITLE OF DESTIFIER	5					_				
B	Herens VII	dedin 1	mo		29c. LICENSE NUI	MBER	29d. DATI	E SIGNEO (A	2 - 6 -		
0	March L VA	mymy	,,,-	18	HAIN	30	P 3	-17	1-93		
7 1	10. MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)	1	NI I	2	21	/		
/ [MUGUSN PRI	auguer 1	20 PM	79 KA	youm a	4. CPC	no.	MU	9074		
1	31. DATE FILED (Month, Day, Year)	32 REGISTRATE SI	GNATURE A. A.	,	/	-//	/				
1	MAY 2 1 1993	32 RECUSTRATOR SIG	GNATURE Pandall) .		10					



FOR

	1 - STATE REGISTRAR	STATE UF MAK		ICATE O			MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH			
	TIMOTHY			BRA	NCO	1	05 1	8	93 3:45 P.M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
	223-23-4787		38 YRS.	MONTHS DAY	HOURS	MIN.	February	3,195	55 Hamilton, Berm			
_	Se. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOW	N OR LOCATIO	N OF DE	ATH	9c. COUN	TY OF DEATH			
DIRECTOR	MALCOLM GROW M	EDICAL CE	NTER	CAMP	SPRIN	G		PRI	NCE GEORGES			
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	ine Cil	TY, TOWN OR LO	CATION				Las manas area			
5	Virginia Arli	ngton		lingtor					10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE			10- 01717	1 YES 2 NO			
	1676 North Longfe	11ow Street			22205			_	Britian			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS 0		HISPANI	C ORIGIN? (Specify Yes		14. RACE — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y		If yea,	specify Cuban ES 2 7 NO	, Maxican Specify:	, Puerto Rican, stc.)	0.110	Black, White, etc. Specify: Caucasian			
	15. DECEDENT'S EDU	at the	16a. DECEOENT'S	HISHAL OCCUPA	TION	A 10	16b, KIND OF BUS					
	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	most of working		166. KIND OF 80	SINESS/INDU	SINT			
릴	Unknown Electronic Technician Automotive											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						IE (First, Middle, Maiden					
BE C	Joaquin Branco				Mary							
9 P	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street				n, State, Zip (Code)			
F	190. INFORMANT'S NAME (Type/Print) Aminta Branco 195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1676 North Longfellow Street, Arlington, Va. 22205											
	20a. METHOD OF DISPOSITION 1 Burlai 2 T Cremation 3 Ram	ovel from State	206. PLACE AND DATE	OF DISPOSITION	Name of	-	22/93 20c. LO	CATION - C	ity or Town, Stata			
	4 Donation 5 Other (Specify)		No. Virgin	ia Cren	natory	3/	Arli	ngton	, Virginia 2220			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Murphy Funeral Home, Inc.											
;	1 Rough	Jal Olom							Va. 22203			
	23. PART I. Enter the diseeses, or o	complications that cau	ed the deeth. Do									
J	shock, or heart failure	List only one cause of	each line.	1	^				interval Between Onset and Death			
1	disease or condition resulting in death) . Thest and Abdominal IN uvier											
ı	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
z I	Sequentially list conditions b.											
ĔI	Sequentially liet conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
<u>i</u>	Cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated expenses DUE TO (OR AS A CONSEQUENCE OF):											
ĒI	that initiated eventa resulting in desth) LAST	DOE TO (OR A	S A CONSEQUENCE O	-):					i I			
CERTIFICATION		d										
	PART ii. Other eignificent condition	e contributing to deet	but not resulting	in the underly	ing ceuse gi	ven in P	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS			
음							YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M			, 44,34						1 YES 2 NO			
z I												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OE	ATH (Chec	ck only one)					
ZS.	EXAMINER? 1 X YES 2 NO	1 ☐ Inpatient 2X X=R/0	utpatiant 3 🗆 DOA	OTHER: 4 Nursing He	ome 5 🗆 Rasi	Idence 8	Other (Specify)					
표	27. MANNER OF OEATH	28a. OATE OF INJUF (Month, Day, Yea			NJURY AT VORK?		28d. OESCRIBE HOW II	NJURY OCCU	PRED			
À	1 Natural 5 Pending 2 Accident Investigation	5-18-19		0P. 1	YES 2	NO I	DRIVER II	N_AU	OTRUCK IMPA			
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, atc. (S	IRY — At home, farm, cocify) ON F		lica		281. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,			
			ON I	OAD			US RT.3	TA C	RT.4			
COMPLETED		CIAN: To the best of my kn										
ξ.	2XMEDICAL EXAMINE	R: On the basis of examina	tion and/or investigation	on, in my opinion	death occurs	d at the ti	me, data and place, an	d due to the	cause(a) and menner as stated.			
w III	299 SIGNATURE AND TITLE OF CERTIFIER	1 0-	11		29c. LICEN	ISE NUME	BER		SIONED (Month, Day, Year)			
	law	corre	W		0.C.	. M . I	Ξ.	▶ 5-	-19-1993			
٩	J. LARON LOCKE M.D. 111 Penn Street, Baltimore, Maryland 21201											
	J. LARON LOCKE 1				ceet,	Bal	Ltimore,	Mary	land 21201			
	31. DATE FILED MONTH, Day Year 1993 32. REGISTRAR'S FIGNATURE Andrew James Davidson-Randale											

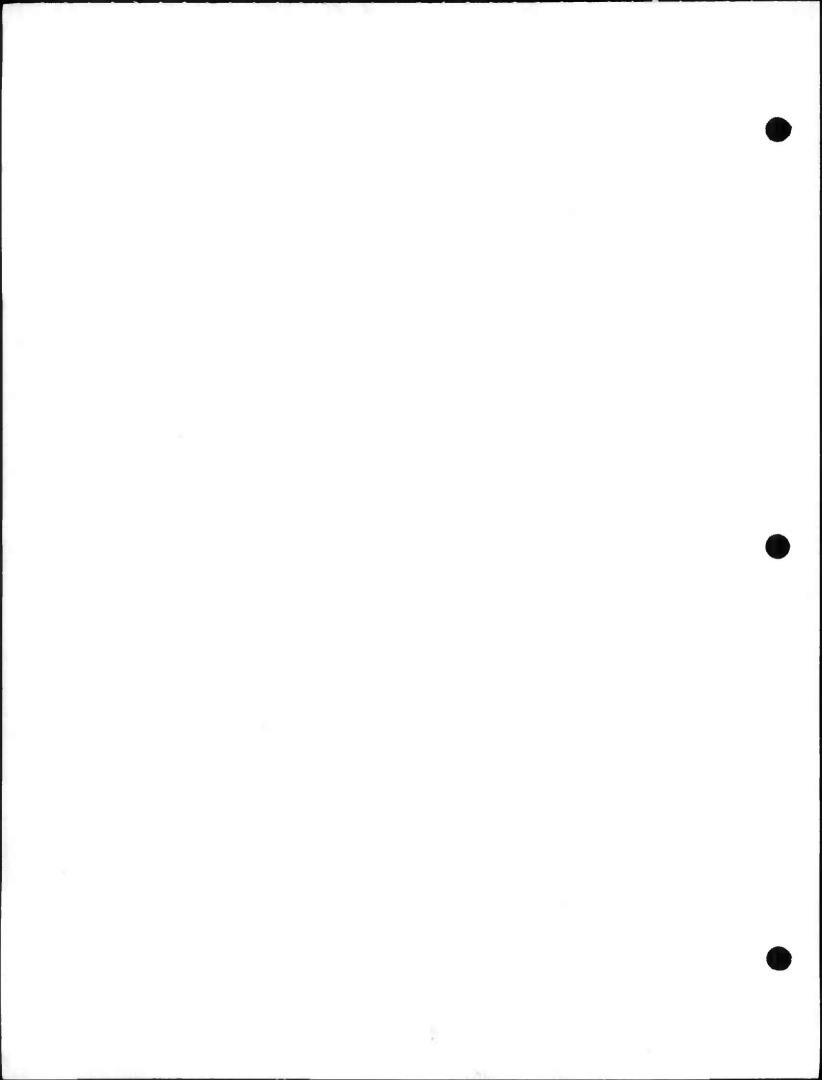


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEAT	TH .	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	OF DEATH	AY	VEAR :	. TIME OF DEATH
	ELIZABETH 4. SOCIAL SECURITY NUMBER	T	BRYAN					монти 05		0	93ª	8:50AM M
	579-44-3614	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,	Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s		83	Tho.	9b. CITY, TOWN	OR LOCATIO	ON OF DE	04-26	<u>s-10</u>			ngton, D.C.
DIRECTOR	PRINCE GEORGE'S		CENTER		CHEVE		ON OF DE	EAIR			NCE C	EORGE'S
3EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION					1	Od. INSIDE CITY
	MD Prince	e George's		Land	dover						١,	LIMITS?
FUNERAL	10e. STREET AND NUMBER				1	H. ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
Ä	7127 East Spring Stre					0785				Unite	d Staf	es
	11. MARITAL STATUS 1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. ARI	MED IO	If yes, s	pecify Cubar	F HISPAN n, Mexicer	IIC ORIGIN? n, Puerto Ri	(Specify Yes	or No—	14. RACE - Black,	- American Indien, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES X		1 🗌 YE	S 2 NO	Specify	y:			Specify:	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DE(CEDENT'S	USUAL OCCUPAT	ION		16b.	KIND OF BUS	SINESS/IND		Diack
9	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	se retired.)	usi or working	v					
MP												
	17. FATHER'S NAME (First, Middle, Lest) Henry Williams					1			iddle, Maiden	Surname)		
H	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	AOORESS (Street		y New		r City on Town	- Ctate Tie	Codel	
임	Mary K. Barbour				st Spring							
	20a. METHOD OF DISPOSITION	and the Chair	20b. PLACE A	NDDATE	OF DISPOSITION /A		La La	OATE	20c. LO	CATION - C	Offy or Town	, State
	4 Donation 6 Other (Specify) Glenwood Compters)											
	21. SIGNATURE OF PURELAL SERVICE LIC	CENSEE	11		E.M. DU							
	CA 111	NU	ller	-	3200 R	node Is	sland	Ave	Mount	Raini	er. MD	20822
	23. PART i. Enter the diseases, or a shock, or heart fallure.	complications that List only one cau	t caused the da	ath. Do	not entar the m	oda of dyli	ng, auch	h aa cardii	ac or reapi	ratory arre	eat,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	(/)	2	_	The Original		. /	1				Onset and Death
	resulting in death) a. Oug To lon as a consequence or:											
_		Al	and	6		-/-	1.		_			į .
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE 10	(OR AS A CONSEQ	UENCE O	FI:	7						
5	CAUSE (Disease or injury	C	OR AS A CONSEQ		1	/						
Ē	that initiated events resulting in death) LAST	DUE TO	TON AS A CONSEQ	WENCE OF	n:							
		d										1
DICAL	PART II. Other aignificant condition	a contributing to	death but not re	eaulting	In the underlying	g cause g	iven in i	Part i.	24s. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Ē								-	1 TYES 2	₹ NO	0	OMPLETION OF CAUSE F DEATH?
PHYSICIAN: ME								-			1	YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF OR	FATH (Che	ack only one!				-
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:							
¥	27, MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF 28c. IN	JURY AT	siderice (RIBE HOW II	NJURY OCC	URED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, D.	ay, rear)	INJ		ORK? YES 2 [NO NO					
131	3 Suicide 6 Could not be	26e. PLACE O building,	FINJURY — Al hon atc. (Specify)	ne, farm,	street, factory, offi	:0			TION (Street e Town, State)	and Number (or Rural Rou	te Number,
Ë	4 Homicide determined											
COMPLETED		CIAN: To the best of										
			kamination and/or in	nveetigetic	n, in my opinien,				nd place, en			nd manner es stated.
BE	290. SHIDHATURE ARD HILE ON THITIFIED					29c LICE	NSE NUM	IBER	13	29d. DATE	SIGNEO	Ionth, gay, Year)
2	17/17/	-				110	X D	68	5	- 3	12	1183
F	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (7/pe	Print						7	1/
٦	- 1/. 0	V				20795					7	1/
-	- 1/. 0	2 Landover		lover.	Mary Tand	20785						





	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	retain	Sho		otiff
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	fter (the /	loval.	ial e
	JIS 3	E D	ren	edic
	A Po	pall	n, or	E
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	e pe	Siciar	rior	trau
	ificat	phy	one p	her
	Cert	ding	Hygie	r of
	leath	aften	ntal	7,0
	the d	the	In fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in in
	that	d by	h and	J.
	ires	Signe	leaft	A 23
	regu	een :	0f h	sho
	MP	as b	Dept.	23
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	CIAN	rtific	he S	-
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	G P	er th	ath w	nark
	NON	T: Aft	r dea	20
	ATTE	CTOR	afte	28
	DR /	DIRE	OURS	E
	TAL	ME	2	=
	SPI	MER	thin	팋
	王里	E P.	M P	E
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	-	13	3	-

CINDA Whithy
31. DATE FILED (Month, Day, Year)

MAY 2 8 199

1993

	FOR STATE REGISTRAR	STATE OF MARYLAND			HEALTH AND F DEATH	MENTAL HYGIEN	-	3 16625				
	1. DECEDENT'S NAME (First, Middle, Last) WAIR B		iddle N Junion	Name:	2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATH 3. 3. TIME OF DEATH M					
	225-38-3278	5. SEX 6. AGE (in yrs. le:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 17,	1933	e. BIRTHPLACE (State or Foreign CountryBuckingham Virginia				
TOR	98. FACILITY NAME (If not institution, give stre	11 Ch		Cheve	or Location of o	EATH		ce George's				
DIRECTOR		ce George's			WN OR LOCATION 10d. INSIDE CITY LIMITS? 1 □ YES 2 🖔 NO							
FUNERAL	10e.STREET AND NUMBER 4549 Dallas Place			20748		United States						
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 XIII IF YES, GIVE WAR OR DATES		If yes,	ECENDENT OF HISPAI specify Cuben, Maxici ES 2 NO Specif	NIC ORIGIN? (Specify Yes an, Puerlo Ricen, etc.) fy:	17 (Specify Yes or No— Rican, etc.) 14. RACE — American Indi Black, White, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sive kind of w Do NOT us	USUAL OCCUPA vork done during i e retired.)			usiness/industry ruction					
BE COM	17. FATHER'S NAME (First, Middle, Last) Rufus Booker 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mattie Moseley											
5	19a. INFORMANT'S NAME (Type/Print) Betty William Booker (Wife) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4549 Dallas Place Avenue #203, Temple Hills, MD											
	20a. METHOD OF DISPOSITION 1X Pauriel 2 Creme flon 3 Removal from State 4 Conetion 6 Cother (Specify) 20b. PLACEAND DATE of DISPOSITION (Name of cemetery, cremetory or other place) Mt. Olive Baptist Cemetery 93 Buckingham Co., VA											
	21. SIGNATURE OF FUNERAL SERVICE LICE	Causen		Du Di	and address of fa inkum Fund 111wyn, V:	eral Home irginia	23936					
	23. PART I. Entar the diseasea, or complications that caused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Diseas											
SERTIF	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILIABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 NO 1 Inpatient 2 VER/Outpatient 3 DOA 4 Number Norm 5 Positions 5 Other County											
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. If	me 5 Residence 6 Other (Specify) JURY AT ORK? YES 2 NO							
	3 Suicide 6 Could not be detarmined	treet, factory, off	Hice 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	, , , , , , , , , , , , , , , , , , , ,									
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DAMES OF STREET										

CAUSE OF DEATH (ITEM 27) (Type, Print)

15 9556 CRAIN A

32. REGISTRAN'S SIGNATURE

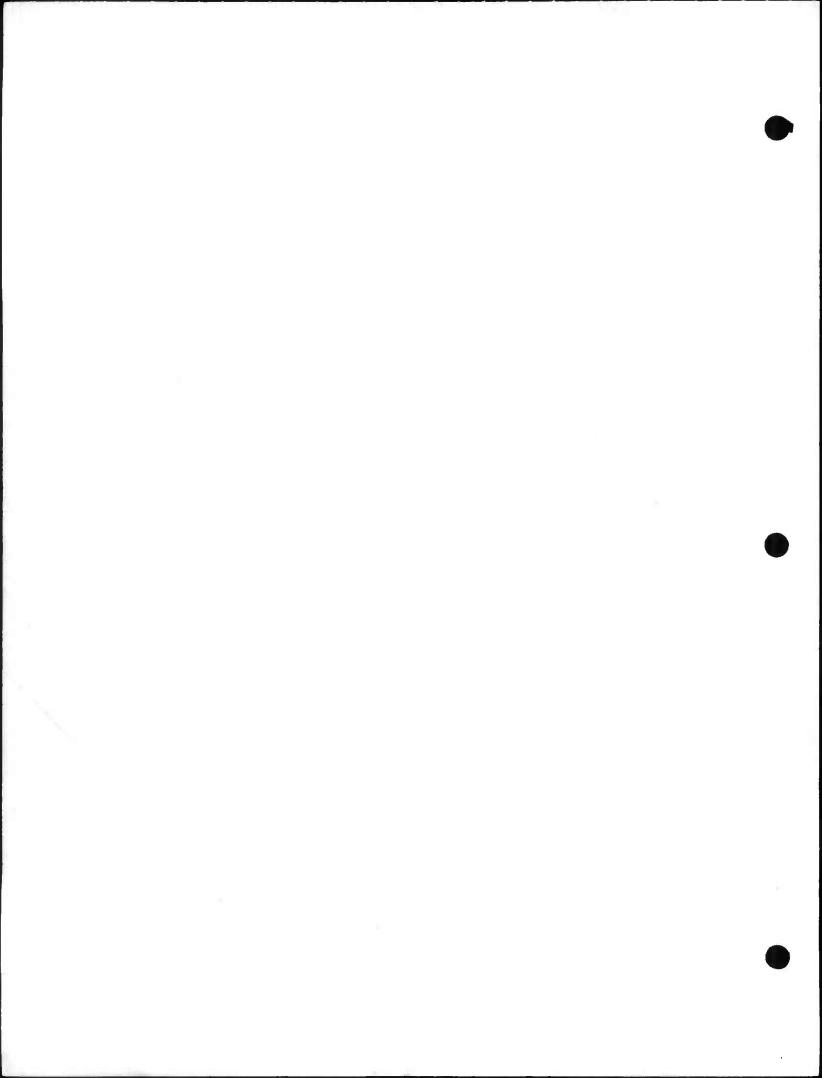
Javidson-Rindson

Upper marelboro

MO

DHMH-16 Rev 1/89

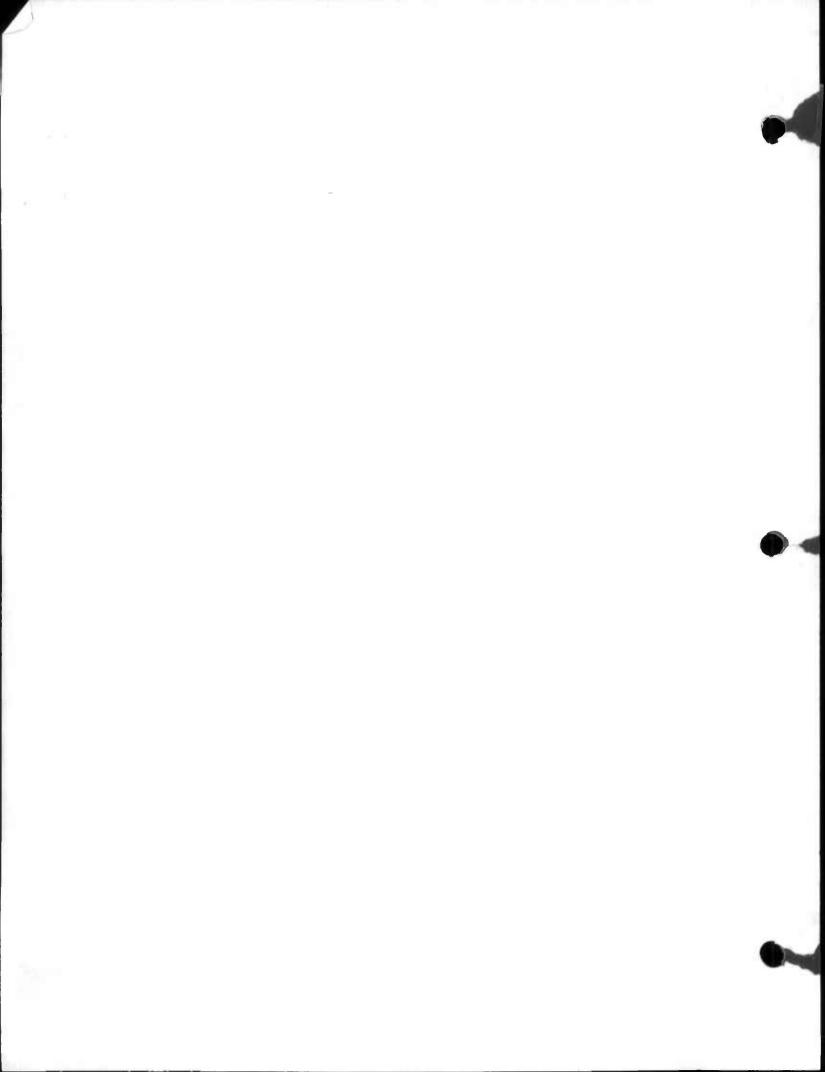
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FOR

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ied in by the funeral director, page 5 should be detached for use as the burlat-transit permit. , or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		OINIE OI II	C	ERTIF	ICATI	E OF	DEA	TH	MENIAL	REG. NO		3	10020)
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
- "	SHIRLEY	1						MAY	22,19	93	YEAR	9:45p.m.	M		
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. la	et birthday)	IF UNDER		IF UNDER 24 HRS		7. DATE O	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Fore)	ion
- 8	578-46-3983		1 🗆 M 2 💢 💢	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	7,	1936	Cun	berland,	Md.	
1 8	Sa. FACILITY NAME (If not inst			27711		9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		_	NTY OF E		
OR	DOCTORS		ITY HOSE	TIAL		LAN	HAM•	SEAB	KUUK			PRI	NCE	GEORGE'S	co.
DIRECTOR	RESIDENCE OF DECEDENT														
1 1 1		2411 - 22111	Coorgo	l _c		Y, TOWN		TION				10d. INSIDE CITY LIMITS?			
	Maryland Prince George's				Riverdale							1 - YES 2 - N	0		
HA H	6511 60th Avenue				101. ZIP CODE 20737						J.S.	WHAT COUNTRY?			
FUNERAL	7.			T EVED IN HE A											
	1 Never Married 2 N		FORCES? 1	YES 2	YES 2 NO If yes, specify C			ECEDENT OF HISPANIC ORIGIN? (Specify % specify Cuban, Mexican, Puerto Rican, etc.) ES 2 NO Specify:			(Specify Yes	14. RACE — American Indian, Black, White, etc.			•
BY	3 Widowed 4 X Divorc	bed	IF TES, GIVE W	AH OH DATES								Specify: white			
COMPLETED		DENT'S EDUCA		16a, D	16a. DECEDENT'S USUAL OCCUPATION				16b. I	IND OF BU	SINESS/INS	DUSTRY			
	Elementary/Secondary (0-1		College (1-4 or 5+	166	(Give kind of work done during most of working life. Do NOT use retired.)										
M M	9			Н	Homemaker				Own home						
8	17. FATHER'S NAME (First, Mid							18. MOT	HER'S NA	ME (First, Mic	Idle, Maiden	Surname)			
H	Ira Alonza		ey							y Par				r	
2	Donald E.			19						Route Number			,		
				1000000	6511		th		nue,	Rive	-				
	20a METHOD OF DISPOSITIO 1 Department 2 Cremation 4 Donation 5 Other (S	3 🗆 Remov	al from State	20b. PLACE	ematory or	of DISPOS	SITION (Ne	ame of		DATE E / 2.7		CATION —			
3	21. SIGNATURE OF FUNERAL		NSEE	/	inco				SS OF EA	5/27	Dr	rentwood,Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home														
	N Con	sla		1. Ja	41	~	4739	-Bal	timo	re A	e H	vatte	lliva	e Md 207	81
	23. PART i. Enter the dis- shock, or her	eases, or con ort failure. Lis	mplications that st only one cau	caused the deserving	eath. Do i	not enter	the mo	de of dy	ing, suc	h as cardis	c or reap	iratory an	rest,	Approximate interval Bets	
П	IMMEDIATE CAUSE (Final disease or condition														
	resulting in death) a. Chal faillif														
1_1	Sequentially list conditions b. Congertial Heart Failers														
0	Sequentially list conditions, If any, leading to immediate														
8	cause. Enter UNDERLYIN	IG	5 6	A LA										İ	
臣	CAUSE (Disease or injury that initiated events		OUE TO	OR AS A CONSE	QUENCE O	F):	+	^	1			1			
CERTIFICATION	resulting in death) LAST	d	- Chr	me	Offe	lru	elle	he h	rel	mon	ary	LHR	Lay		
	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS														
DICAL					rosanting	iii tiio di	derrynn	A canas i	given in		PERFO	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAU	
03										— ¹	YES 2	NO	OF DEATH?		
. ME														1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
200	EXAMINER? 1 YES 2 NO		HOSPITAL:	ED/Outpetient 1	n 🗆 004	OTHER	A:								-
Ě	27. MANNER OF DEATH		28e. DATE OF		28b. TIN		-	URY AT	sidence	6 Other (ec/ly) BE HOW INJURY OCCURED			
	1 Natural 5 Pe	ending vestigation	(Month, Da	ly, Year)	IN.	IURY M	WO	PRK?	МО						
) BY	• -		28e. PLACE OF	F INJURY — At he	f — At home, farm, street, factory, office			10	281. LOCATION (Street		ION (Street	et and Number or Rural Floute Number,			
TED		Sullding atc (Specify)													
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.														
MO	(Check only 1 Different Prince														
	29b. SIGNATURE AND TITLE OF CERTIFIER								ENSE NUM			29d. DATE SIGNED (Month, Day, Year)			
BE	Harry	Criss	a.	In	16)						4/22/9>			
5	36. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)			_				1	3/1,5	
				ſ											
	31. DATE FILED (Month, Day, Ye		32. BEGISTRA	B'S SIGNATURE	2. 2.00	0									
98	31. DATE FILED (Month, Day, Year) 32. BEGISTRAD'S SIGNATURE Fina Davidson-Nondelle										>				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AL DIRECTOR	TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
200000000000000000000000000000000000000	al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
armit. Pages 1, 2, 3 should	he funeral director, page 5 should be detached for use as the burial-transit or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit permit. Pages 1: 2, 3 should
è	or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
COMPAND OF THE PARTY OF THE PAR		

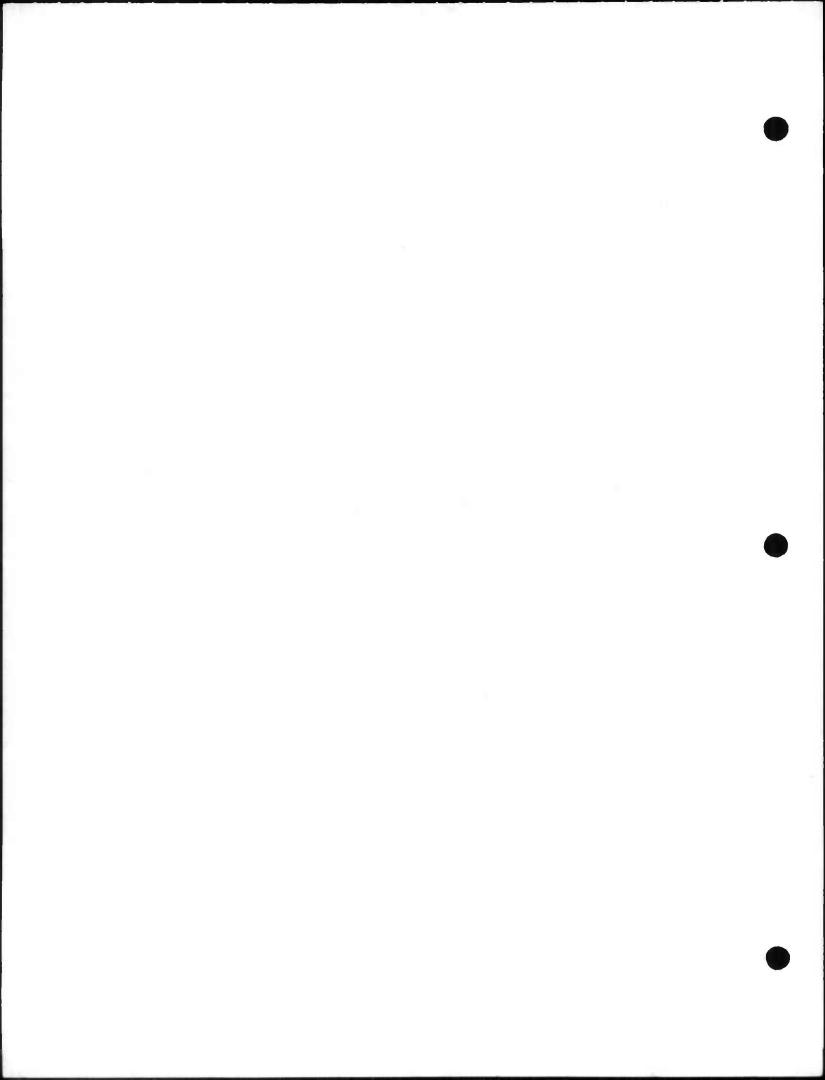
7	1. DECEDENT'S NAME (First	Added to 1 and		-	-		OA		_ DEA		_	REG. NO.			
	Richard Bri										May	of DEATH 20, 1	993	YEAR	3. TIME OF DEATH 12:05 P
1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last	birthday)	IF UND	DER 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
1	500-28-1883		1 🔀 M 2 🗌 F	6	1	YRS.	MONTH	1 2	11/2	Min.	7/	th, Day, Year) 19/31		Countr	» ssouri
	Malcolm Gr			1 Cer	ntar		9b. CITY, TOWN OR LOCATION OF DEATH Andrews AFB, MD				Prince Georges				
	RESIDENCE OF DEC	EDENT	ir licuica	1 001	ILCI		Andrews Arb, rib					1111	ice d	eorges	
	10a. STATE	10b. COUNTY	1			10c. CITY	TY, TOWN OR LOCATION 10d. INSIDE CITY						10d. INSIDE CITY		
	MD 100, STREET AND NUMBER	P.G.				Dis	strict Heights							LIMITS?	
į	106. STREET AND NUMBER						10f. ZIP CODE						10g. CIT	ZEN OF V	VHAT COUNTRY?
	2028 Oakwood Lane						20747					United States			
	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARA	4ED	1:	3. WAS D	ECENDENT	OF HISPAI	VIC ORIGI	N? (Specify Yes			
И	1 Never Married 2 🖔 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DAT	ES	o		1 Yes,	specify Cub	en, Mexica Specif	in, Puerto V:	Rican, etc.)	Specify:		
1	3 Widowed 4 Dive	rced	1950	- 19	70								Black		
ı	15. DEC	EDENT'S EDU	CATION completed)		18a. DEC	EDENT'S	USUAL	OCCUPA	TION most of work		161	. KIND OF BUS	INESS/INE		-
ı	Elementary/Secondary (0		College (1-4 or 5 d	·)	life.	Do NOT us	e retired	t.)	most or work	ng					
	annual T	0		c	ook	Ž					G	overni	ment		
	17. FATHER'S NAME (First, M	iddle, Last)							18. MO1	HER'S NA		Middle, Malden			
	Richard :	Britt							1	ıth			,		
1	19s. INFORMANT'S NAME (7				106	MAILING	ADDRE	ee /Ctmo				ber, City or Town	A		
															000.0
ı	Bessie Br								-	Jane					20747
	1 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Reme	ovat from State	- 20b. F	tery, cren	natory or ot	her plec	osition/ Nat:	iona	l 5	/27	/93 A	rlin	ato	wn, State n , VA .
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			- 100	V 2:	2. NAME	AND ADDRE	SS OF FA	CILITY	Hodge	s an	d E	dwards
	1 Jan	ice	Edi	va	COV	5	/					_			it.MD.
7	23. PART I. Enter the di	seases, Dr C	omplications the	caused t	the dea	th. Do n	Dt ent	er the n	node of dy	ing, suc	h ss can	disc or reapir	ratory arr	est.	Approximate
H	immediate cause (Fin	eart Tallure.	List Dnly Dne cau	se Dn ead	ch line.										interval Between
	disease or condition		Sancic										Onset and Death		
	resulting in death)	- 03	Sepsis	(OR AS A C	ONSEO	HENCE OF									
						_	•	0							
	Sequentially list conditi	ons,	Metasta	OR AS A C				Caro	cinom	3					
1	if any, leading to immed cause. Enter UNDERLY!	210				DENCE OF).								
ı	CAUSE (Disease or inju		Hyperca	lcemi	La	UENOE OF							_		
	that initiated events resulting in death) LAS		502 10	(OH AS A C	ONSEO	UENCE OF	J:								
	Total III dealing and		d												
	PART II. Other significa	nt condition	a contributing to	death but	npt re	sultina i	n the	underlyi	na Cause	given in	Part I	24a WAC AN	MITTOREV	245	WERE AUTOPSY FINDINGS
						outing t	in the underlying cause given in Part i. 24s				PERFORMED? A			AMILABLE PRIOR TO	
												1 - YES 2	NO 🔁		COMPLETION OF CAUSE OF DEATH?
H															1 - YES 2 - NO
ł															
i	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:						PLACE OF D	EATH (Ch	eck only o	ne)			
ı	1 TYES 2 X NO		1 X Inpatient 2	ER/Output	lent 3	DOA	OTHE		ome 5 🗆 R	sidence	8 🗌 Othe	er (Specify)			
I	27. MANNER OF DEATH		28s. DATE OF (Month, De	MJURY		28b. TIME	OF	28c. II	NJURY AT			SCRIBE HOW IN	JURY OCC	URED	
1		Pending nvestigation	(Month, D)	ny, re-er)		INJ	М		VORK? YES 2	□NO					
ı	a Cutatta	-	28e. PLACE O	F INJURY -	- At hom	e, farm, s	treet, fa			-	281 1 00	ATION (Street at	nd Number	or Primi D	huite Mumber
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)									or Town, State)	na riumber	or nurer n	oute number,			
1	29a. CERTIFIER	utarina													
ı	(Check only one)	IFYING PHYSIC	CIAN: To the best of	my knowled	igs, dea	th occurre	d at the	time, da	ts and place	, and due	to the car	use(e) and mani	ner sa stat	ød.	
IL	2 MEDI	CAL EXAMINE	R: On the basis of ex	amination (end/or in	veatigation	n, in my	opinion,	death occu	red at the	time, date	and place, and	due to th	s ceuse(s)	end manner as stated.
	29b. SIGNATURE AND TITLE	OF GERTIFIER	-						29c. LIC	ENSE NUM	BER	T	29d. DATI	SIGNED	(Month, Day, Year)
	Janes (X	Tun for	5									▶ 20	May	93
Î	30. NAME AND AODRESS OF			E OF DEAT	H (ITEM	27) (Type,	Print)	Mala	201m	Trott	TICA	F Medic			
	Janet C. Sh						•							ente	:1
1			32. BEGISTUA			-		Andi	rews .	ArB,	MD.	20331-6	0000		
	MAY 2 4 199	3 %	nata piurias	21 - 1											
H.		0													

		ď.
BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit
щ	ay be	page
JOR	e 6 m	ector,
N I	Pag.	ांचे विं
AL.	death	e fune
•	s after	by th
	POUR	lled in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
DIVIS	OR ATTE	DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

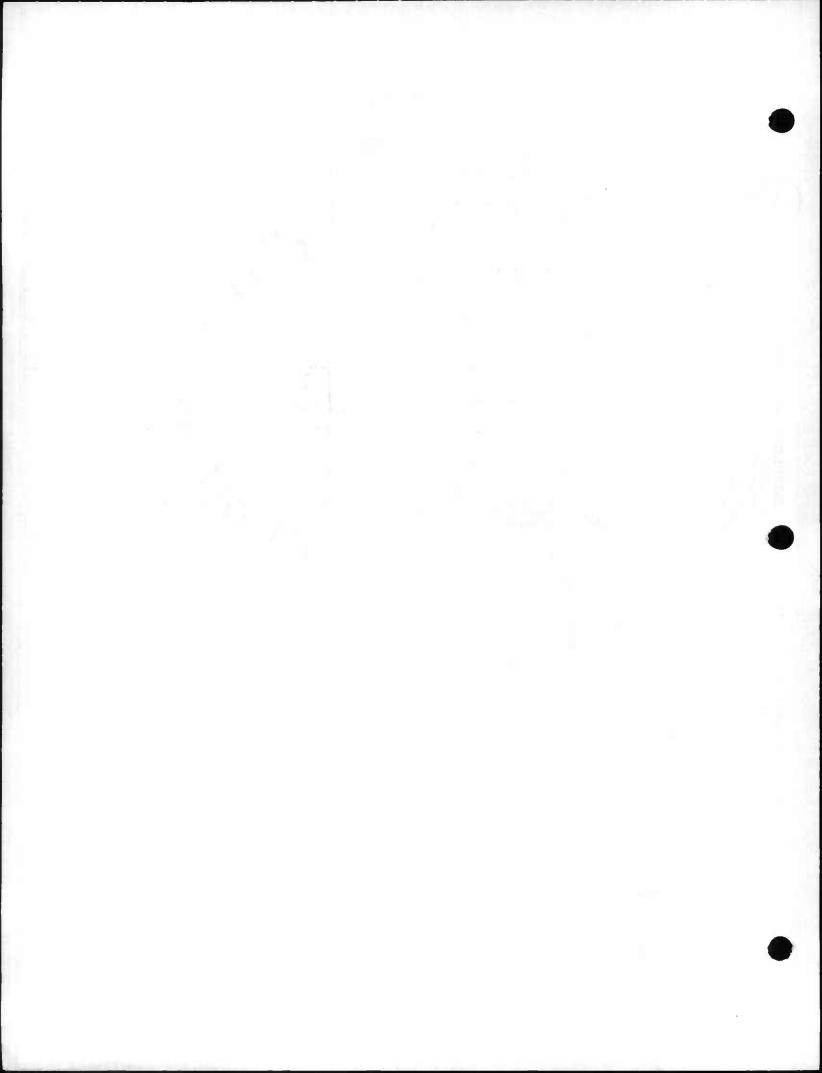
_	REGISTRAN			CKIIL	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) AIMEE ROSE	BOUGARD	TC			-		2. DATE O MONTH	DA	NY .	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER							May	23		993	12:45 A M
97	579-34-8726	5. SEX 1 M 2 K F	8. AGE (In yrs. la	st birthday) YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) MONTHS DAYS HOURS MIN. (Month, Day, Year)				Day, Year)	007	Count	**
	Sa. FACILITY NAME (If not institution, give a		9h CITY I	March 2, 1907 France 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN								
Œ	Carroll Manor Nur					EAIH.		3111-2-1-5				
DIRECTOR	RESIDENCE OF DECEDENT		нуа	tts	ville			Pr	ince	George's		
RE	10a. STATE 10b. COUNTY	10c. CIT	, TOWN OR	LOCAT	ION					10d. INSIDE CITY		
5	N/A N/A				shing	ton	, D.C.			1 X YES 2 NO		
AL	10a. STREET AND NUMBER					_	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1600 Buchanan Street, N.E.				20017					U.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT			13. W	AS DECI	ENDENT OF HISPAN	IIC ORIGIN?	Specify Yes			E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		NO			2 A NO Specifi		an, etc.)		Spec	
												White
Ē	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ive kind of w	USUAL OCC	UPATIO	N st of working	16b. K	IND OF BUS	INESS/IN	DUSTRY	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe	Do NOT us	e retired.)							
COMPLETED	12		Ra	ilway	7 Cle	rk		Ra	ailro	ad		
	17. FATNER'S NAME (First, Middle, Last)					ı	16. MOTHER'S NA			Sumame)		
BE	Louis Toussiant Ro	oubaud		_			Elsie					
2			- 1				nd Number or Rural F					
	Diana Culbertson		1	600 E	Buchar	nan	Street,	N.E.	Was	hing	ton,	D.C. 20017
	1 M Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	20b. PLACE . cemetery, cre	AND DATE O	F DISPOSITI	ION (Nar		DATE	7.7		City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Cedar	emetery 5/25/93 Suitland, Maryland							ryland	
	Tarabana of Puneral Service in	QZ:		,	Fra	anci	is Gasch	's Son	ıs Fui	nera	1 Hor	ne, P.A.
-	23. PART / Enter the diseases, or co	omplications that			473	39 I	Baltimore	e Ave.	Hya	ttsv	ille	MD 20781
	anock, or naert failure.	List only one caus	e on each line		ot anter tr	ne mod	se or aying, suci	n as cardie	c or reaple	ratory sr	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition											
- 1	resulting in deeth)											
_1	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Ă	n sny, seeming to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disesse or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
EDICAL	an cer	- (eeth but not r	eaulting i	0 -	-		Part I. 2	PERFOR		24b.	WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO
ă		07 (ocon		12001	00	3 1989)	1	YES 2	NO		OF DEATH?
									/			1 - YES 2 - NO
ž I												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHER:	26. PL/	ACE OF DEATH (Che	ock anly one)				
YS	1 YES 2 NO	1 Inpetlant 2			4 Nursin	g Home	5 Residence	6 🗆 Other (S	Specify)			
퓝	1 Natural 5 Pending	26s. DATE OF III (Month, Day		26b. TIME INJU	JRY 21	Bc. INJU WOF		28d. DESCR	IBE HOW IN	JURY OC	CURED	
┢	2 Accident Investigation						ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF building, et	INJURY — At ho ic. (Specify)	me, farm, s	treet, fectory	y, office		26f. LOCATI City or	ON (Street a. Town, State)	nd Numbe	r or Rural F	loute Number,
릴Ⅱ		CIAN: To the bast of m										
COMPLET	one) 2 MEDICAL EXAMINER	3: On the basis of axa	mination and/or i	nvestigation	, in my opir	nlon, de	eth occured at the	time, data an	d place, and	due to ti	he cause(a) and manner as stated.
шШ	296. SIGNATURE AND TITLE OF CERTIFIER	-	-1	1	1/1.		29c. LICENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
∞	John	- > Vs	100 bo	n	MII)	DITI) 49				, 1993
일	30. NAME AND ADDRESS OF PERSON WHO			4 27) (Type,	Print)	_				110	-1 44	, 1793
	Dr. John F. Gusta) Wis	consi	n A	venue, C	hevy	Chase	, MI	20	815-3530
	31. DATE FILED (Month, Day, Year) MAY 2. 6. 1993 Su	32. REGISTRAN	s signature - Randell									



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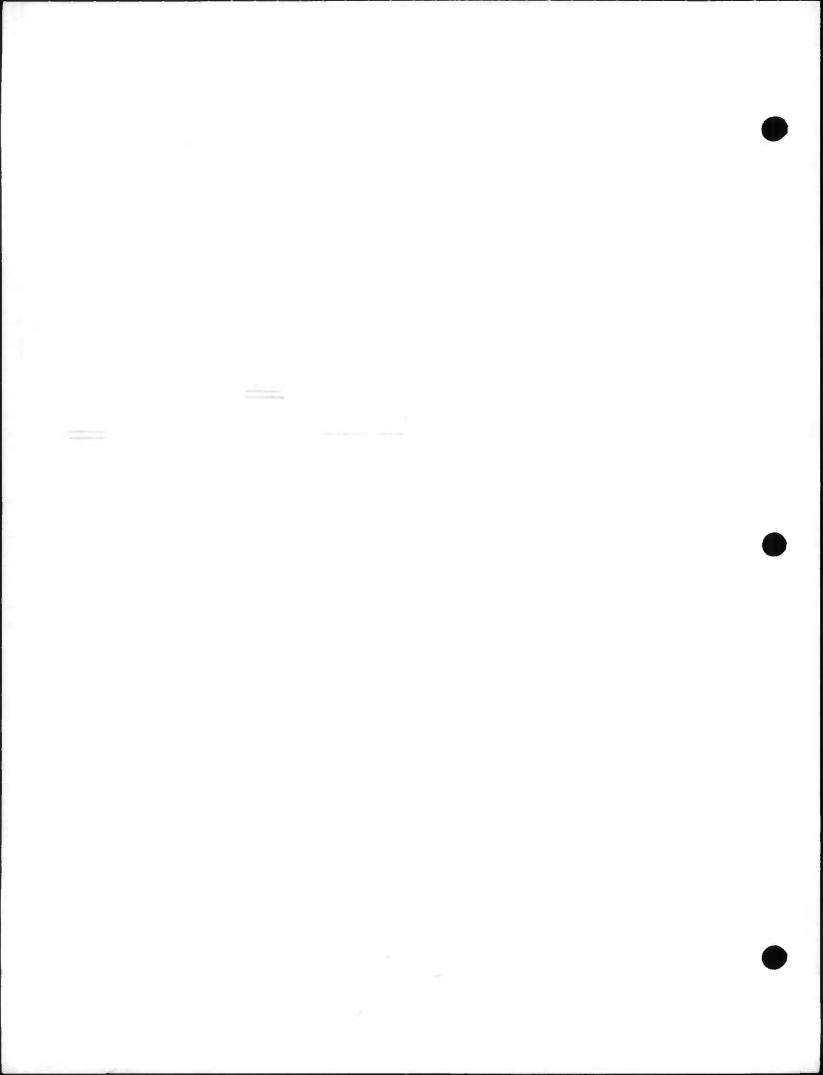
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOTHE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundathansit pe		minar must be notified of sees
	ie faw requires that the death certificate be en	has been signed by the attending physician a	Dept. of Health and Mental Hyglene prior to	23 shows any injury or other fraum
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: TH	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT If item 28 is marked or item 23 shows any injury or other fraumatic event the medical examinar must be notified at once.
1	-	-	-	No.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIE		13 16629			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH			
	OZZIE L. BROOK	S				монти Мау 19,		'EAR M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	243-42-3167	1 🗆 M 2 💢 F	63 YRS.	MONTHS DAYS	HOURS MIN.	July 31,	1929	North Carolina			
_	Se. FACILITY NAME (If not institution, give str	eet and number)	OR LOCATION OF D			OF DEATH					
DIRECTOR	Garrett Mem. Hos										
E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CI1	TY, TOWN OR LOCA	TION			10d, INSIDE CITY			
뜸				ashington				LIMITS?			
	10e. STREET AND NUMBER				f, ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?			
E	4925 Quarles St	., N.E.			20019			SA			
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS OE		NIC ORIGIN? (Specify Y		. RACE - American Indian.			
BY F	1 Nover Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexic	an, Puarto Rican, etc.)		Black, White, etc. Specify:			
	3 XWidowed 4 Divorced							Black			
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF B	USINESS/INDUS	TRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.) Itician		D					
₩.			Dead	icician		Priva					
ပ္ပ	17. FATHER'S NAME (First, Middle, Last) James Ingram					AME (First, Middle, Maide	n Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)		1 20 10000		Leola	7					
임	Valorie Mays		1 - 11 - 1			Route Number, City or To					
		1929 Qualitas Delect, NL, Wash., D.C.									
	20a, METHOD OF DISPOSITION 1 Generation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemptery, cremetory or other place) Harmony Mem. 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 1 Landover. MD										
- 3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE* 22. NAME AND ADDRESS OF FACILITY										
	642 Frazier's Funeral Home, Inc. 389 Rhode Island Ave., N.W.										
	23. PART i. Enter the diseases, or od	mplications that chused	the death. Do	not enter the mo	de of dying, suc	ch ss cerdiec or res	oiratory srres	t, Approximate interval Between			
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final										
	disesse or condition resulting in death)	septic sho	ock					1 day			
		DUE TO (OR AS A	CONSEQUENCE O	PF):							
Z	Sequentially list conditions, 6.	urinary to						1 day			
CERTIFICATION	If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE O	IF):							
길	CAUSE (Disease or Injury										
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
핑	d.										
A	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underlyin	g cause given in	0.000.00		24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDIC	persistent veget	ative state	, diabet	es melli	tus	YES	2 NO	COMPLETION OF CAUSE OF DEATH?			
ME				1 YES 2 NO							
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (C)	heck only one)					
YSI	1 TYES 2 NO	1 Inpatient 2 - ER/Outp									
F	27. MANNER OF DEATH 1 X Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW	INJURY OCCUP	BED			
B⊀	1 A Natural 5 Pending 2 Accident Investigation				YES 2 NO						
ED	3 Suicide 6 Could not be 4 Homicide determined	26a, PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic		26f, LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	IAN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and due	to the cause(s) and mi	nner as stated.				
S S	one) 2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation	on, in my opinion, d	eath occured at the	time, date and place, a	nd due to the c	ause(s) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			10	29c. LICENSE NU	MBER	29d, DATE S	IGNEO (Month, Day, Year)			
TO B	world o har	man	mi		D25759		▶ 05-	19-93			
5	30. NAME AND ADDRESS OF PERSON WHO Walter K. Naumann,				MD 2152	20					
	31. DATE FILED (Month, Day, Year)										
	MAY 2 4 1993	32. REGISTRAR'S SIGN	dson-Rande	222							



	hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Ę,	E #	28
	OR	OIRE	E
	TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	=
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	Ξ	工品	2
	5	22	=

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEATH		3. TIME OF DEATH			
1	Arlene -	Janie	Ban	KS		MONTH DA	-	O833 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign			
	214-32-8320	1 🗆 M 2 🗸 F 📗 5	8 YRS.	MONTHS DAYS	HOURS MIN.	NOV 26, 19	934 D	IST. of COL.			
	Se. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY				
DIRECTOR	WASHINGTON ADVENT	PIST HOSPITA	L	TAK	OMA PARK		MON'I GOMERY				
[5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										
E	7	27/2		Y, TOWN OR LOCA			10d. INSIDE CIT LIMITS?				
	N/A 10e, STREET AND NUMBER	N/A	WAS	HINGTON	, D.C.		1 X YES 2 NO				
FUNERAL	1000	T MODERNICE					g. CITIZEN OF WHAT COUNTRY?				
E	14 CHANNING STREE	12. WAS DECEDENT EVER II	IIIS ARMED	12 WAS DE	2000	L NIC ORIGIN? (Specify Yes		JSA RACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s	pecify Cuban, Mexica S 2XXNO Specif	n. Puerto Rican, etc.)		Black, White, etc.			
В	3 X Widowed 4 Divorced	II TES, GIVE WAN ON DE	AIES	1 ' 1 ' 1	STATIO Speci	у:		Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUS	INESS/INDUST	RY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illu. Do NOT us	e retired.)							
MP		2 YEARS		LIBRARI.	AN	F	RIVATE				
8	17. FATHER'S NAME (First, Middle, Last)	7.73				ME (First, Middle, Malden	Sumame)				
BE	ARTHUR DAVAG	3E			HATTIE HAN	HE JAMES					
2	19a. INFORMANT'S NAME (Type/Print)		196. MAJLING LAK	ADDRESS (Street E SHORE D	and Number or Rural	Route Number, City or Town	, State, Zip Cod	fe)			
-	TYRONE C. BANKS			E SHORE D		ELLVILLE, M					
	20a. METHOD OF DISPOSITION 1 M Burlet 2 Commatten 3 Femo	val from State cen	PLACE AND DATE OF SECTION OF SECT	of DISPOSITION (A ther place)	ame of		CATION — City	and the second s			
	4 □ Donattin S □ Other (Specify) 21. SIGNATURE OF FUNERAL SETVICE LICE	Degree F	ORT LINC		ETERY NO ADDRESS OF FA		NTWOOD	, MARYLAND			
	\ / (e	10				UNERAL HOM	Œ				
\vdash	1/2 R	14		7474	LANDOVER	RD, LANDOV	ER, MA	RYLAND 20785			
	23. PARTA. Enter the diseases, or co shock, or heart failure. L	int only one cause on e	the death. Do rach line.	ot enter the m	ode of dying, suc	h as cardiac or respir	ratory arrest,	Approximata Interval Between			
1	IMMEDIATE CAUSE (Final	Δ.	54.	~	0.00	۸. ۵۵	* \\ 1	Onset and Death			
	disease or condition resulting in death) ANOXIC ENCEPIATO PATHY DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A	CONSEQUENCE OF	7):	D. G.	AINONIA					
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A			MAR	THI NOT					
'AT	tf any, leading to immediate cause. Enter UNDERLYING										
I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):				<u> </u>			
E	resulting in death) LAST										
2	DART II On a shall and a shall										
¥	PART II. Other significant conditions	contributing to death b	ut not reaulting i ∾∕	n the underlyin	g cause given in	Part i. 24a, WAS AN a PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC	770			0-000		1X YES 2	□ NO	OF DEATH?			
	(TMI)	r ENU BIC	KLAR	1744	~ 40/10.	M		1 - YES 2 - NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
I I	EXAMINER?	HOSPITAL:	matters of	OTHER:	LACE OF OEATH (Ch						
\ ¥	27. MANNER OF DEATH	1 Denpatient 2 ER/Outp	28b. TiM		JURY AT	6 Other (Specify) 28d, DESCRIBE HOW IN	HIPV COOLING				
	Netural 5 Pending	(Month, Day, Year)	INJ	URY W	ORK?	200. DESCRIBE NOW IF	IJUNT OCCURE				
ВУ	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	- At home, term, t			281. LOCATION (Street a	nd Number or B	lural Boute Number			
윤	4 Homicide determined	building, etc. (Spec	effy)	,,		City or Town, State)	140111001 01 11	orar ribato tvarnosi,			
Ē	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my know		a usus agrivan			U SAV				
COMPL								use(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		•		,						
出	The or certifier	MO			29c. LICENSE NUI	MBERI	29d. DATE SIG	NED (Month, Day, Year)			
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) /Tona	Print) ~	11/7	/ /	- /	150[1]			
	GILLDHAR	A	CARE	Print) LL A	NX YS	-36 -0 ~ A 11	206	M 22491)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		77 -	iomA pt	KE	, , ,			
	MAY 2 7 1993	a widson-Han	ndell								



1	•	STATE REGISTR	AF
G	D	ECEDENT'S	MA

	1 - STATE REGISTRAR	SIAIE UF N	IAKYLANU / U CEF	RTIF	ICATE OF	HEALTH	AND W	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las Katherine M	ae BROWN						2. DATE OF DEATH MONTH MAY 25, DA	7993	YEAR	3. TIME OF DEATH 12:15A. M
	4. SOCIAL SECURITY NUMBER 241-48-6820	5. SEX 1 M 2 F	8. AGE (In yrs. lest b	IST DIRTHOGY) SE UNDER 1 YEAR SF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			MINE.	(Morith, Dey, Year)		8. BIRTHP Country)	
OR	9a. FACILITY NAME (N not institution, give Doctors Commun			9b. CITY, TOWN OR LOCATION OF DEATH Lanham. MD				ATH	y 13,1919North Caroline oc. county of Death P.G.		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	YTY		10c, CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	MARYLAND PRI				VERDAL						LIMITS? YES 2 NO
ERAI	10s. STREET AND NUMBER	2 0			er. ZIP COD					IAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 Forces?			Y Yes, specify Cuban, Mexican,				or No—	SA 14. RACE - Black, Specify.	
	15. DECEDENT'S EI (Specify only highest gri		16a. DECE	DENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/INC	DUSTRY	Black
COMPLETED	Flementary/Secondary (0-12) 7th	College (1-4 or 5+) We. Do	(Give kind of work done during most of working life. Do NOT use retired.) Domestic PRIV					TE		
	17. FATHER'S NAME (First, Middle, Last)							IE (First, Middle, Melden			
) BE	JOHN THOMAS 194. INFORMANT'S NAME (Type/Print)		19b. I	AAILING	ADDRESS (Stree			ER REEVE		Code)	
9		LOR	68	15	RIVER	DALE	ROA	D A-2 Ri	ver	da1e	20737 , Md
	20e. MEJHOD OF DISPOSITION 1 X X Varial 2 Cremation 3 G Re 4 Donation 4 G Other (Specify)	20b. PLACE AND COUNSTON, CHIMIN	DATE O	OF DISPOSITION /	DISPOSITION ///www.c/ DATE 20c. LOCATION — City or Town, State						
	21/SIGNATURE OF PUNERAL SERVICE LICENSEF										
	J.B. JENKINS F.H. 20785										
NO	23. PART I. Enter the diseases, o shock, or beart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Our TO	Consequence of the consequence o	N. Do r	hat	Vy g	ing, such	an cardiac or respi	ratory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e VCA	Main	V	Lys-	lin	Hi	vatro			
IAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	Jan 1	PHM PAH	M	L/W			PERFOR	MEDT		WERE AUTOPSY FRIDINGS INSELECTION OF CAUSE OF DEATH?
ED BY PHYSICIAN:	EXAMINER? 1								ute Nutrober,		
BE COMPLETED		PSICIAN: To the beat of a				death occur		tme, detw and place, and	d due to th	se cause(s) s	and manner as stated.
2	30. NAME AND ADDRESS OF PERSON V					44	440	44	- 0	10-1	7
ĺ		MD 620	OI GREE	NBE	ELT RD	SUITE	E U-1	COLLEGE	PAI	ex, 14	0 20740
	MAY 2. 7 1993	32 REGISTRAI	- Janaar								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev

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100	jj.	

BALTIMORE, MARYLAND 21215-0020

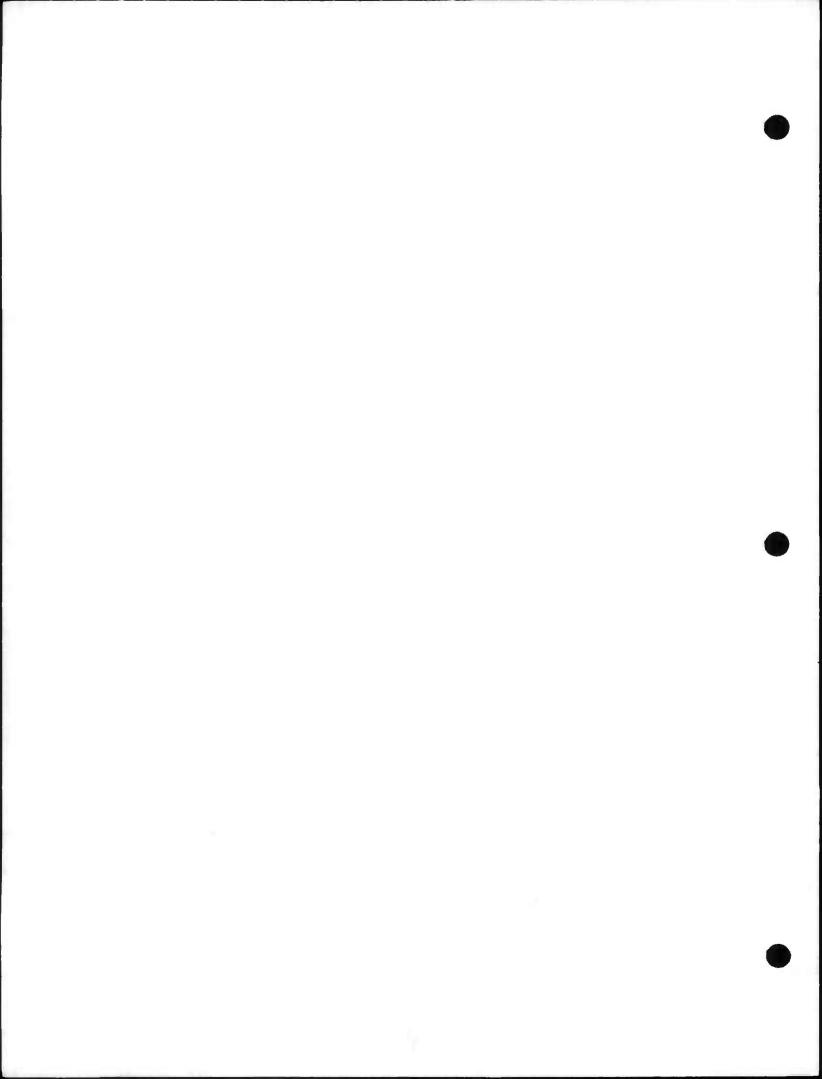
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		CE		ICATE OF				REG. NO.			100012
	1. DECEDENT'S NAME (First, Middle, Las		20	ميد را							3	. TIME OF DEATH
	MARIE	Lucus	BRYA	NI				2. DATE OF MONTH	21		193	12:27 PH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF (Month, D				ACE (State or Foreign
	578-28-1913	1 🗆 M 2 💢 F	79	YRS.	MONTHS DAYS	HOURS	MIN.	FEB	2,19	114	ELLEN	CITY, N.C.
	9a. FACILITY NAME (If not institution, give	atreet and number)		8	9b. CITY, TOWN	OR LOCATI	ON OF DE				TY OF DEA	тн
DIRECTOR	PRINCE GEORGES	MEDICAL CE	ENTER		CHE	EVERL	Y			PRT	NCE G	EORGES
딢	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		100 017	Y, TOWN OR LOCAT					1111		
Ē			30	10c, C11								Dd. INSIDE CITY LIMITS?
	MARYLAND PRI	NCE GEORGE	<u>:S</u>			ANDO						X YES 2 NO
RA	7736 GREYMONT	CMDBEM			101	, ZIP CODI		-		10g. CITIZ		AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVED IN HE AD	MED	140 1170 077		2078	_			US	
	1 Never Married 2 Married	FORCES? 1	YES 2 N	IO IO	If yes, sp	ecity Cuba	n, Mexica	IIC ORIGIN? (S	Specify Yes in, etc.)	or No	14. RACE Black, V	- American Indian, White, atc.
BY	3 Xidowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	2 X NO	Specify	ľ		- 1	Specify:	BLACK
	15. DECEDENT'S EC	DUCATION	18a, DE	CEDENT'S	USUAL OCCUPATION	ON		16b, KII	ND OF BUS	INESS/IND	USTRY	DUACK
<u> </u>	(Specify only highest gra	College (1-4 or 5 +	life	ve kind of Do NOT u	work done during mo se retired.)	st of working	ng					
린	9th grade			CAR	CLEANER				PRT	VATE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First, Midd	de, Maiden S	Sumame)		
BE (EPPIE JONES	3					ROB	BERTA I	LUCUS			
6	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street a	nd Number					Code)	
=	RONNIE MAYNOR		77.	37 G	REYMONT	ST,	LAND	OVER,	MARY	LAND	207	85
ı	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Re	moval from State			OF DISPOSITION (No	me of		OATE	20c. LOC	ATION —	City or Town	, Stata
	4 Donation 5 Other (Specify)		FORT	LINC	OLN CEME	TERY		5/27	BREN	TWOO	D, MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE		•		22. NAME AF				710)	-		
_ 1	Skimbelly	Claus	coe		J.B. J						י איז איז ארו א	ND 20785
	23. PARTA. Enter the diseases, o	compilcations that	caused tha der	ath. Do r	not anter tha mo	da of dyi	ng. such	h as cardiac	or respir	atory arm	est.	Approximate
	ahock, or heart failure iMMEDIATE CAUSE (Final	. Liat only one caus	se on aach lina.							,	,	intarval Between Onset and Death
İ	disease or condition	ACUT	- MYOC	MPN	10/ 11/5	ODA	Time	. 7				Onset and Death
İ	resulting in death)	a. ACUTE	OR AS A CONSEC	UENCE O	<i>INL / VF</i> F):	MRC	HOL	V				<u> </u>
z	e in super more.	. CHROI	VIC HY	PE	TENSIC	INS						j
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO	OR AS A CONSEC	UENCE O	F):	-						
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEO	UENCE O	F):							
5	resulting in death) EAST	d										
ايا	PART ii. Other aignificant condition	one contributing to	death but not re	aulting	in the underlying	cause g	ivan in	Part i. 24	a. WAS AN A	WTOPSY	24b. W	ERE AUTOPSY FINDINGS
DICAL									PERFORM	NEO?	AN	MILABLE PRIOR TO OMPLETION OF CAUSE
								_ '	YES 2	_ NO		F DEATH?
-								_			,	YES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DI	EATH (Che	ock only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:				neciful			
主	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. INJ	URY AT	I	28d. DESCRI		JURY OCC	UREO	
BY F	1 Naturel 5 Pending 2 Accident Investigation	(Month, Da	y, rour)	INJ		RK? ES 2	NO					
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hon	ne, farm, i	street, factory, office			28f. LOCATIO	ON (Street an	d Number	or Aural Rout	le Number,
H	4 Homicide determined		ne. (opocny)					City or ic	own, State)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of r	my knowledge, des	ith occurr	ed at the time, date	and place.	and due	to the cause/s	e) and mans	ar as state	d	
S		NER: On the beals of ax										nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI					29c. LICE						onth, Day, Year)
BE	J. BERGER MD	& Benjen	MD			D 7	59	125		▶ M	1. 22	1997
유	30. NAME ANO ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF OEATH (ITEM	1 27) (Type,	Print)	V 2				1//	ay LL	1113
	J. BERGER, #205	77720 0	UISCON!	SIN	Ave, Be	Thes	da	Md		200	74	
	31. DATE FILEO (Month, Day, Year)	UZ. HEGIOTHAL	1 D DIGITAL ONE							- 0	- 1	
	MAY 9 7 1993	nung Sunda	n-Randell	_								



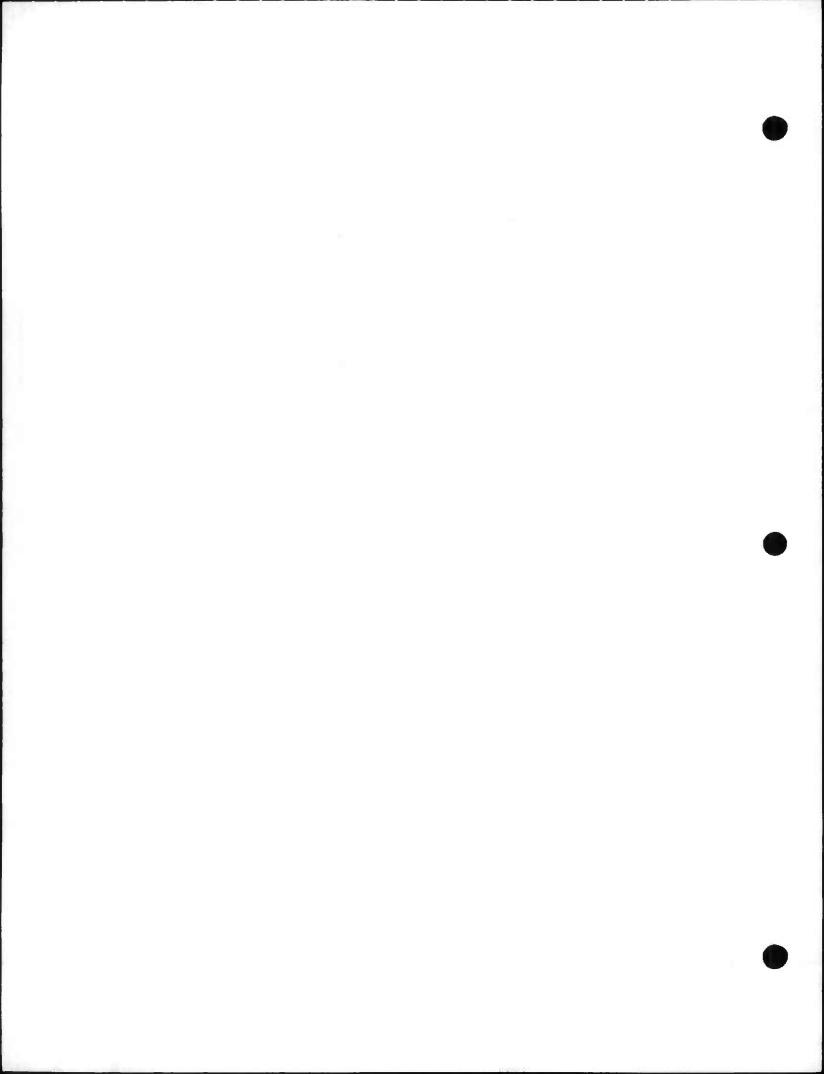
	1 - FOR STATE REGISTRAR	STATE OF MA					DEAT		IENTAL	HYGIEN REG. NO			10000
ŝ	1. DECEDENT'S NAME (First, Middle, Last) Clar	ence E.		R	owli	2.0	C.,		2. DATE O	De	AY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest		IF UNDER		F UNDER 2		7 DATE O	5, 19		A RIGIT	8:30 A. M
8	579-09-6852		81	YRS.	MONTHS	DAYS	HOURS	MIN.	June	18,1	911	Countr	v)land
- 1	9a. FACILITY NAME (If not institution, give s	treet and number)	-		9b. CITY	, TOWN C	R LOCATIO	N OF DEA		20,1		NTY OF D	
8	14506 Brown Road				Sabi	i11a:	svill	е			Fred	lerio	ck
គួ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (OR LOCAT	ION						10d, INSIDE CITY
DIRECTOR	Maryland Free	derick					lasvi	11e					LIMITS?
A	10e. STREET AND NUMBER						ZIP CODE		_		10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	14506 Brown Road	<u> </u>					217	80			U.	S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 IF YES, GIVE WAR	YES 2 XN	WED O		If yes, sp-	ENDENT OF ecify Cuben 2 XNO	, Mexican,	, Puerto Ri	(Specify Yes	or No-	14. RACE Black Speci	— American Indian, c, White, etc. White
윤	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16a, DE0	CEDENT'S	USUAL O	CCUPATIO	N of working		16b. I	CIND OF BU	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us			st of working						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Dir	ecto				edar 1		Ceme	eterv
8	Thomas Wallace I	Sowling							- 1	ddle, Maiden	,		
BE	19a. INFORMANT'S NAME (Type/Print)	20WIIII	196	MAILING	ADDRES	S (Street e	nd Number o	allsy or Runal Ro	Mar.	ie Sii	IIDSON	Code)	
၉	Janet E. Lowe									lls, l			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	20h PLACEA	ND DATE	OF DISPOS	ITION /No	me of		DATE	200 1.0	CATION	City or To	num Ctete
	4 Donation 5 Other (Specify)		edar	Hil	1 Ce	mete	ery	5/:	28/93	Sui	tland	, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	プレ	/ .		22.	NAME AN	ID ADDRES!	S OF FACI	ILITY	Funera			
_	23. PART I. Enter the diseases, or o	1 hal	il	H		6160	0xo	n Hi	11 R	1. Ox	on Hi	11.	Md.20745
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	9-									Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	с	R AS A CONSEO										
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	a contributing to de	eath but not re	sulting	in the ur	derlying	j cause gl	ven in P		PERFOR	IMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž I													
<u>ġ</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF OE	ATH (Chec	ck only one)				
Ş.	1 YES 2/4 NO 27. MANNER OF GEATH	1 Inpetient 2 E		DOA 28b. TIM	4 🗆 Nur		5 A Res		-				
	1 Netural 5 Pending	(Month, Day,	Year)	INJ	URY M	WO	RK?	2.0	28d. DESC	RIBE HOW I	NJURY OCC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	26e. PLACE OF II building, etc	NJURY — At hor .: (Specify)	ne, ferm, :	Street, fect			-		ION (Street a Town, State)	and Number	or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE) and manner ee stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	0		-			29c. LICEN						(Month, Day, Year)
2	W . 1	سک					Da	164	48		•	. M.	ay 25,1993
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)	F 5	7-6	-6	Éle s	2	2170	1	
	MAY 2 6 1993	she Davidson	S SIGNATURE Pandall										



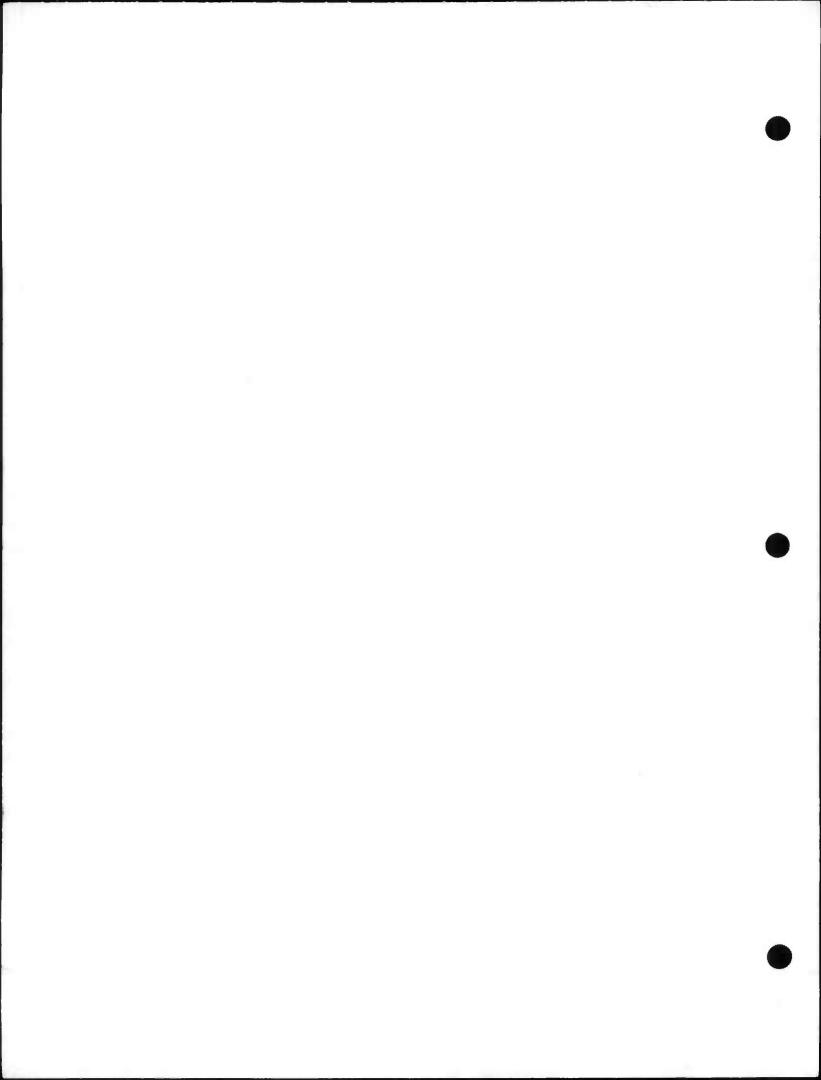
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

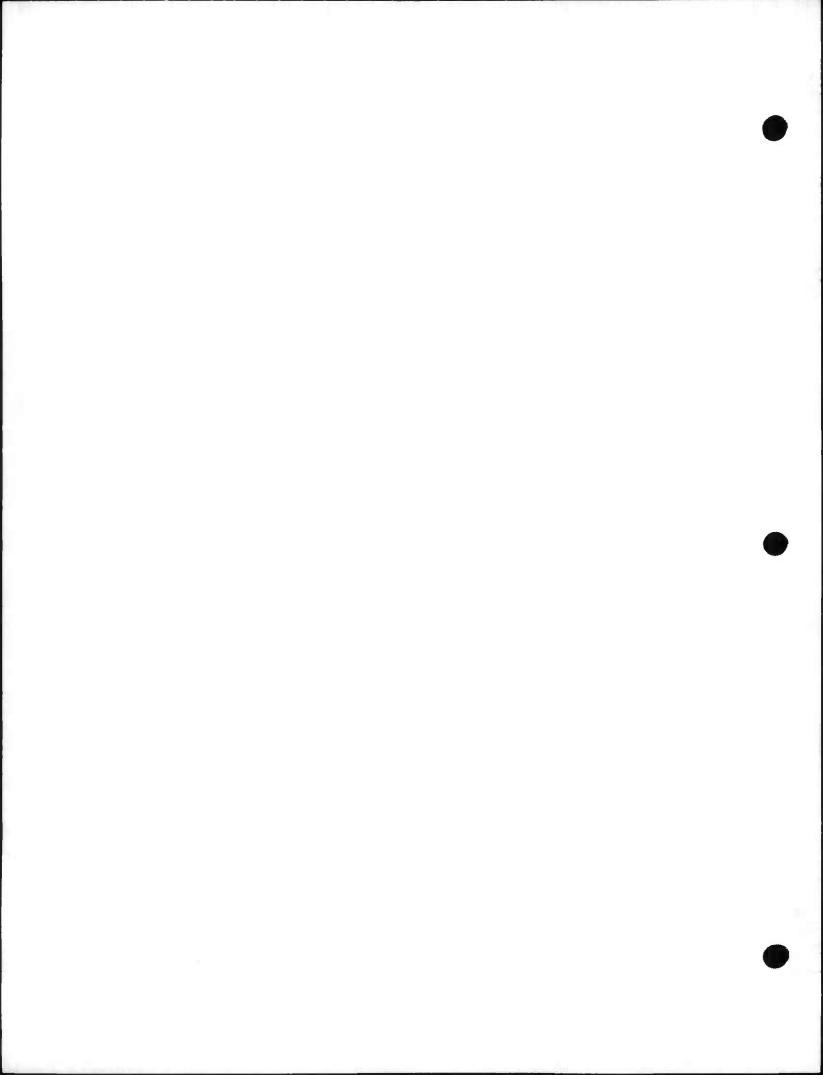
BALTIMORE, MARYLAND 21215-0020



	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI CERTIFICA	NT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
		Willie 1				MONTH D	5 2	73 2250 PM
		,	C COL MONT	HDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
	215-20-3240 Ba. FACILITY NAME (If not institution, give stre	1 (M 2 F	6+ YRS.		R LOCATION OF D	9-16-1925	1	Chester, S.C.
E E	Washington Advent			akoma		EAIM	PG	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT							
2	Mosses 1 and DC		1000	VN OR LOCATI	ON			10d. INSIDE CITY
	Maryland PG 10e. STREET AND NUMBER		River					1 A YES 2 NO
FUNERAL	5503 59th Ave.			10f.	ZIP CODE			N OF WHAT COUNTRY?
N		12. WAS OECEDENT EVER IN U.S	ADMED	12 W#C DEOF	MDENT OF HIGH	NC ORIGIN? (Specify Yes		
	1 Never Married ×2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe	cify Cuban, Maxica	n, Puerto Rican, etc.)	or No- 14	. RACE American Indian, Black, White, atc.
ВУ	3 Wildowed 4 Divorced	Army		1 153	2 NO Specif	r.		Specify: Black
COMPLETED	15. OECEDENT'S EOUCA (Specify only highest grade co	TION 18a	DECEDENT'S USUA	one during mos		16b. KIND OF BUS	SINESS/INDUS	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Brick la	yer		Constru	ction	
M	12							
8	17, FATHER'S NAME (First, Middle, Last) Warren Black				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H	19a. INFORMANT'S NAME (Type/Print)		195 MARING ADDS	ESS (Street on	of Mumber on Chart	Route Number, City or Tow	0	
임	Patricia Donjoin		l .			dale, Md.	n, Srara, Zip Co	(00)
	20%. METHOD OF DISPOSITION	20b. PL#	CEAND DATE OF DIS	POSITION (Nac	ne ol	DATE 20c LO	CATION — CIN	or Town, Stata
	1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cemetery	land Vet	erans	Cemeter	y 4-27 Che	ltenha	m. Md.
į	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND	ADDRESS OF FA	CILITY		
	•		OIU I			ral Home		
	23. PART I. Enter the diseases, or con	mplications that caused the	daath. Do not ar	2304 2	la of dying, suc	eet, N. E.	retory arrest	. Approximats
	shock, or heart failure. Lis	st only one cause on each	line.					Interval Between Onset and Death
	disesse or condition resulting in dasth)	MARIA) AG	PANG	NP	NEYNON	13	12.10
	resoluting in objecti)	DUE TO (OR AS A CON	SEQUENCE OF):	, <u>F</u>	1	1000 000	7	1-14
Z	Sequentially list conditions, b.	7	D CV	A				727RS
Ĕ	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):					
음	CAUSE (Disesse or Injury C.	DUE TO (DR AS A CON	SECULENCE OF					
CERTIFICATION	that initiated events resulting in death) LAST	(or no n oo.	TOLOGENOL OF J.					
	d.,							
¥	PART II. Other significant conditions	contributing to death but n	ot resulting in the	underlying	csuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	COM					1 YES 2	-	COMPLETION OF CAUSE DF DEATH?
×								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:		IER:	ICE OF DEATH (Ch			
H X	27. MANNER OF DEATH	Inpatient 2 ER/Outpatien 26a. DATE OF INJURY	26b. TIME OF	Nursing Homa 28c. INJU		8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR		28d. DEŞCRIBE HOW II	NJURY OCCUR	EU
B	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY — A	t homa, farm, street,			281, LOCATION (Street a	nd Number or	Rural Bouta Number
COMPLETED	4 Homicide detarmined	building, etc. (Specify)		and the second		City or Town, State)	TO THE HEAD OF	Toda Hono,
빌	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	death occurred at ti	na tima data a	and place, and due	to the council and man		
2	(Check only one) MEDICAL EXAMINER:	On the basis of examination and	l/or investigation, in n	ny opinion, de	ath occured at the	time, data and place, and	d due to the c	Buse(s) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			QNED (North, Day Year)
BE	Dun (W)			DOA	39/	Þ 4	11693
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	, 3	12		1	1/
	(2623 GARFIE	EGD 17 N	N, L	MAI	N,)	16 20	000 F	
	APR 2 6 1993	32. REGISTRAR'S SIGNATUR	n-Randell		,			



		1 - STATE OF	F MARYLAND / DEPARTM CERTIFICA			NTAL HYGIENE REG. NO.	
9		1. DECEDENT'S NAME (First, Middle, Last) Mi	ldred Elizabeth		2.	DATE OF DEATH	YEAR 3. TIME OF DEATH
11		4. SOCIAL SECURITY NUMBER 5. SEX	T / MONT	MOER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	9.3. 4 MV M 8. BIRTHPLACE (State or Foreign Country)
should	- 3	215–16–9059 1 M 2 DV 9a. FACILITY NAME (If not institution, give street and number)	YRS.		R LOCATION OF DEATH	12/16/16	Maryland NTY OF DEATH
1, 2, 3 sh	стоя	Fallston General	2 Hosp.	Hal	lston 7	ne. Ha	York
Pages	DIREC	10a. STATE 10b. COUNTY	254 T	WN OR LOCAT			10d. INSIDE CITY LIMITS?
permit.	AP.	10e. STREET AND NUMBER	POIL	Deposi	ZIP CODE	10g. CITI	1 YES 2 X NO ZEN OF WHAT COUNTRY?
020 physician. burial-transit	FUNER	95 Jackson Park Road 11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARMED	13. WAS DECI	21904	PRIGIN? (Specify Yes or No	U.S.A. 14. RACE — American Indian,
215-0020 attending physician. ise as the burial-trar	B	1 Never Married 2 1 Married FORCES?	1 YES 2 NO	If yes, spe	city Cuban, Mexican, Pr 2 NO Specify:		elack, White, etc. Specify: White
- 6 3	ETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o	(Give kind of work of the Do NOT use retire	lone during mos	N st of working	16b. KIND OF BUSINESS/IND	DUSTRY
Nospit.	COMPLI	8 0	Homemal			In home	
ALA be de la	- 8	17. FATHER'S NAME (First, Middle, Lest) William Thomas Singl	eton			First, Middle, Meiden Surname) ane Cullum	
MAR retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Mildred Brown	19b. MAJLING ADD		nd Number or Rural Route	Number, City or Town, State, Zip nowingo, MD	²⁰⁰⁰⁾ 21918
MORE, age 6 may be director, page er must be		26a. METHOD OF DISPOSITION Surial 2 Cremation 3 Removal from State Donation 8 Other (Specify)	20b. PLACE AND DATE OF DIS cometery, crematory or other pi			oate 20c Location – 6/2/ Aberdeer	City or Town, State
E & E		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	O ADDRESS OF FACILITY		
		23. PART I. Enter the diseases, or complications	glesbel	Aber	deen, Mary	land 21001-3	3399
hin 24 hours tely filled in t mation, or rei		IMMEDIATE CAUSE (Final disease or condition resulting in death)	HEART		ite of dying, such as	cardiec or respiratory err	Approximata Interval Between Onset and Death
68760 ecuted with nd comple burtal, cre affic even	z		TO (OR AS A CONSEQUENCE OF):				
OX ficial a	ATIO	cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):				
common of the population of th	RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE OF):				
INT. O	S	PART II. Other significant conditions contributing	to death but not resulting in th	- underiving	cause olven in Peri	I. 24a. WAS AN AUTOPSY	24 WEST AUTORY SHIPMON
w requires been sign or, of Hear and shows any In	MEDICAL	LymPHomA	to agent out not resulting in an	e unuerrynny	Cause Given in ran	1. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
12 6 th at							1 TYES 2 NO
F VIIAL SICIAN: The lav certificate has the State Dep i, or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient		HER:	ACE OF OEATH (Check of 5 - 5 Residence 6 -		
PHYSICI. This cert with the	ву рну		OF INJURY 28b. TIME OF INJURY	28c. INJU	JRY AT 280	I. DESCRIBE HOW INJURY OCC	CURED
TOR: A after of a after of 28 is		3 Suicide 200 280. PLAC	E OF INJURY — At home, farm, street, ing, etc. (Specify)	factory, office	281	LOCATION (Street and Number City or Town, State)	or Rural Route Number,
# 40 ←	COMPLET	298. CERTIFIER (Check only 1	t of my knowledge, death occurred at				
TO THE HOSPITAL TO THE FUNERAL De fied within 72 h IMPORTANT: It I	H C	296. SIGNATURE AND TITLE OF CENTIFIER	Smo		29c. LICENSE NUMBER		E SIGNED (Mogun, Day, Year)
5 5 7 2 E	٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) (17)0 - 1711	21	SEZ-ANA	1 1 121 1	0 10
		31. DATE FILEO (Month, Dey, Year) JUN 01 93 32. REGIST	TRAN'S SIGNATURE A	USV	UN (14-14	37047

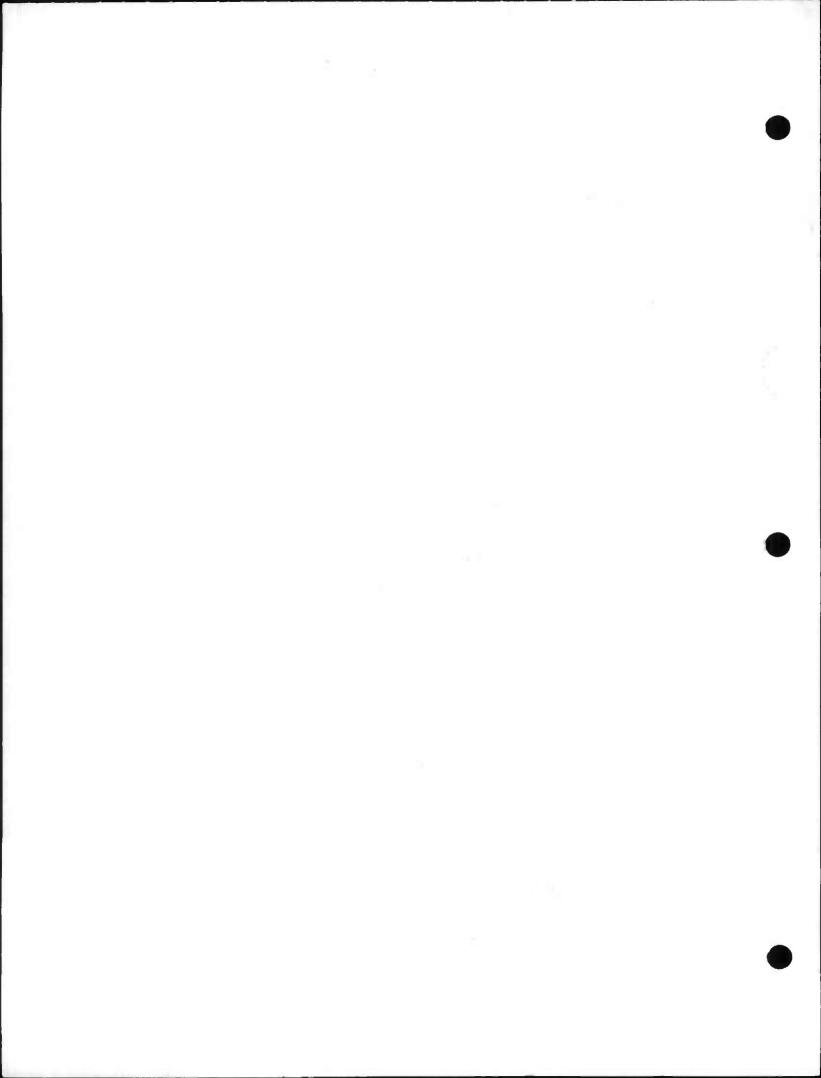


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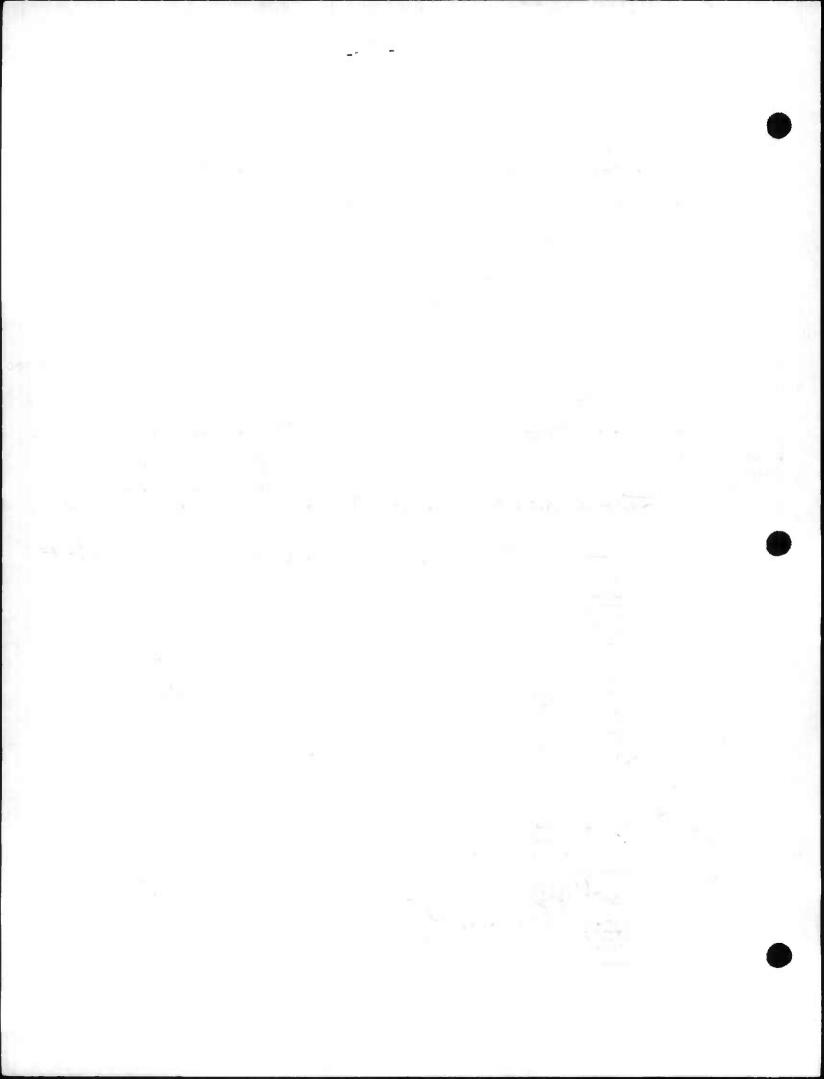
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFI	CATE OF	DEATH	Ri	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DEATH
	MAZIE VIRGINIA	BRICE				05	17	YEAR	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		93	M
	220-26-8774	1 □ M 2 🏹 F		MONTHS DAYS	HOURS MIN.	(Month, Day	(Year)	Count PA	,,
N.	9a. FACILITY NAME (If not institution, give st 28332 BRICKROW		LACTOR	96. CITY, TOWN TRAPP	OR LOCATION OF D	EATH		UNTY OF 0	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TOWN OR LOCA			1A)	LBOT	
	MARYLAND TAL			STON	IION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER				1. ZIP CODE		10g. CI	TIZEN OF V	VHAT COUNTRY?
BY FUNERAL	8416 BLACK DOG A				21601		US	SA	
ᆵ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMEO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yes or No-	14. RACI	— American Indian, c, White, etc.
	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Speci		, 0.0.,		" BLACK
旦	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during me	ON ost of working	16b. KINE	OF BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	DOMESTI		FFD	поп	USE KEER	TNC	
8	17. FATHER'S NAME (First, Middle, Last)		BOILEBIT	O LINGII			Meiden Sumame)		
BE C	FRANK PRICE					WILLIA	,		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, Cl	ty or Town, State, 2	(ip Code)	
۴	BETTY BRICE PFE	FFER	4710	EAST RO	OSEVELT				, PA. 19124
	20g_METHOD OF DISPOSITION 1	oval from State 20b	PLACE AND DATE OF	DISPOSITION (No. 1914) OF DIACE! METERY	ame of		20c. LOCATION -		
	21. BIGMATURE OF FUNERAL SERVICE LICE				ND ADDRESS OF FA	CILITY BENN	NIE SMIT	H FII	NERAL SERV.
	1/5		$\overline{}$	P.O.	BOX 168	37, EAST	ron, MD.	216	01
	23. PART i. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause on e	dio puli aconstouence or:				or respiratory a	rrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
	-								
DICAL	PART II. Other algnificant conditions	contributing to death b	ut not resuiting in	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED						_ '	YES 2 NO		OF DEATH? 1 YES 2 NO
z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
ΥS	1 YES 2 NO	1 Inpatient 2 ER/Outp	etlent 3 DOA 4	Nursing Hom	e 5 🗌 Residence	6 Other (Spe	cify)		
	1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	20b. TIME INJUI	RY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBI	E HOW INJURY O	CCUREO	
BY	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY	- At home, ferm, atr			281, LOCATION	(Street and Number	er or Rumi F	inute Number
	4 Homicide 8 Could not be determined	building, etc. (Spec	effy)			City or Tow	n, Stete)	in or rapidly	oute Hamber,
COMPLETED		CIAN: To the best of my know							end manner ee stated.
	29b. SIONATURE AND TITLE OF CERTIFIE	6 V.M			29c. LICENSE NUI		29d, DA	TE SIONED	(Month, Day, Year)
TO BE	//	alo			729.		•	5.19.	93
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	ton, 1					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRARIS SIGN		,,,				***	
	MAY 2.1 1993	y was undon-	Rindall						
									DHMH-18 Rev 1/89



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DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rious
202	TENDING
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	TAL

1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC		DEATH AND N	NENTAL	REG. NO.	•	93	16637
NANCY RENFRO	*				2. DATE O	22-19	93 [*]	EAR	TIME OF DEATH 3:03 AM M
4. SOCIAL SECURITY NUMBER 214-03-1247	1 □ M 2 X F 80		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C		0.	Country)	ce (State or Foreign
99. FACILITY NAME (If not institution, give 6513 Diamond RESIDENCE OF DECEDENT		9	East	OR LOCATION OF DE	ATH		9c. COUNTY Tal	of DEAT	
100. STATE 10b. COUNTY Maryland Tal			TOWN OR LOCAT	TION					d. INSIDE CITY LIMITS? YES 2 X NO
106. STREET AND NUMBER 6513 Diamond	Hall Road		101	21601			10g. CITIZEN	USA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	SX XIVO	If yes, sp	ENDENT OF NISPAN ecity Cuban, Mexicer 2 NO Specify:	n, Puerto R		or No— 14	RACE — Black, W Specify:	American Indian, hita, etc. White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	rk done during ma retired.)	est of working		KIND OF BUS			
1.2 17. FATHER'S NAME (First, Middle, Lest)	4	Self En	nploye	18. MOTHER'S NAM				ine	ss Servi
Eugenie Renf	row			Jane					63
19m. INFORMANT'S NAME (Type/Print) Nancy B. Sher	ertz			end Number or Rural R					21601
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Re	20	b. PLACE AND DATE C	OF DISPOSITION	(Name	OATE	20c. LOC	ATION — City	y or Town,	
4 ☐ Donation 5 ☐ Other (Specify)		emetary, crematory or Constitution		Y ND ADORESS OF FAC	5-26	Ox.	ford,	MD	
			New	nam Fun	eral				
コミサールス. 23. PART i. Enter the diseases, d	MERCEROF			S. Har					n MD
ahock, or heert failur iMMEDIATE CAUSE (Final disease or condition	e. List only one cause on a	each lina.					attra state		interval Between Onset and Death
reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	Cas	non					7/2 40
	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	:	nol					7/2 40
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE OF):	:			24a. WAS AN PERFOR	MED?	CC	7/2 YAND TO SHELL PRIOR TO SHPLETTON OF CAUSE DEATH? YES 2 \(\text{NO} \) YES 2 \(\text{NO} \)
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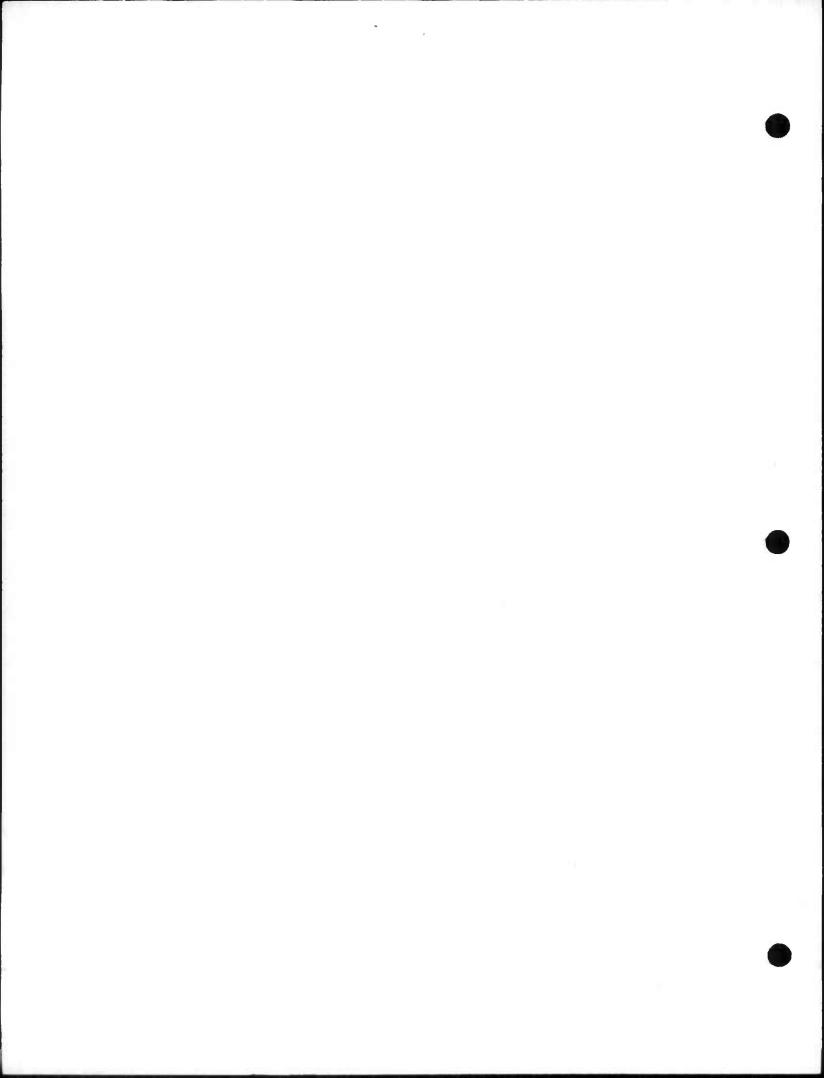
, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 8	1. DECEDENT'S NAME (First,									2. DATE OF DEATH	AV	YEAR	3. TIME OF DEATH
1		EDW		IS BRI	DCES					May 23, 19	93	TEAN	11:00 A. M
	4. SOCIAL SECURITY NUMBER 262-22-1505		5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Your) Aug. 22,	1903	Count	PLACE (State or Foreign ry) ryland
_	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE		9c. COU	NTY OF D	EATH
DIRECTOR	Meridian Co	EDENT		nes		E	asto	n			T	albo	t
RE	10a. STATE	10b. COUNT				Y, TOWN		TION					10d. INSIDE CITY
	Maryland	Talb	ot			Bozma							1 YES Z NO
FUNERAL	100. STREET AND NUMBER 8000 Bozn	nan-Ne	avitt Rd					1. ZIP CODE 1612				S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AB YES 2 24 MAR OR DATES	MED 10		if yes, sp	CENDENT O	F HISPAN n, Mexican Specify	HC ORIGIN? (Specify Yearn, Puello Rican, etc.)	or No-	14. RACI Blaci Spec	E — American Indian, k, White, atc.
		EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)				ishei		Seafood			
BE CON	17. FATHER'S NAME (First, MI Richard		n Bridges	3					ER'S NAI	ME (First, Middle, Maiden	Sumame)		
5 B	John Austi		dges	198	MAILING P.O.	Box	Street a	and Number	or Aural A	Noute Number, City or Town	n, State, Zip 216		
	20a, METHOD OF DISPOSITI 1 X Burlel 2 Cremetlo 4 Donation 5 Other	ION on 3 Rem	oval from State	20b. PLACE A	ND DATE O	of DISPOS	ITION (Na		7 26	, DATE 20c. LO.	cation –		
	21. SIGNATURE OF FUNERAL		CENSEE	0				ND ADDRES			,		
	5 Sur	econ	EX	eona	d	H:	arri 12°s	son I	E. L	eonard Fun St. St. M	eral licha	Homels,	21663 Maryland
CERTIFICATION	23. PART I. Enter the di shock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithet initiated events	dons, diate	a. United to the control of the cont	OR AS A CONSEC	LILE OF	11	W.		el 4d	iflial Leller	D.	7	Approximate Interval Batween Onset and Death
Ë	resulting in death) LAS	' (d.										
MEDICAL (PART II. Other significat	nt condition	s contributing to	death but not n	sulting i	in the un	derlyin	g cause g	iven in I	Part I. 244. WAS AN PERFOR	MED?	346	WERE AUTOPSY FINDINGS MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YEE 2 NO
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Si Ci	25. WAS CASE REFERRED TO EXAMINERT	MEDICAL	HOSPITAL:		2000	OTHER				oit only one;			
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 N Natural 5 1	Pending	28a. DATE OF (Month, D	RN/Outpatient 3 NUURY ny Xee;	28b. TIME		28c. INJ WO	URY AT		6 (C) Other (Specify) 284. DESCRIBE HOW IF	NUMY OC	CURED	
ED BY	2 Aucident 3 Suicide 8 0	restigation Could not be determined	26s. PLACE O building.	F INJURY — At hor etc. (Specify)	he, form, a	fireet, fach	100000	YES 2	NO	28f. LOCATION (Street a City or Town, State)	ind Number	or Runsi R	laute Alumber
E .													
COMPLETED	(Check only	CAL EXAMINE	CIAN: To the best of R: On the besis of a	my knowledge, dea camination and/or is	th occurre	n, in my o	me, date pinion, d	and place, leath occure	and due t	to the cause(a) and man lime, data and place, and	ner aa stat d dua to th	ed. e cause(a	and manner as stated,
TO BE C	290. SIGNATUSE AND TITLE	4/1	VIA	Lity	1			29c. LICE	NSE NUM	BER S			(Month, Day, Year)
	R. Lane	e Wrot	h M.D. 80	00 S. Ta	lbot		St.	Micl	nael	s, Marylan	d 21	663	
	AN DALE EICED MOUNTAIN	gar)	32 REGIONA	Are Shirt en									



detached for use as the burial-transit permit. Pages 1, 2, 3 should

Tage 6 may be retained by the hospital or attending physician.

director, page 5 should be

notified at

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medicei examiner

LIMORE, MARYLAND 21215-0020

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the

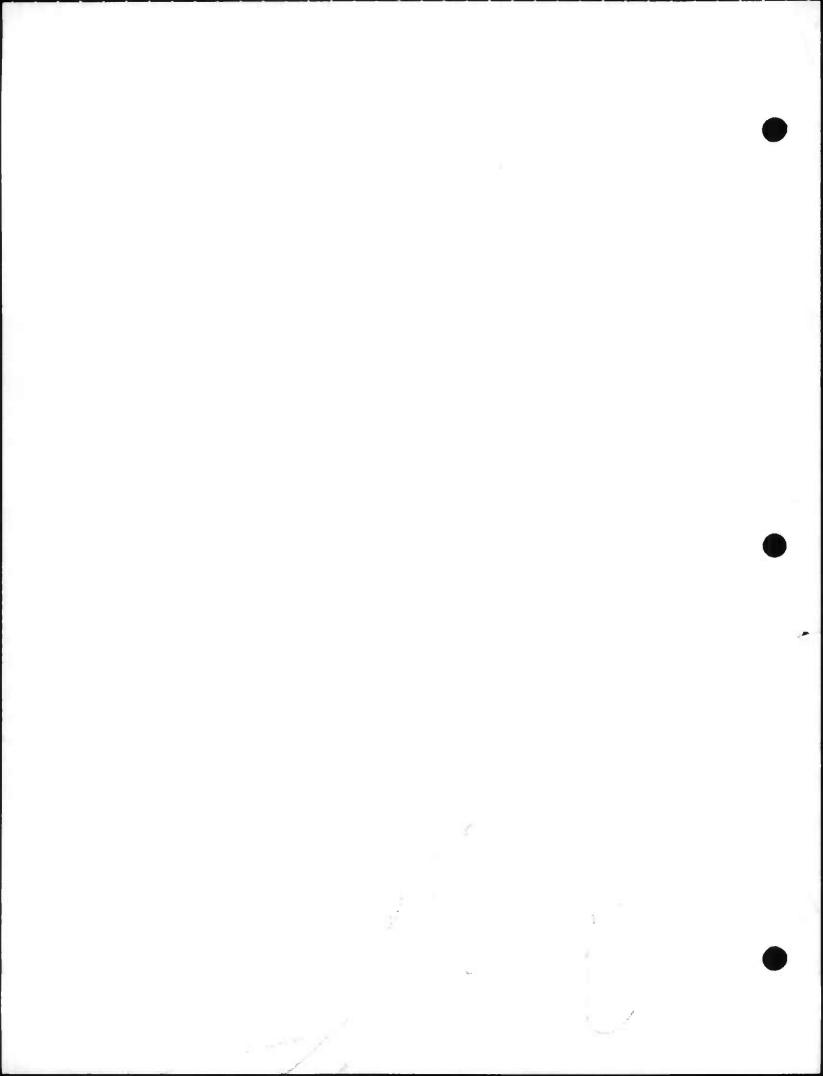
16639 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 3. TIME OF DEATH 2. DATE OF DEATH ember 5. SEX 6. AGE (In yrs, last birthdey) F UNDER 1 YEAR | F UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 227-92-0970 1 . M 2 F POLAND 96. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH CROSS HOLY HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? **GLENPARK** 20902 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GREGORY YAKUBOWSKI **BE** MARY KRAMASZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WANDA 1812 GLENPARK DRIVE, MORGAN SILVER SPRING, MD 20902 20a, METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cometery, crematory or other place LAUREL GROVE 4 Donation 8 Other (Specify) 5/25 NORTON, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** SEP515. disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 WNO patient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 T ND 2 Accident 28e. PLACE DF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 | Homicide 29e. CERTIFIER
(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

5-22-93 D42518 MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

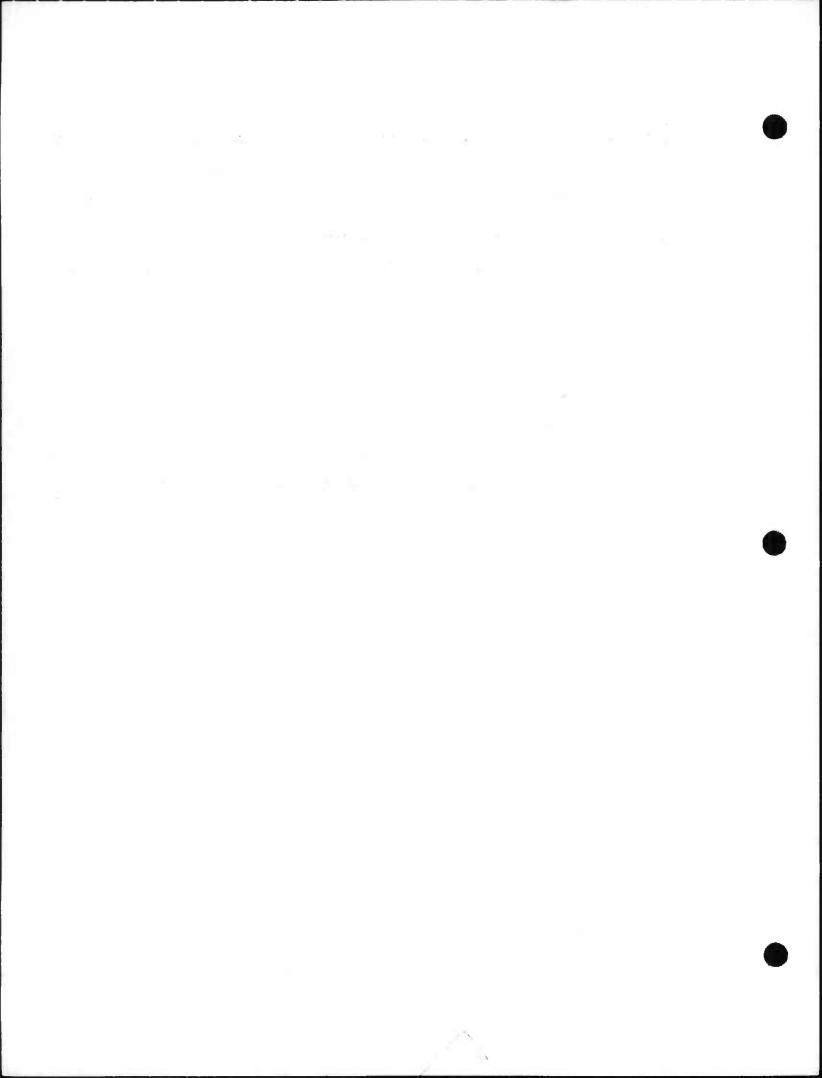
GUE CHABLAN, 11119 Rochrelle PIKE #303 ROCKVILLE, MD20852 31. DATE FILED (Month, Day, Year) 30. REGISTBAR'S SIGNATURE
Julia Davidson-Mandall MAY 24 1993 DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	1. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Bage of may be retained by the hospital or attending physician.	I. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the superal ding hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY F	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the tuneral director, page 5 should be detached for use as the burival.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	5
deam. Page 67 may be retained by the hospital or attending phys	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Bage gimes be retained by the hospital or attending phys	4
BALTIMORE, MARYLAND 21215-002	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	

	1 - STATE REGISTRAR	SIMIE UP N		ERTIF	ICATE	OF	DEAT	H AND W	NEN IAL	REG. NO.	-			
100	1. DECEDENT'S NAME (First, Middle, Last)		Borr	st	ein				2. DATE O MONTH			YEAR 93	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 033-26-9333	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF	BIRTH Day, Year) 28,193	4	s. BIRTH Countr OH	PLACE (State or Fore	ilgn
<u></u>		9e. FACILITY NAME (If not institution, give street end number) SUBURBAN HOSPITAL			9b. CITY, TOWN OR LOCATION OF DEATH 9c					9c. COU	C. COUNTY OF DEATH MONTGOMERY			
5	RESIDENCE OF DECEDENT				DD						11011	1001	ILIKI	
DIRECTOR	MARYLAND MONTGOMERY				y, town of						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4620 NORTH I	WES	WEST 20815						10g. CITIZEN OF WHAT COUNTRY? UNITED STATES					
Bá	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED	13. V	yes, spe	NOENT O	F HISPANII	, Puerto Ric	ORIGIN? (Specify Yes or No—Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi					9			SINESS/INDUSTRY ESTATE			
BE CO	17. FATHER'S NAME (First, Middle, Lost) JOE PRESSEI	R						ER'S NAM LEN	NE (First, Mic	idle, Maiden S	den Surneme)			
2	190. INFORMANT'S NAME (Type/Print) SCOTT BORNST	TEIN									Town, State, Zip Code) RING,MD. 20910			
	20a. METHOD OF DISPOSITION 1 A Buriet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	RING T					RDEN	5/23		LS C		wn, State CH, VIRGIN	IA
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	ne										PELS, INC	
HILICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Evid Stage Chronic Obstructive luncy disease or conditions of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) b. Respiratory Englure out to conditions, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and consequence of conditions of the cond													
CERI.	that initiated evente													
: MEDICAL	PERFORMED? 1 YES 2 NO COI							WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	USE					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1													
I LUI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIM INJ		88c. INJU WOF 1 Y	RY AT		-	RIBE HOW IN	JURY OCC	URED		
2	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)												
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI) end menner ee stat	ed.
IO DE C	296. SIGNATURE AND TITLE OF CERTIFIER JUGAN JECTOR 30. NAME AND ADDRESS OF PERSON WH	4-2	shuson	1	(In			8/4					(Month, Day, Year)	13
	Susan Leggett 31. DATE FILED (Month, Day, Year)	-Johnso			8401	Colt	SVI	le	ROAd		Silve	er S	Preping	nd



BALTIMORE, MARYLAND 21215-0020	death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	
	hour	
	2	
30,	withir	
K 687	executed	
6	2	
S. BOX 68760	certificate	
Z.	death	

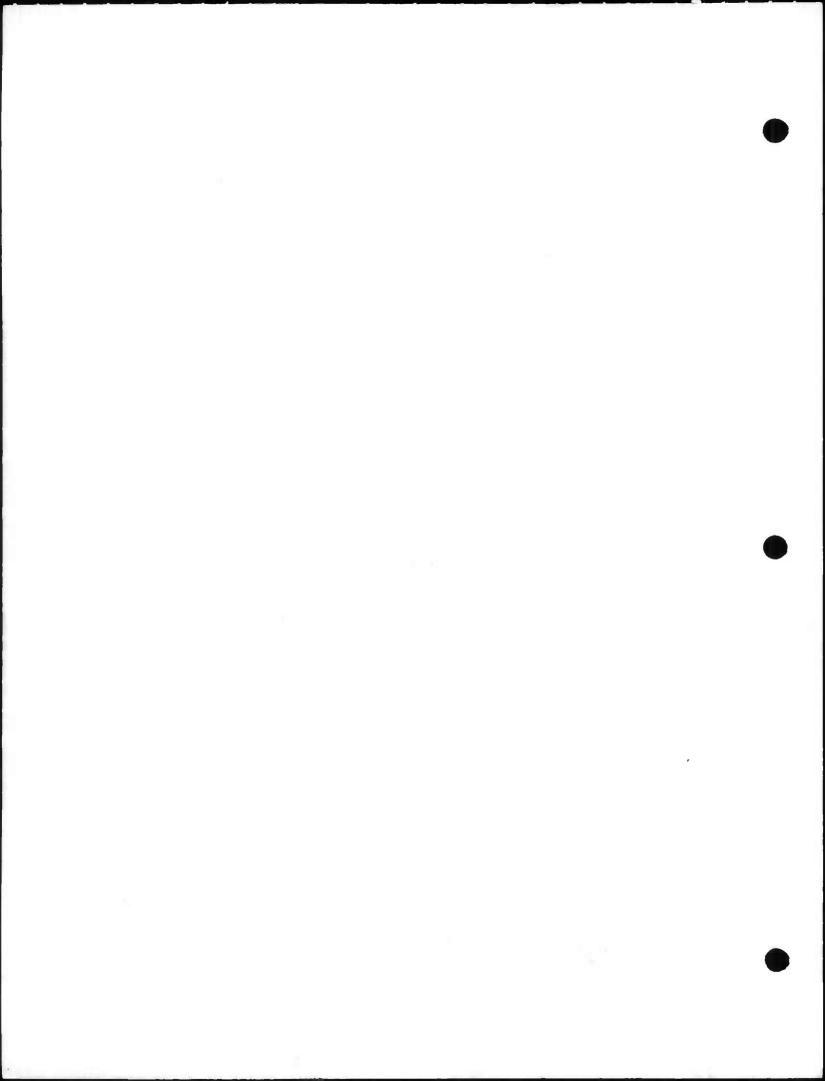
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE KUNERAL DIRECTOR: After this cartificate by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	1,000	CE	RTIF	ICATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD	PRESTON	BOSS					MONTH			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX						MAY	21,	19	_	3:20 P. M
	216-44-4478	1 M 2 G F	6. AGE (In yrs. last	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	190	Count	HPLACE (State or Foreign ry) SHINGTON, DC
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL RESIDENCE OF DECEDENT						ER SPRING				ONTG	DEATH OMERY
EC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
	MARYLAND MONTGOMERY				SILVE	R S	PRING		1.0			LIMITS?
FUNERAL	100. STREET AND NUMBER 611 DALE DRI	VE.				101	01. ZIP CODE 10g. CITIZEN OF WHAT COU					WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 NO	IED)	H :	yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	IIC ORIGIN? n, Puerto Ri	(Specify Yea can, etc.)		14. RAC	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +	(Give	EDENT'S be kind of v Do NOT us	e retired.)	CUPATIO	ON st of working		KIND OF BUS	STAT		MERCE
S O	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTHER'S NA	ME (5)				
BE C	HARRY	BOS	S				LOUISI			KRAF'	Γ	
2	190. INFORMANT'S NAME (Type/Print) CHARLENE S. B	oss	19b.	MAILING 11 I	AODRESS (Street a	Number or Rural F	Poute Numbe ER SP	RING,	n, State, Zi	p Code) 2091()
	20s. METHOD OF DISPOSITION 1 N Burlai 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of CEDAR HILL CEMETERY 20c. LOCATION — City or Town, State CEDAR HILL CEMETERY 5/25 SUITLAND, MD											
	21. SIGNATURA OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, 1500 UNIVERSITY BLVD., W., SIL. SP.							E, INC. SP., MD 209				
CERTIFICATION	Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Due To los as a consequence of: Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due To los as a consequence of: Due To los as a consequence of: Due To los as a consequence of:											
빙	-	d										1
MEDICAL	PERFORMED? 1 YES 2 NO						. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
Ž.	25. WAS CASE REFERRED TO MEDICAL											
5	EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Che	ck only one)	1			
PHYSICIAN: M	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I	NJURY	28b. TIME	OF 2	8c. INJ	URY AT RK?		(Specify)	JURY OC	CURED	
D BY	1 Metural 5 Pending M 1 YES 2 NO											
	4 Homicide determined City or Town, State)											
4 Homicide detarmined Duilding, etc. (Specify) Duilding, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLES On the base of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation.									e(a) and men nd placa, and	ner as ste d due to ti	ted. Te Cause(s) and manner as stated.
# H	296. SIGNATURE AND TITLE OF CERTIFIE	×/	1				29c. LICENSE NUM	BER 3	55	29d, DAT	E SIGNED	(Month, Day, Year)
2	10. NAME AND ADDRESS OF PERSON WH		2415 MUS			<u>—</u> ПАО	, SILVER	SPRT	NG. M	D 20		
	31. DATE FILED (Month, Day, Year)		DESTABLE				, 0111111	DINA	, 11		707	
	MAY 24 19	93 guila	nantagal-h	hilms	-							



1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) Ida Victoria	Bernardon				2. DATE OF DEATH MONTH May 20,		3. TIME OF DEATN 12:30 A M		
	4. SOCIAL SECURITY NUMBER 578-40-1037	5. SEX 6. AGE (II	In yrs. last birthday) 80 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH	8. BIF	ATTNPLACE (State or Foreign unity)		
90	es. FACILITY NAME (If not institution, give street Holy Cross Hospi			12.	on Location of DE		9c. COUNTY OF	FDEATN		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TY, TOWN OR LO				10d. INSIDE CITY LIMITS?		
			We	ashingt	10f. ZIP CODE		10g. CITIZEN O	1 YES 2 NO		
FIINFRAL	3201 Wisconsin Av	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	20016 DECENDENT OF NISPAN	NIC ORIGIN? (Specify Yes	USA or No — 14. BA	ACE — American Indian.		
2	3X Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes	, specify Cuban, Maxica YES 2 Z NO Specify	en, Puarto Rican, etc.)	Bli	work, white, atc. White		
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		IIIe. Do NOT u	work done during ise retired.)			SINESS/INDUSTRY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Seams	stress	18. MOTNER'S NA	Self Et	mployed			
10	Enrico Louisa Adele Bernardon							··-		
TO TO	19a. INFORMANT'S NAME (Type/Print) Yvette Cocozzella	a				Acute Number, City or Town				
must b	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remont	val from Stata 20b.	PLACE AND DATE	of disposition	(Name of Cemetery	DATE 20c. LO	cation - city or	Town, State		
xaminer	1X) Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 1 State of Heaven Cemetery 05/22/93 Silver Spring, MD 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD									
the medical examiner must be notified	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final									
event,	disease or condition resulting in death)	DUE PO (OR AS A	CONSEQUENCE O	we	70	1	0	immed		
traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	PLNOGUENATE CALLW PARCULAS DUE TO (OR AS A CONSEQUENCE OF): (Sease)							
y, or other traumatic	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
DICAL C		contributing to deeth bu	ut not reaulting	In the underl	ring ceuse given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
1						1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATN (Check only one) OTHER:							
9 0	1 Natural 5 Panding	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Stursing N IE OF 28c. JURY	iome 5 Rasidence INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURED			
28 is	3 Suicide a Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, s	- ' '	YES 2 NO	281, LOCATION (Street a City or Town, State)	and Number or Rura	of Route Number,		
it item	II 20a CEPTIFIED	IAN: To the best of my knowle : On the basia of axamination						e(a) and manner as stated.		
B H	296. SHUMATUME AMOUNTED CONTINUES	78C	19	KL	DO 11	ABER	29d. DATE SIGNI	ED (Month, Day, Year) 1A × 1993		
2	30. NAME AND ADDRESS OF PERSON WHO Walter E. Goozh	completed cause be dead 2309 Shorefi	ield Rd,	Print) Wheat						
	31. DATE FILED (Month, Day, Year) MAY 2.4. 1993	32. RIGISTRAPIE SIGNA GUNA WANTED	TURE Pandel	2		-				

The death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State December 1

for use as the burial-transit permit. Pages 1, 2, 3 should

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DR.

31. DATE FILED (Month, Day, Year)

MAY 26 1993

MICHAEL

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Imm Nature market death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been somed by the attending physician and completely filled in by the funeral director, page 5 should be detached		Se.
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10	LOF	be filed within 72 hours after death with the State Dept. of Hearn and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	ERA	in 72	IT: II
P.	FUN	with	TTAN
土	THE	filed	20
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16643 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH AS 8 YEAR 13 an 3 A SOCIAL SECURITY NUMBER 5. SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE DE BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-08-9222 Se. FACILITY NAME (If not institution, g. 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY MD. DAMASCUS 1XX YES 2 ND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? GLADE VALLEY TERR. 24021 20872 BRITIAN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR DR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO BY Specify Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) 2 HOMEMAKER TA HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) MICHAEL DODD BE ELIZABETH C. VOLPINI De MAESTRI 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CLARENCE P. BRESKOVIC ITEM # 10 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CHAMBERS CREMATORY 5/26 RIVERDALE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20910 W. W. CHAMBERS CO. INC, SILVER SPRING, M00091 MD. 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory errest, Approximate ahock, or heart failure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE DE): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 1 TES 2 ND 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check anly 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER. 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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MASS. AVE. N.W., WASHINGTON, D.C.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

M.D.

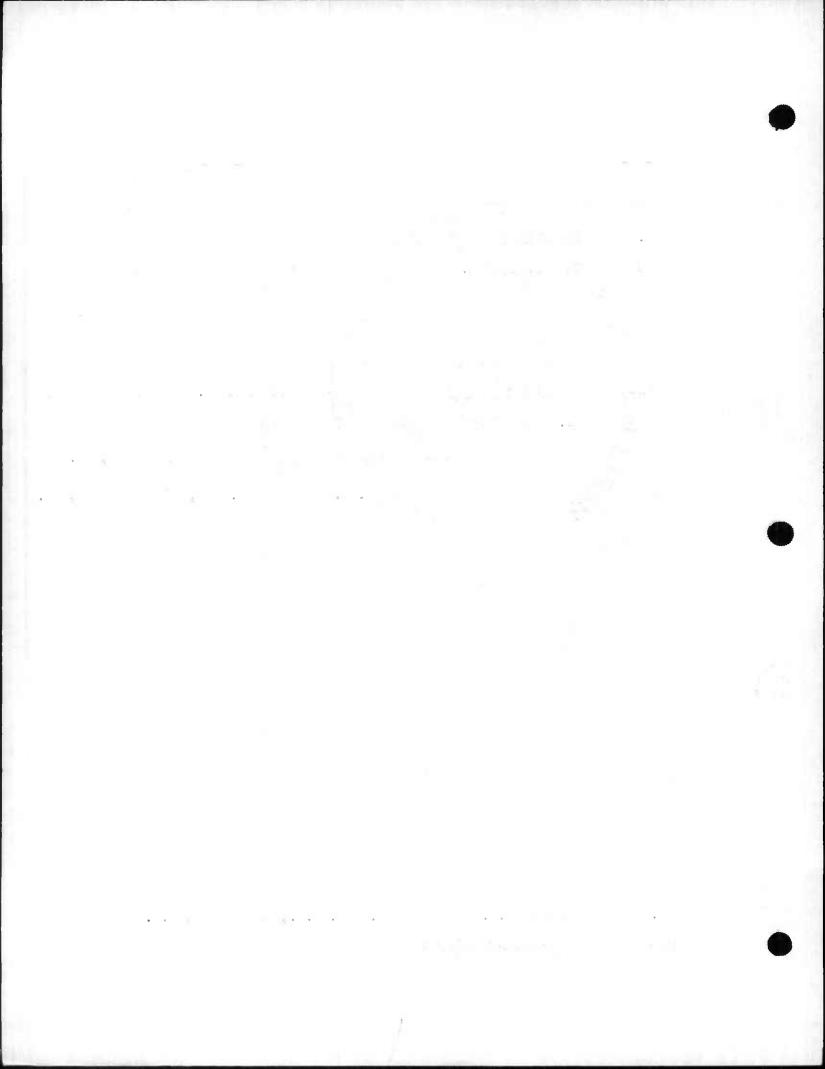
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

GRADY

125/93

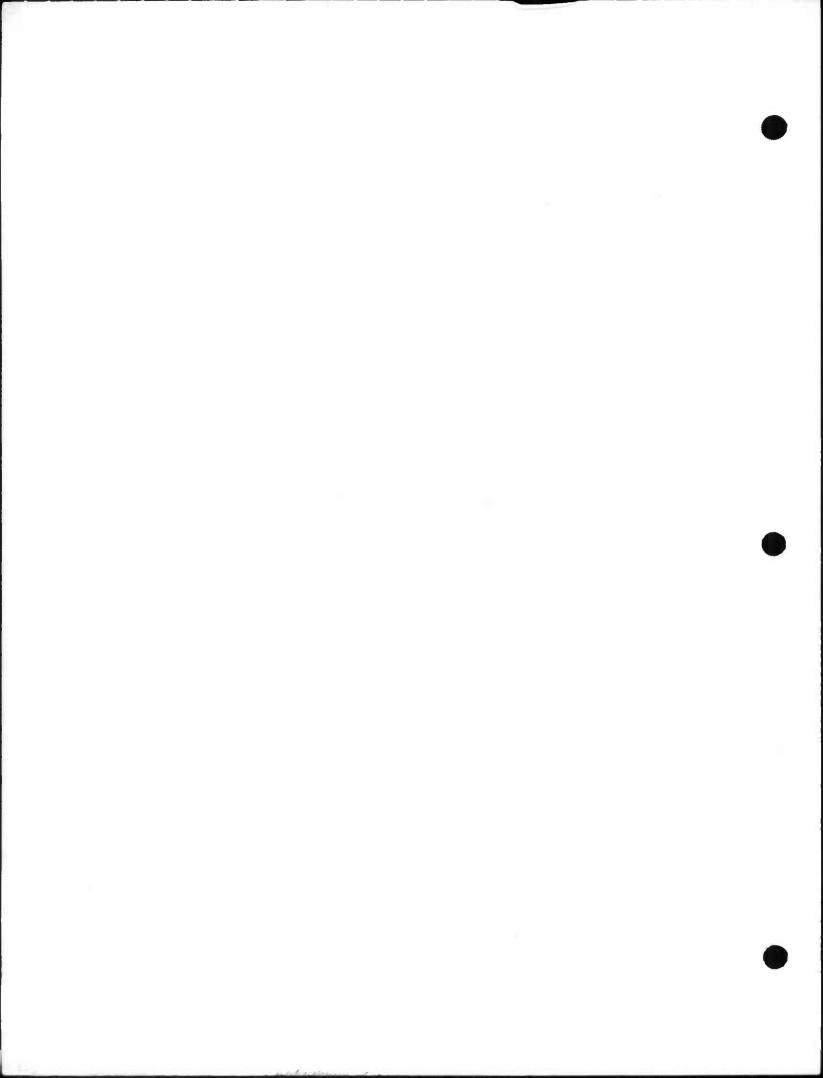
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The register must the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been aloned attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial and Memial Hygined prior to burial, cremation, or removal.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR	TMENT OF	HEALTH AND			E 9	3 16644		
1	1. DECEOENT'S NAME (First, Middle, Last) Baby Boy	Butler	DeVAUGHN	BUTL		2. DATE OF MONTH	DEATH	"22/	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER N/A	1'⊠ M 2 □ F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, E		3	8. BIRTHPLACE (State or Foreign Country) Marylaul		
TOR	90. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital RESIDENCE OF DECEDENT				Silver Spring						
DIRECTOR	10s. STATE 10b. COUNT	NCE GEORGES		y, town or location EENBELT					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 8627 GREENBELT				10f. ZIP CODE 20770			USA	ZEN OF WHAT COUNTRY?		
à l	11. MARITAL STATUS 1 💢 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes	If yes, specify Cuban, Maxican, Puarto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: BLACK			
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	vork done during	ATION most of working			SINESS/INDL			
E COMPLET	N/A 17. FATHER'S NAME (First, Middle, Last) CHARLES DONA	LD BUTLER,	IR.	 -	18. MOTHER'S NA	ME (First, Mide	N/A ME (First, Middle, Meiden Surname)				
TO B	190. INFORMANT'S NAME (Type/Print) CHARLES D. BUTLER								Code)		
	20a. METHOD OF DISPOSITION 1 Burial 2 - Cremation 3 Ram 4 Denation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LIST	loval from State	b. PLACE AND DATE Of the sterry, cremetory or of ETROPOLI'.	her plece) LAN CRI	EMATORY	5/24			Ity or Town, Stata		
	Mach I.	Villell		FRANC 500 t		LINS I	, W.	, SIL	. SP., MD 20901		
	23. PARTA Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, ehock, or heert fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF):										
ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b.										
PHYSICIAN: MEDICAL C	PART II. Other significent condition	n the underly	ring cause given in	ause given in Part I. 24a. WAS AN AUTOPS PERFORMED?		MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Ch		neoffici.				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c.	INJURY AT WORK?	28d. OESCR		JURY OCC	JRED		
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as eleted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as element.										
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIES	J. Jan	usey, n	2 -	89c. LICENSE NUI	MBER 50		29d. DATE	22/93		
	CARL B. RAMSEY, 31. DATE FILED (Month, Day, Year) MAY 2 6 1993	/	ROSS HOSP		FOREST GL	EN DRI	VE. S	SILVE	R SPRING, MD		



MARYLAND 21215-0020

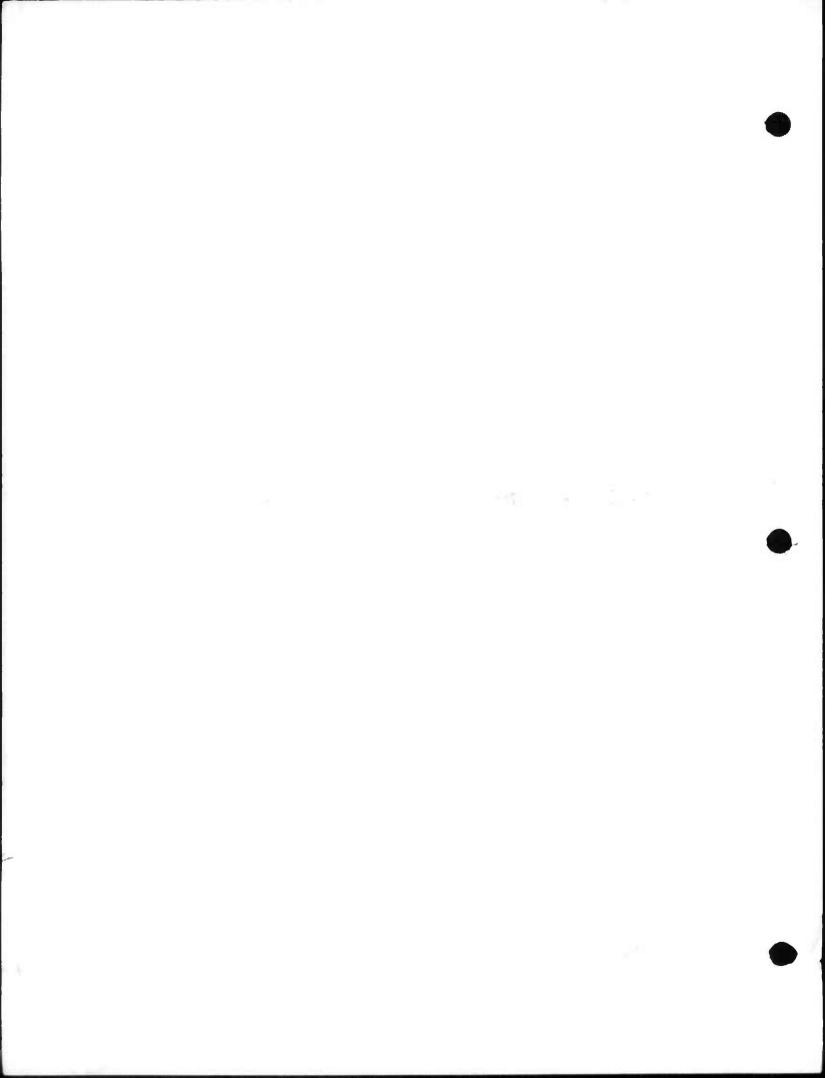
requires that the death certificate be executed within HOSPITAL OR ATTENDING PHYSICIAN: The law After t DIRECTOR: A hours after de liem 28 is TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 ho

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATH 20ROTH Y (Dorothy Brandt) BRAND 10:05 93 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign (Month, Day, Year) August 7. 214-25-0141 1 M 2 L 3 HOURS 1918 Washington, DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOLY CROSS HOSPITAL FUNERAL DIRECTOR Silver Speing mn Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mongomer Wheaton 1 TYES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2704 ST 20902 Munson USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Marrie IF YES. GIVE WAR OR DATES BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Unknown Eleanor Brandt 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bonnie Lee Rhine 19509 Bodmer Ave, Poolesville, MD 20837 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify) Fort Lincoln Cemetery 05/28/9B Brentwood, MD GNATURE OF THERAL SERVICE LIC 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD orus 23 PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Dasth disease or condition epsis 3 dar resulting in deeth) TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO 1 TES 2 NO **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL:
1. Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. BE 29c. LICENSE NUMBER 29d, DATE SUNED (Month, Day, Year) D34032 5/25/73 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

3NER MD 3720 FARRAGUT AVE KENSINGTON MD HSKER 32. ARGISTRAR'S SIGNATURE GUNDALLE ANDERS



BALTMORE, MARYLAND 21215-0020

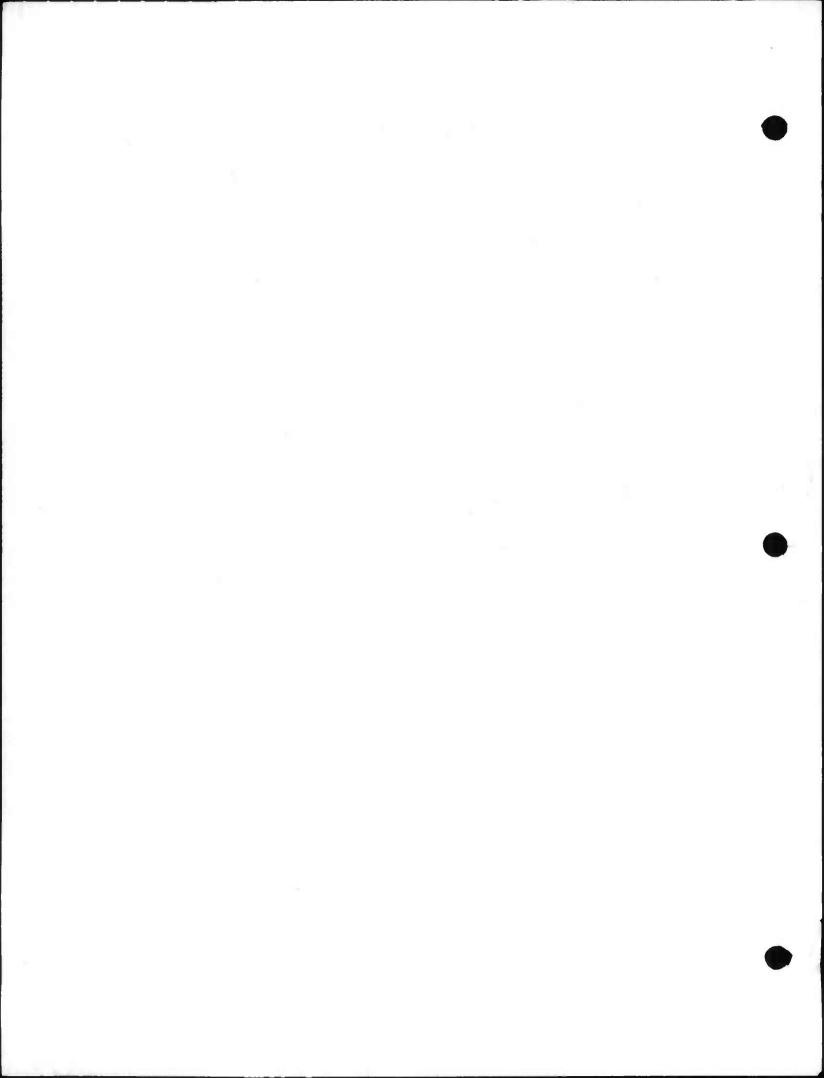
1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the luminal director, may 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) RODERICK T. BELL, SR. 2. DATE OF DEATH DAY 3. TIME OF DEATH

	KODERICK	0					5-24	1-1	1931	143 "				
			In yrs. lest birth	(day) IF UN	MDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE Country)	(State or Foreign				
	0 0. 0000	172€M2□F 1	/ Y1	RS.	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	HOURS MIN.	10-2-	15	ASHING:	ron, D.C.				
_	9a. FACILITY NAME (If not institution, give street				TY, TOWN O	R LOCATION OF DEA		9c. COUN	TY OF OEATH					
DIRECTOR	SHADY GROVE	ADV ENTIST	- HOS	ρ,	Rock	VILLE	MD	MO	NTGON	HERY				
Ä	10a. STATE 10b. COUNTY		100	CITY, TOW	N OR LOCAT	ION			10d. IN	ISIDE CITY				
ā	MARYLAND MON'	TGOMERY		DER	WOOD					MITS? /ES 2 NO				
A	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZ	EN OF WHAT CO					
8	18016 MILL CREEK DI	RIVE				20855	;		USA					
FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.SVARMED	_ ·	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE — Ame	erican Indian.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	241 NO ATES		If yes, spe	2 NO Specify:	Puerto Rican, etc.)		Black, White,	etc.				
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade co.		16a. DECEDE	NT'S USUAL	L OCCUPATIO	N	16b. KIND OF BUS	INESS/INDU	JSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do N	OT use retire	id.)	ii or working								
P	12		SUPPL	Y OFF	'ICER		U.S. GO	VERNM	ENT					
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME	E (First, Middle, Maiden S	Sumame)						
BE (DAVID R. BELL					ELIZAB	ETH J. KE	ENAN						
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
۲	SHARON A. BELL	(DAUGHTER)	1.80	1.6 MI	LL CR	EEK DRIVE	DERWOOD	, MD.	20855	5				
	20g, METHOD OF DISPOSITION		PLACE AND D	ATE OF DISF	POSITION (Na				ity or Town, Slat					
	1 ABuriel 2 Cremation 3 Ramova		ATE OF	HEAV	EN CE	METERY	5/28 SILV							
	21. SIGNATURE OF FUNERAL SERVICE LICEN			- 2	22. NAME AN	O ADDRESS OF FACIL	LITY							
- 1	▶ (////\/\/\/\/\	(lal'al)	n				LINS FUNE							
\rightarrow	22 DARY I State the disease	TI.	V		500 U	NIVERSITY	BLVD.,W.	SIL.	SPR.,MI	20901				
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	it only one cause on e	The deeth.	Do not en	ter the mod	de of dyling, such	ae cerdiec or reeptr	atory arre		pproximete				
	iMMEDIATE CAUSE (Finel disease or condition	1/1		0	91	χ.	120			nset end Death				
	resulting in death)		cereb		- 1	herman	lage							
		DUE TO (OR AS A	CONSEQUENC	CE OF):			. 000							
11	Sequentielly list conditions, Due TO (OR AS A CONSOVENCE OF): Due TO (OR AS A CONSOVENCE OF):													
6 I	it only, leading to immediate													
ATION	if eny, leading to immediate	DUE TO (OR AS A	if eny, leading to immediate											
FICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Res	thrat		an	rest.	CAUSE (Disease or Injury Little International Control of Injury DUE TO (DIT AS A CONSEQUENCE OF)							
TIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	Res	thrat		an	rest.	<u> </u>							
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Res	thrat		an	rest.	•							
AL CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	DE OFFE			ert I. 24a. WAS AN A		24b. WERE A	UTOPSY FINDINGS				
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

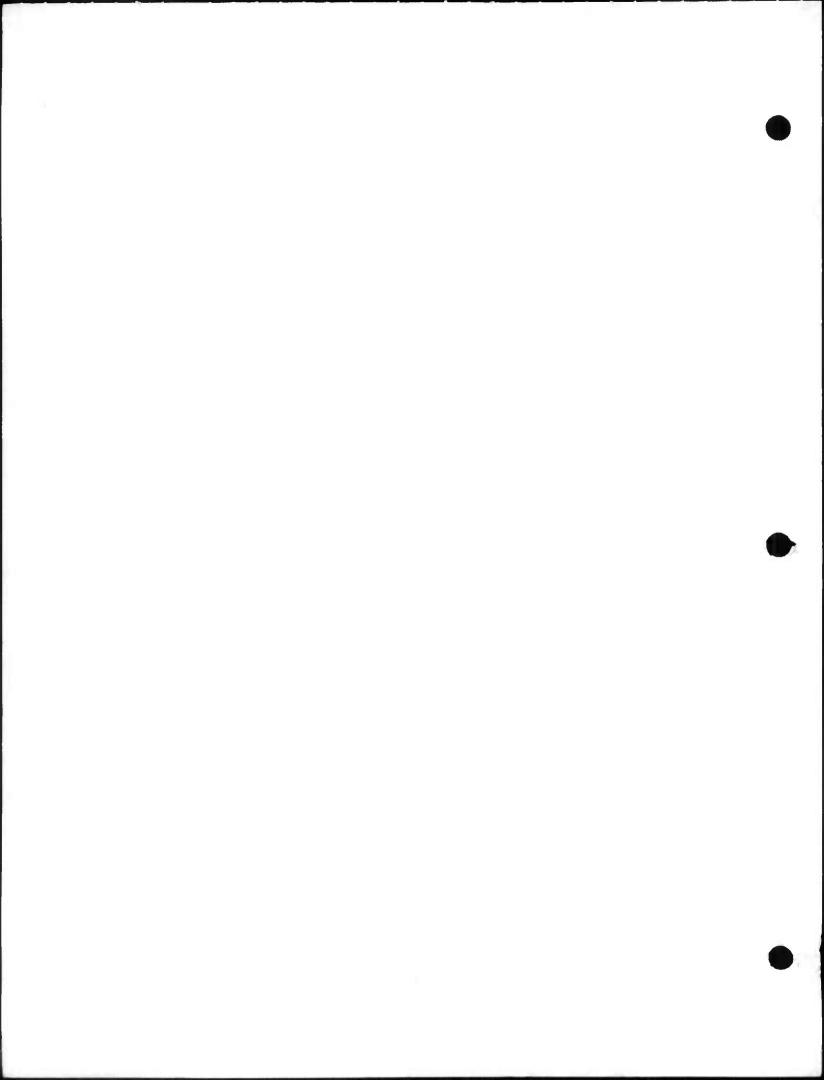
	1 - STATE REGISTRAR	OHAL OF MA	C	ERTIFIC	ATE O	F DEATH	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					· DEMI		OF DEATH			3. TIME OF DEATH	
	Anne smith	Bah:	re				0.5	22	19	93	1359 w	
1	4. SOCIAL SECURITY NUMBER	AGE (In yrs. la	st birthday)	F UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign		
	049-26-6828	1 🗆 M 2 💢 F	57	YRS.	ONTHE DAY	8 HOURS MIN.	Dec	16, Day Year)	1935	Country	,	
	9s. FACILITY NAME (If not institution, give	street end number)		9	b. CITY. TOW	N OR LOCATION OF DE				NTY OF DE	ecticut	
DIRECTOR	Montgomery Gen		pital			lney				omery		
<u> </u>	10e. STATE 10b. COUNT	Υ		10c. CITY, 1	TOWN OR LO	CATION				10d. INSIDE CITY		
<u> </u>	Maryland Mont	gomery		Rock	ville						LIMITS?	
	10e. STREET AND NUMBER					10f. ZIP COOE	10g. CITIZEN OF				1 TES 2 NO	
FUNERAL	5617 Lake Christ		20855					1.0		States		
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AL	RMED ND		ECENDENT OF HISPAN			s or No-	14. RACE Black	- American Indian,	
	3 Wildowed 4 Divorced	IF YES, GIVE WAR						rican, etc.)		Specify	leck, White, etc. Decity: White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. Di	ECEDENT'S US	UAL OCCUP	ATION	168	. KIND OF BU	ISINESS/INC	USTRY		
∥ بَ	Elementary/Secondary (0-12)	College (1-4 or 5+)	in	aive kind of wor B. Do NOT use r	k done during wiired.)	most of working						
COMPLEIED		2	F	Homema)	cer			Own F	IOMA			
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First					
	Oscar John Smith					Jo Anr		,	Junanney			
1	190, INFORMANT'S NAME (Type/Print)		14	h MAII INC 11	nnesee 🗠			- A-				
2	Herbert James Ba	hro	"			et and Number or Rural i						
						hristophe						
ĺ	20a, METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Ren	noval from State	cemetery, cn	Ob. PLACE AND DATE OF OISPOSITION (Name of 5/26/93 DATE 20c. LOCATION — City or Town, State							rn, State	
	4 Donation 5 Other (Specify)	-1-7/	Gate	Gate of Heaven Cemetery Silver Spring, Ma						g, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CEVSEE		22. NAME AND ADDRESS OF FACILITY ROBERT A Dumphrey Fund					ev Funeral			
	nome, Rockville, Inc. 300 West Montgomery											
	22 PART I Enter the diseases or	10,00			Aven	ue, Rockv	ılle	, Mary	land	208	50-2805	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one deuse on each line.											
	IMMEDIATE CAUSE (Final											
ļ	resulting In death) Due To (bh As A consequence of):											
	DUE TO (DR AS A CONSEDUENCE OF):											
E	Convention, the control of the contr											
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CENTIFICATION	CAUSE (Disease or Injury	C										
	that initiated events	DUE TO (DA	AS A CONSE	QUENCE OF):								
:	resulting In death) LAST	d,										
	DART II Other significant and distri	and the state of t								-		
	PART ii. Other aignificant condition	e contributing to da	not not	resulting in 1	ina underly	ing cause givan in	Part I. 24s. WAS AN AUTOPSY 2: PERFORMED?				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
T L								1 TES 2			COMPLETION OF CAUSE OF DEATH?	
								-			1 YES 2 NO	
											— P. S. S. S. S. S. S. S. S. S. S. S. S. S.	
	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Chi	eck only or	ne)				
; 	EXAMINER?	HOSPITAL:	/Outpatient 1		THER:							
THI SIGNA	27. MANNER OF DEATH	28e. DATE OF INJ		26b. TIME D		ome 5 Residence			N HID OC	HIDER		
	1 Natural 5 Pending	(Month, Day, Y	bar)	INJUR	Υ	WORK?	zea. DES	CRIBE HOW	INJUNT OCC	UNEU		
	2 Accident Investigation	Printer and the same	993	11245		YES 2 NO	561				topher	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE DF IN building, etc.	(Specify)	ume, serm, stre	m, rectory, of	TICE	26f. LOC City	ATION (Street or Town, Stete))			
			at l	home			draw	n ca		that	r of hors	
	29e. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my	knowledge, de	eath occurred a	it the time, d	ate end place, end due	to the ceu	ise(e) end me	nner ee stat	ed.	3	
	2 MEDICAL EXAMINE										end menner ee stated,	
	29b. WHATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM			-			
1	Melania Dal	16.02 11.	1.			ASC. LICENSE NUN	HUER		290. DATE	SIGNED (Month, Day, Year)	
2	30 NAME AND ADDRESS OF DEDOCULUT	D COMPLETED STEEL	n	*** an =		L 0.C.1	M.E.)5 2	3 1993	
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE O	P DEATH (ITE	M 27) (Type, Pri	nt)							
		orell Mr	1	11 Per	nn St	reet Ra	alti	more	Ma	rvla	nd 21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							1		
	MAY 28 1993	3 Julia Da	4dson-19	anacia								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

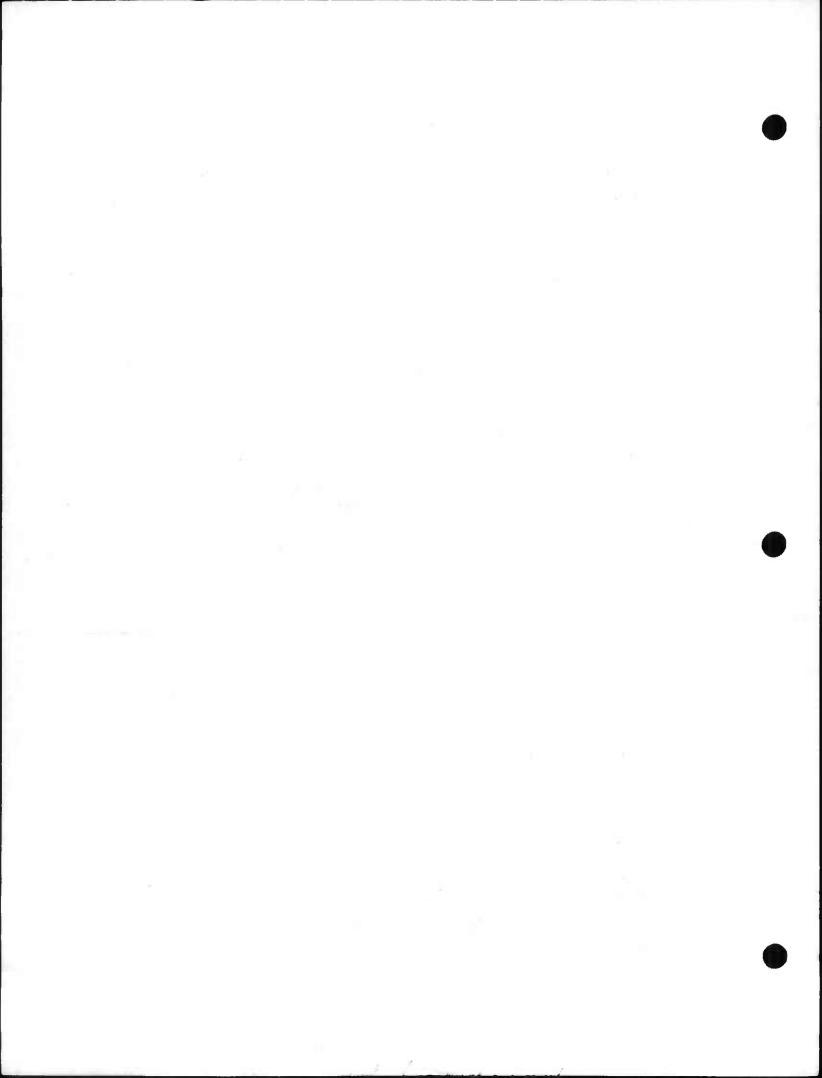
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 5 may be retained by the attending physician and completely filled in by the funeral director. Page 5 may be fatched for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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	1 - STATE REGISTRAR		CERTIF	ICATE OF DEATI	ND MENTAL HY	GIENE 9	0 1004	0
	1. DECEDENT'S NAME (First, Middle, Las	" Laura H.	Bowerma	n	2. DATE OF DE	ATH DAY	YEAR 3. TIME OF DEAT	Н
	4. SOCIAL SECURITY NUMBER	Horlon	Bawe		5 ~	24-9	3 3 5	
			(In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 MONTHS DAYS HOURS	MIN. (Month, Day,	Year)	8. BIRTHPLACE (State or Fo Country)	weign
	063-18-5825 90. FACILITY NAME (If not institution, give	X 2	91 YRS.	41 0774 77111 07 1 07 1		9, 1902	New York	
CTOR	Holy Cross Hospi			95. CITY, TOWN OR LOCATION Silver Sprin			TY OF DEATH	
EC	10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LOCATION		<u> </u>	10d. INSIDE CITY	
DIRE	•		Was	hington, D.C.			LIMITS?	NO
AL	10s. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL	1705 Harvard Sti	reet, N.W.		20009		Unit	ed States	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DECENDENT OF	HISPANIC ORIGIN? (Spe Mexican, Puerto Rican,		14. RACE — American India Black, White, atc.	in,
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 X NO			Specify:	
03	15. DECEDENT'S E	DUCATION	16a, DECEDENT'S	USUAL OCCUPATION	166 KIND	OF BUSINESS/INDL	White	
	(Specify only highest gn Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done during most of working	IOD. KIND	OF BUSINESS/INDU	JSTRY	
4	12	conege (I-4 of 5 F)	Telepho	ne Operator	N.Y.	Telepho	one Company	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First, Middle,	<u>-</u>	, and a second	_
ш	Albert D.	Horto	n	Hele	n	Milt	con	
TO B	19e. INFORMANT'S NAME (Type/Print)		I	ADDRESS (Street and Number or	Rural Route Number, City	or Town, State, Zip	Code)	
-	Donald A. Bowern	nan (Son)	Same	as #10				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Re	emoval from State 20t	netery, cremetory or of	OF DISPOSITION (Name of the place)		20c. LOCATION — C		
	4 Donation 5 Other (Specify)		buburban	Crematory		Silver S	Spring, MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE A		22. NAME AND ADDRESS Rapp Funer		s. P.A.		
	Dell-15.	CWI	M00827	933 Gist A			MD 20910	
	immediate cause (Final disease or condition	re. List only one cause on e	each line.	of enter the mode of dying	, such as cardiec or			etwe
RTIFICATION	immediate cause (Final	a. Small L. DUE TO (OR AS A OUE TO (OR AS A	each line.	obstant 7:	, such as cardiec or		st, Approxima	etwe
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COMPLETED BY PHYSICIAN: MEDICAL	shock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatio 3 Suicide 8 Could not to detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHI	a. Small DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A In the second of th	Patient 3 DOA 28b. Timiling Y — At home, farm, a	26. PLACE OF OEA OTHER: 4 Nursing Home 5 Residence of Work? M 1 YES 2 1 Atreet, factory, office	en in Part i. 24a, y P I'H (Check only one) TH (Check only one) TH (Check only one) TH (Check only one) TH (Check only one) TH (Check only one) TH (Check only one) TH (Check only one)	IN TEMPLIFICATION OF THE PROPERTY OF THE PROPE	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 VES 2 N UREO A Rural Route Number, d. cause(s) end manner as st	NOIN TO AUSE
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E COMPLETED BY PHYSICIAN: MEDICAL	shock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significent conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not 8 4 Homicide 8 Could not 8 4 Homicide 8 Could not 8 5 Chack only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND INTER OF CERTIE 30. NAME AND ADDRESS OF PERSON VALUE OF CERTIES	a. Small DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR A	Patient 3 DOA 28b. Timinal Indiana.	26. PLACE OF OEA OTHER: 26. PLACE OF OEA OTHER: E OF URY M 28c. INJURY AT WORK? 1 YES 2 1 street, factory, offica	en in Part I. 24a. v En in Part I. 24a. v TH (Check only one) lence 8 Other (Special Describer of Town of the United States and place of the United States and place of the United States of the Un	WAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number of State) Indiananar as state ace, and due to the	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 VES 2 P UREO CRUTER Route Number, d. cause(s) end manner as at SIGNEO (Month, Day, Year)	NOIN TO AUST



Jack H. Bass

16649 93

3. TIME OF DEATN

7:10

2. DATE OF DEATH DAY MAY 27, 1993

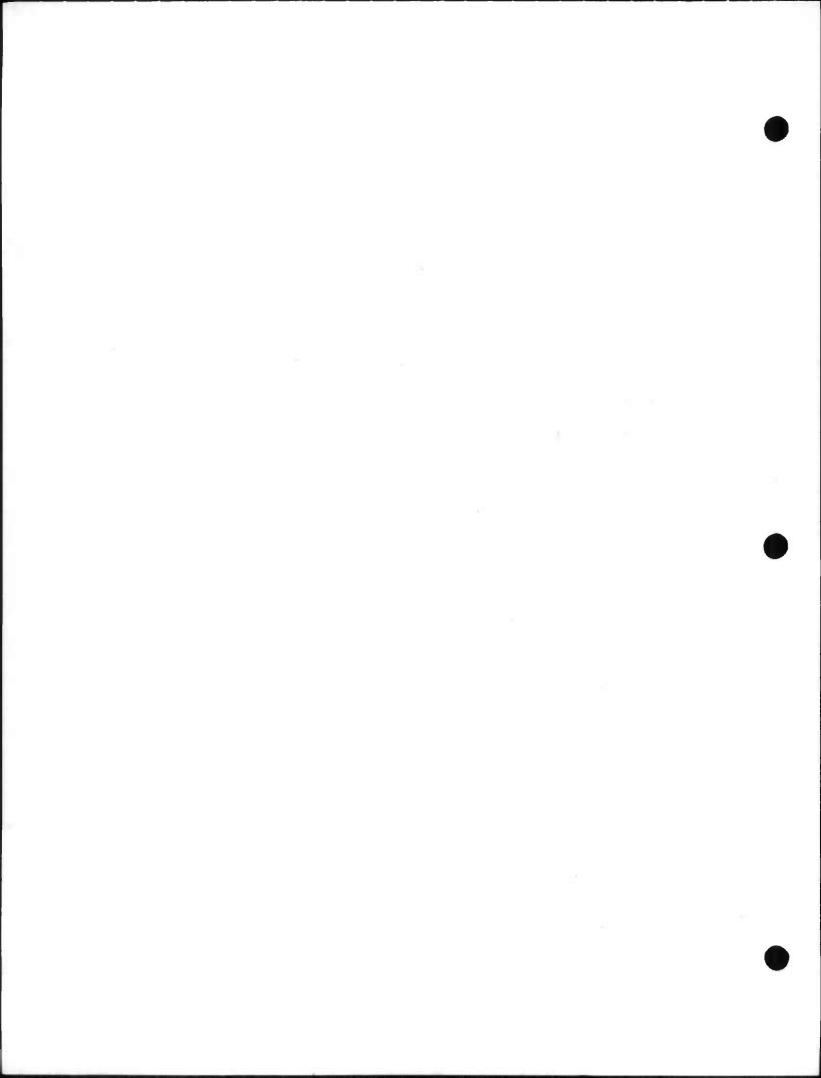
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Page 6	١
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ORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the part of the law requires that the death certificate has been signed by the attending physician and completely filled in by the intermediate that been signed by the attending physician and completely filled in by the intermediate that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN		8. BIRTNPLACE (State or Foreign								
	214-03-9237	1 🖾 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS &	arn,	(Month, Da		910	North	Carolina					
	Se. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN C	OR LOCATION	OF DEA		7, 1		NTY OF DEAT						
E I	12306 Selfridge	Road				Silv	er Sp	rin	α		Mor	taome	P. 3.7					
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY																	
DIRECTOR		tgomerv										10	d, INSIDE CITY LIMITS?					
	10a. STREET AND NUMBER	Lgomery		5	TIVE		ring						YES 2 NO					
BY FUNERAL	12206 Colforday Park																	
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED							906	0.0000000000		_	ted S						
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9	Elementary/Secondary (0-12)	College (1-4 or 5	·)	Do NOT us	e retired.)	Juling Inc.	st or working											
₩	12		Ro	Routemar					R	C Co	1a							
	17. FATHER'S NAME (First, Middle, Last)								NE (First, Middle		Sumeme)							
BE	John H. Bass								ord Fl									
190. INFORMANT'S NAME (Type/Print) Mary L. Bass 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12306 Selfridge Road, Silver Spring, MD																		
	20g, METHOD OF DISPOSITION							ad,	_		-		20906					
	1 \(\text{Disposition} \) Buriel 2 \(\text{Cremation} \) Cremation 3 \(\text{Remote Remote the condition} \) Donation 5 \(\text{Other (Specify)} \)	oval from State	cemetery, cre	matory or o	ther place)	ITION (Na	Park	6 /1	DATE			City or Town,						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	raiki	awii						ROC.	KVII	re, Ma	ryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Utill E Home Moderal Service Licensee 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home Rockville Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805											tgomery						
			2										-2805					
	23. PART i. Enter the diseeses, or o ahock, or heart feilure.	complications the List only one ceu	t ceused the de se on each line	ath. Dor	ot enter	the mo-	de of dying.	, auch	as cardiac	or reapir	atory an	reat,	Approximata Interval Between					
	iMMEDIATE CAUSE (Final disease or condition												Onset and Death					
	resulting in death)		OTOVASCU			dent												
_				JUENCE O	*):													
0	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):																	
SAT	cause. Enter UNDERLYING Acute Myelogenous Leukemia									2 months								
Ĕ	CAUSE (Diseese or Injury that initiated events		(OR AS A CONSEC										Z MOHELLS					
CERTIFICATION	resulting in death) LAST	d																
	PART ii. Other aignificant condition	a contributing to	death but not r	neultino i	in the un	deriules		- i- 0	and I are	. WAS AN								
PHYSICIAN: MEDICAL	Atherosclerot						l cense dive	711 1111 6	248	PERFORI		AM	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE					
				<u> </u>					_ 10	YES 2	NO S		DEATH?					
Σ									-			1 (YES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DEAT	'H (Chor	rk naty nan)									
SIC	EXAMINER? 1 TYES 2 X ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R:	e 5 🕅 Reside											
Ŧ	27. MANNER OF DEATN	28e, DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	_	28d. DESCRIE		JURY OC	CURED						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, E	ey, Year)	HNJ	URY M		RK? (ES 2 N	0										
	2 Deviates	28e. PLACE C	F INJURY — At ho	me, farm, s	dreet, tect	ory, office		\dashv	281. LOCATIO	N (Street e	nd Number	or Rural Route	Number,					
E	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route N City or Town, State)																	
3	4 Nomicide determined	Dunumy,	10000))									29e. CERTIFIER						
299. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end men								d due t	o the cause(e)	end men	ner ee ste	ted -						
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ш	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PNYSH One) 2 🗆 MEDICAL EXAMINE	CIAN: To the best of R: On the basic of e	my knowledge, de camination end/or i	investigatio	n, in my o		eath occured o	at the ti	ime, date and BER		due to the	E SIGNED (Mo	11 -11					
BE	290. CERTIFIER (Chack only one) 1 CERTIFYING PNYSH 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of R: On the basic of e	my knowledge, de camination end/or i SE OF DEATH (ITE)	nveatigatio	n, in my o	pinion, d	eath occured o	E NUME	ime, date and BER	place, end	29d. DAT	e signed (Mo	onth, Day, Year)					
BE	290. CERTIFIER 1 CCHOCK ONLY ONE) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of R: On the basic of e	my knowledge, de camination end/or i SE OF DEATH (ITE)	M 27) (Type,	Print)	pinion, d	29c. LICENS	E NUME	ime, date and BER	place, end	29d. DAT	e signed (Mo	onth, Day, Year)					



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification are within 24 flours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending mention are completely filled in by the funeral director, page 5 should be detached for use as	or to burill cremation, or removal,	ment the medical examiner must be antified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending inter-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other training event, the medical examinar must be notified at once

Stuart

E.

MAY 2 8 1993

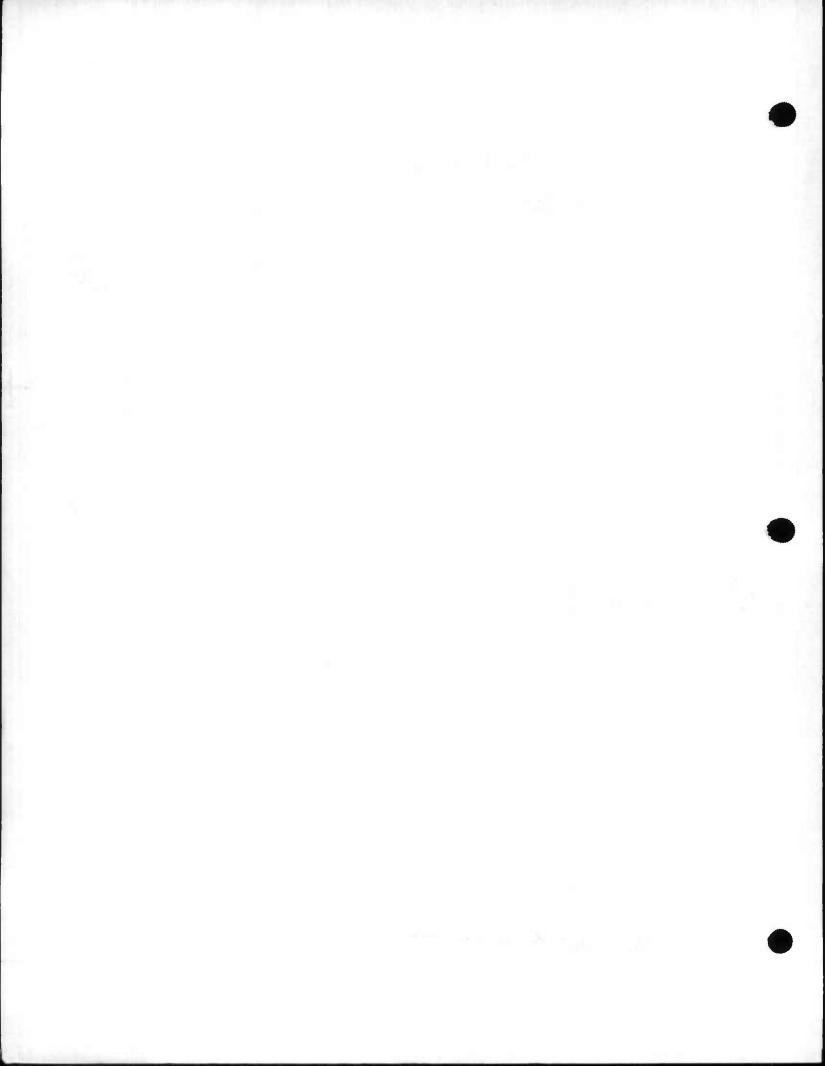
93 16650 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAY 22 1993 URSULA D. BROWN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Ye SEPT . 1 1 M 2 XX 56 YRS. MARYLAND 217-38-5937 13 1936 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1227 MADISON STREET ANNAPOLIS ANNE ARUNDEL 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL ANNAPOLIS MARYLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 1227 MADISON STREET 21403 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 2 Merried 1 Never Married IF YES, GIVE WAR OR DATES 1 TYES 2 ANO BY 3 Widowed 4 Divorced BLACK ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) CLAIM SERVICE REP. NATIONWIDE INS. CO. COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
BESSIE GORDON JOHN CHAMBERS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1227 MADISON ST. ANNAPOLLS, MD. 21403 2 SHERRY BROWN 20e. METHOD OF DISPOSITION
1 Dispussion 3 Grant Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE PINELAWN MEM. PARK 5/29/93 ANNAPOLIS, MD. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. ees Harry 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory errest, abock, or heart feliure. List only one cause on each line. Approximete Interval Batween **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition Rveast one year resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner ee stated. 29d. DATE SIGNED (Month, Day,

5 25 9 5 29c. LICENSE NUMBER BE 838 un 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

900

32. REGISTRAR'S SIGNATURE

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CERTIFICATION

BY

COMPLETED

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DIRECTOR

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X Wido

15. DECEDENT'S EDUCATION

(Specify only highest grade or

Theodore Anthony Bucolo

Elementary/Secondary (0-12)

Joshua Caruso

20s. METHOD OF DISPOSITION

19s. INFORMANT'S NAME (Type/Print)

17. FATHER'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executing attending physician ental Hygiene p for the After this certificate has been signed by the atter death with the State Dept. of Health and Mental Is marked, or Item 23 shows any injury, o E FUNERAL DIRECTOR: AN dithin 72 hours after de HTANT: If item 28 is TO THE HOSPITAL (TO THE FUNERAL C DE filed within 72 h

FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPART RTIFIC				
. DECEDENT'S NAME (First, Middle, La	st)						
Grace Mar	ia Bucol	20					
SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest birthday,			t YEAR	IF UNDER 24 /	
579-44-9374	1 🗆 M 2 💢 📉	76	YRS.	ONTHS	DAYS	HOURS	M
e. FACILITY NAME (If not institution, gi			96. CITY,	TOWN (R LOCATI	ON	
313 Salisbury				Ed	gewa	rter	
DESIDENCE OF DECEDENT 10b. COL			40 - 00004	-			_
	ne Arundek	2		Edgewater			
0e. STREET AND NUMBER					101	. ZIP COD	E
313 Salisbury	Road					210	13
1. MARITAL STATUS Never Married 2 Married TAMidemed 4 Discoord	IT EVER IN U.S. ARE YES 2 XI					ın, M	

93 16651 ND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 25 1993 May AM 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Feb 15 1917 Massachusetts OF DEATH 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY 1 TES AND NO 10g. CITIZEN OF WHAT COUNTRY? United States ISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. White 16b. KIND OF BUSINESS/INDUSTRY Clothing 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Motta 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 319 Cedar Grove Road Edgewater, MD 21037 DATE 20c. LOCATION - City or Town, State 05-28-93 Washington, D.C. Approximate interval Between

Sel 2 Cremetion 3 ()
setton 5 () Other (Specify) Mary & Cemetery 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heert fallura. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death**

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

Seamstress

20b. PLACE AND DATE OF DISPOSITION (Name of

disease or condition_ Congestive Heart Failure resulting in death) DUE TO OR AS A CONSEQUENCE OF

DUE TO (OR AS A CONSEDUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

College (1-4 or 5+)

2 yrs

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated eventa resulting in death) LAST

PART II. Other significant conditions contributing to death but not reaulting in the underlying ceuse given in Part i. Mitral Value Disease

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

27. MANNER OF DEATH

1 Natural

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 🗌 Nursi ne 5 X desidence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO

5 Pending Investige 2 Accident 3 Sulcide 6 Could not be 4 Homicide

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER

(Chart ont)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

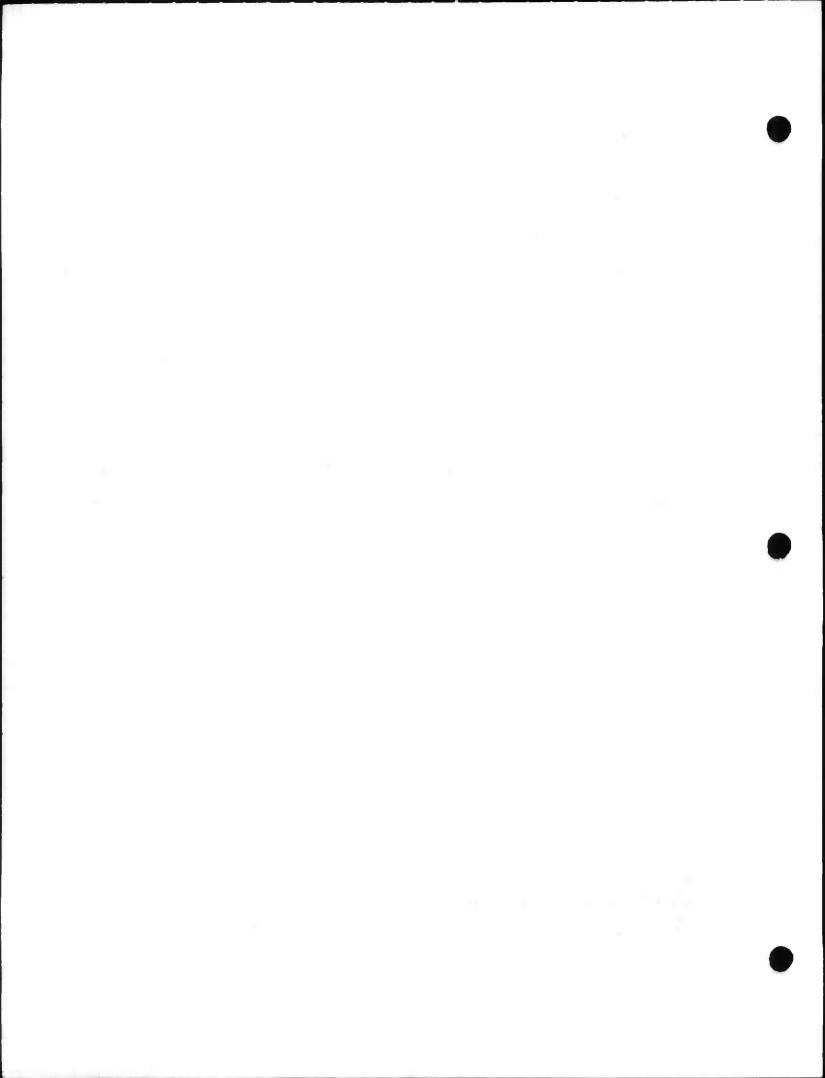
Į	Ano	18	Ver Dra	in	MD.		
30	. MAME AND	ADDREŠS OF	PERSON WHO	COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type	e, P

D38563

29d. DATE SIGNED (Month, Day, Year) May 25, 1993

134 Owensville Road West River, Maryland 20788 Bierbaum. M.D.

32. REGISTRAR'S SIGNATURE giche surres - Minuse



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31. DATE FILED (Month, Day, Year)

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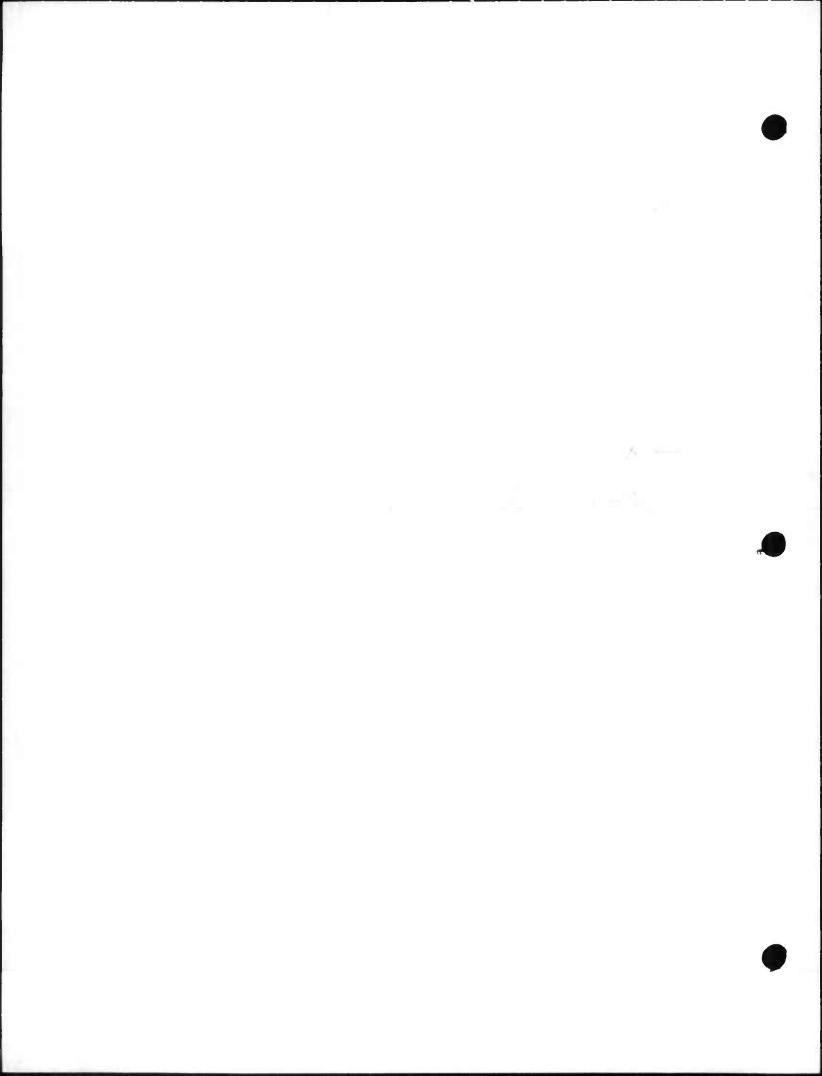
Selouids, m.o.

32. REGISTRAR'S SIGNATURE
JUNA DANGOON-PORTAGE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 05 000 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH oth, Day, Vo 1 - M 2 N F 12 NY use as the burial-transit permit. Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Arme Arundel Co. Annapolis 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8208 River Crescent Drive 21401 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify_Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY è Elementary/Secondary (0-12) College (1-4 or 5+) detached 4 Homemaker Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) funeral director, page 5 should be notified at Rose George Stanton BE Marion Carleton 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David Bonnett 481 Yorkshire Drive Severna Park MD 21146 pe 20a. METHOD OF DISPOSITION
1 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 4 □ Donation 6 □ Other (Specify) Metro Crematory

Metro Crematory 5/25 Catonsville, MD event, the medical examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Parranco Funeral Home Severna Park MD 21146 need by the attending physician and completely filled in by the 23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition Breast Cancer o years within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): be executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 10 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. that the MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate PHYSIC EXAMINER? HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: Inpetient 2 - ER/Outpetient 3 - DOA me 5 Residence 8 Other (Specify) 6 4 - Nursing Ho 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Netural
2 Accident 5 Pending investigation 1 YES 2 NO BY After 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED THE FUNERAL DIRECTOR: filed within 72 hours after 4 Homicide If item 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 8 5/24/93 stuart louix 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 900 Bestgate Rd. Aunapolis, Und. 2140



DIVISION OF VITA

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Lawrence of the determination of the properties of the properties of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been a few orders of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

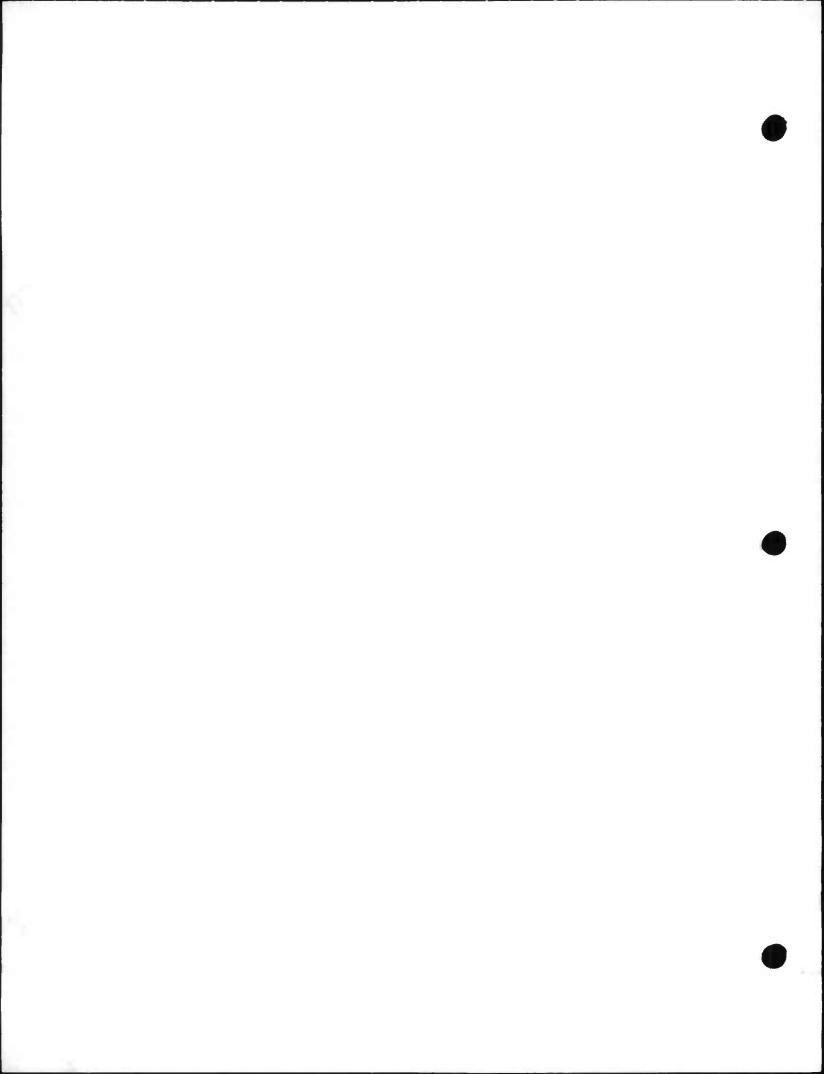
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								9	3	1665	3
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIE	NE		1000	
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN	C.			BATES		2. DATE OF DEATH	pav g	EAD	: 44	Рм
	4. SOCIAL SECURITY NUMBER 149-26-5021	5. SEX	6. AGE (In yrs. la.	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year) 4-16-193		Country)	ACE (State or Foreign	ın
POR	9a. FACILITY NAME (If not institution, give s SUBURBAN HOSP		1.		96. CITY, TOWN BETHES	OR LOCATION OF		9c. COUNTY MONT	OF DEA	тн	_
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	r		10c, CIT	Y, TOWN OR LOCA	TION			1	Od. INSIDE CITY	
		Essex			Glou	cester			,	LHMITS? YES 2 NO)
FUNERAL	10e. STREET AND NUMBER	15000	·			f. ZIP CODE		10g. CITIZEI	OF WH	AT COUNTRY?	
N.	862 Washington					01930		Uni	ted	States	
B≺	1 Never Married 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		13. WAS DE	CENDENT OF NISI Decity Cuben, Mex 3 2 NO Spe	ANIC ORIGIN? (Specify Yolcen, Puerto Rican, etc.) city:	ns or No— 14	Black, 1	- American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	ive kind of v	USUAL OCCUPATI		16b. KIND OF BI				
퓝	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)	Do NOT us	-04/4/10	. 4-	Infor	mation	Sys	tems	
S S	17. FATHER'S NAME (First, Middle, Last)	4	- 1 77	wyna	m Manago		NAME (First, Middle, Maide	(IBM)			
BEC	Alfred	S.	Bates			There			ina	Рон	
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street		al Route Number, City or To	vn, State, Zip Co	de)		_
-	Rita Bates 200. METHOD OF DISPOSITION						loucester.				
	1V Burial 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or of	her place)			CATION — CITY		100	
	21. SIGNATURE OF FUNERAL SERVICE LIG	esset)	- Caci	wiy		ND ADDRESS OF	FACILITY				
	May	19	_/		John M	1. Taylo	r Funeral	home,	nc.	147 Duk	e.e
	23. PART I. Enter the diseases, pr	omplications the	coused the de	eth. Do n	ot enter the mo	de of dying, a	St. Anna	olratory arreat	Md.	21401 Approximete	
	iMMEDIATE CAUSE (Final	Liet Drily one ceu	se on each ilne	•						Interval Between Onset and De	
	disease or condition resulting in death)	74MPELTO	SCLOTRO	NU	CARDI	DZAVO	upp DIS	1805			
		DUE TO	(OR AS A CONSE	DUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF):						
5		1.									
AL	PART II. Other aignificant conditions	s contributing to	death but not r	eaulting i	n the underlyin	g cause given i	n Part I. 24a. WAS AI			ERE AUTOPSY FINDIN	VGS
ă							1 NES		C	OMPLETION OF CAUS F DEATH?	E
Σ									1	YES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL				26, Pi	ACE OF DEATH (Check only one)				
မ္တ		28. PLACE OF DEATN (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)									
Z. III	EXAMINER?	HOSPITAL:	ER/Outpatient 3	(T)(DOA		e 5 🗆 Residence	6 Other (Specify)				
PHY	1 X YES 2 NO 27. MANNER OF DEATH		INJURY	28b. TIME	4 Nursing Hom	URY AT	6 Other (Specify) 28d. DE\$CRIBE NOW	INJURY OCCUR	ED		_
BY PHYSICIAN: MEDICAL	1 N YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 Inpa	INJURY ny, Year)	28b. TIME INJ	4 Nursing Hom OF 28c, INJ JRY WC 1	URY AT PRK?	28d. DE\$CRIBE NOW				
D BY	1 Netural 5 Pending Investigation 2 Accident 5 Could not be determined	1 Inpatient 2 Inpa	INJURY	28b. TIME INJ	4 Nursing Hom OF 28c, INJ JRY WC 1	URY AT PRK?	T	and Number or I		te Number,	
D BY	1 N YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 Inpetient 2 28e. DATE OF (Month, De 28e. PLACE Of building,	INJURY ny, Year) F INJURY — At ho atc. (Specify)	28b. TIME INJI	4 Nursing Hom E OF 28c, IN, WC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	URY AT PRK? YES 2 NO e and place, and de	28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State	and Number or i	Bural Rou		i.
à	1 N YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 298. CERTIFIER (Check only) 1 CERTIFYING PNYSIC	28e. DATE OF (Month, De 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE Of building, de 28e. PLACE OF de 28e. PLACE	INJURY ny, Year) F INJURY — At ho atc. (Specify) my knowledge, de amination and/or i	28b. TIME INJURY IN THE INJURY IN THE INJURY IN THE INJURY IN THE INTERIOR INVESTIGATION INVESTIGATI	4 Nursing Hom COF OF OF WIND HY M Interest, factory, office d at the time, date n, in my opinion, d	URY AT PRK? YES 2 NO e and place, and de	28d. DESCRIBE NOW 281. LOCATION (Street City or Town, State us to the cause(e) end ma se time, date end place, e	and Number or i	Rural Rou		s.

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate the second by the second physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The second that the mean certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been seened by the attending physician and completely fill

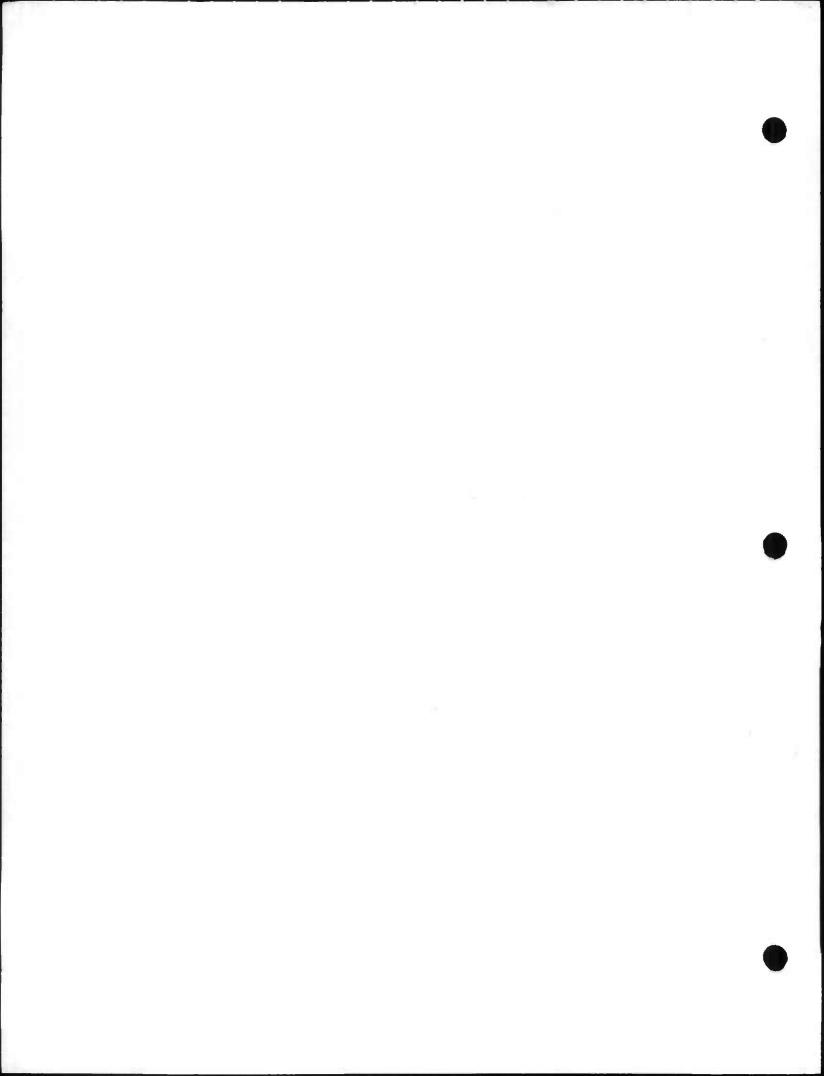
The street by the standing physician and completely filled in by the funeral director, page 5 should be detached in the standard of the standa TO THE HOSPITAL OR ATTENDING PHYSICIAN-TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or item 2

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
		Maı	ry Cathe	rine Ber	igtso	n				ионтн 05	28	19	93 ^{SEAR}	4:15 P M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	7. DATE OF BIRTH 8. BIRT			IPLACE (State or Foreign
1 7	514 28 103		1 M 2 X F	57	YRS.		UMTS	Mouns	ware.		5-193	35		
00	9a. FACILITY NAME (If not in		,			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (INTY OF D	EATH			
1 5	717 Lev	71S Str	eet		Havre de Grace H				Harfo	ord				
DIRECTOR	10e. STATE	10b. COUNT	Y		10c. CITY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
1	MD		arford				H	avre	de	Grace				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	ewis S	thoot				101	. ZIP COD		0.50		10g. CIT		VHAT COUNTRY?
N.	11. MARITAL STATUS	ewis s		IT EVER IN U.S. AR	MED	1 40 1				078			USA	
	1 Never Married 2			YES 2 XN		1	yes, sp	ecify Cube	n, Mexica	n, Puerto Rice	specify tes	or No-		E — American Indian, c, White, etc.
ЭВУ	3 Widowed 4 Dive		<u> </u>					1 22 110	оросну				эрис	White
13.	(Specify on	EDENT'S EDU	completed)	(Gi	CEDENT'S ve kind of w Do NOT us	vork done d	CUPATIO	ON est of working	g	16b. KI	NO OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (I	1-12)	College (1-4 or 5	()	ninis		Ve	Assi	stant	f Mı	useur	n		
OM	17. FATHER'S NAME (First, M	liddle, Last)		1 0.		UI CC				ME (First, Midd				
BE C	K						Car	therin	е Во	lene				
5	19a. INFORMANT'S NAME (. MAILING	ADDRESS	(Street a	and Number	or Rural F	loute Number,	City or Town	n, State, Zi	p Code)	1
	Mr. Kennet		sengtson					_						
	1 Burial 2 Crematic	on 3 🗆 Ram	oval from State	20b. PLACE A	matony or of	has plane!			Tno	DATE			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					A. Ferris & Co., Inc. 6/1 West Chester, P.								
	Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197													
	23. PART I. Enter the d	iseases, or o	complications that	t caused the de	ath. Do n	ot enter	the mo	e <u>ae</u> de of dy	ng, such	.ce, I	or respi	ZIU7	8-31 rest,	97 Approximata
	shock, or h	eart failure.	List only one cau	ise on each ilne.										Interval Between Onset and Death
	disease or condition	→	a	CARAC	R	UM	ONA	RY	All	EST				
			DUE TO	COU WO W COMPER	PILA	j.								
NO.	Sequentially list condit if any, leading to imme		b. DUE TO	(OR AS A CONSEC		IUR Di		718	(E)	,				
CAT	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	С.											
	that initiated events resulting in desth) LAS		DUE TO	(OR AS A CONSEO	UENCE OF):								
CERTIFICATION			d											
DICAL	PART II. Other significe	nt condition	s contributing to	death but not re	sulting i	n the un	derlying	g ceuse (iven in i	Part I. 24	a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC		13000								1	YES 2	M ho		COMPLETION OF CAUSE OF DEATH?
Σ		NIUUN												1 TYES 1 THO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF D	EATH /Che	ick only one)				
Sis	EXAMINER?	1	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	:	1		8 Other (S	pecify)			
표	27. MANNER OF DEATH	335	28a. DATE OF (Month, D		28b. TIME	OF	28c. INJ			28d. DESCR		NJURY OC	CURED	
亩		Pending Investigation				М	1 🗆 1	YES 2	NO NO					
ETED		Could not be determined	building,	F INJURY — At hor etc. (Specify)	ne, farm, s	treet, facto	ory, office	•		28f. LOCATIO	ON (Street a own, State)	nd Numbe	r or Rurel F	loute Number,
		_				2-5	ul certies	VIII. 1	1156	and the second		100.00		
E81997	29a. CERTIFIER	IFYING DUVE	CIAN: To the heat of	one knowledge and		er my 17hm 96:				un the caused	a) and man	mer as sta	ted.	
M	(Check only		CIAN: To the best of R: On the basis of e									d due to ti	he cause(a) and manner as stated.
E COMPL	(Check only	CAL EXAMINE	R: On the basis of e					esth occur		time, data and) and manner as stated, (Month, Day, Year)
H	(Check only one) 2 MED	CAL EXAMINE	R: On the basis of e					esth occur	ed at the t	time, data and		29d. DAT	E SIGNED	(Month, Day, Year)
	(Check only one) 2 MED	OF CERTIFIER	R: On the basia of e	memination and/or in	nvestigation	n, in my o	pinion, d	29c. LICE	ed at the series of the series	BER	d place, an	29d. DAT		
H	(Check only 1 DENT ONL) 29b. SIGNATURE AND TITLE 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF HOMAS A.	OF CERTIFIER PERSON WHO	R: On the basia of e	SE OF DEATH (ITEN	nvestigation	n, in my o	pinion, d	29c. LICE	ed at the series of the series	time, data and	d place, an	29d. DAT	E SIGNED	(Month, Day, Year)
H	(Check only 1 CERT one) 2 MED 29b. SIGNATURE AND TITLE	OF CERTIFIER PERSON WHO	R: On the basia of e	memination and/or in	1 27) (Type,	n, in my o	pinion, d	29c. LICE	ed at the series of the series	BER	d place, an	29d. DAT	E SIGNED	(Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	The line is quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate them signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the Same Digit. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICING THE INCOMES that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certification been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

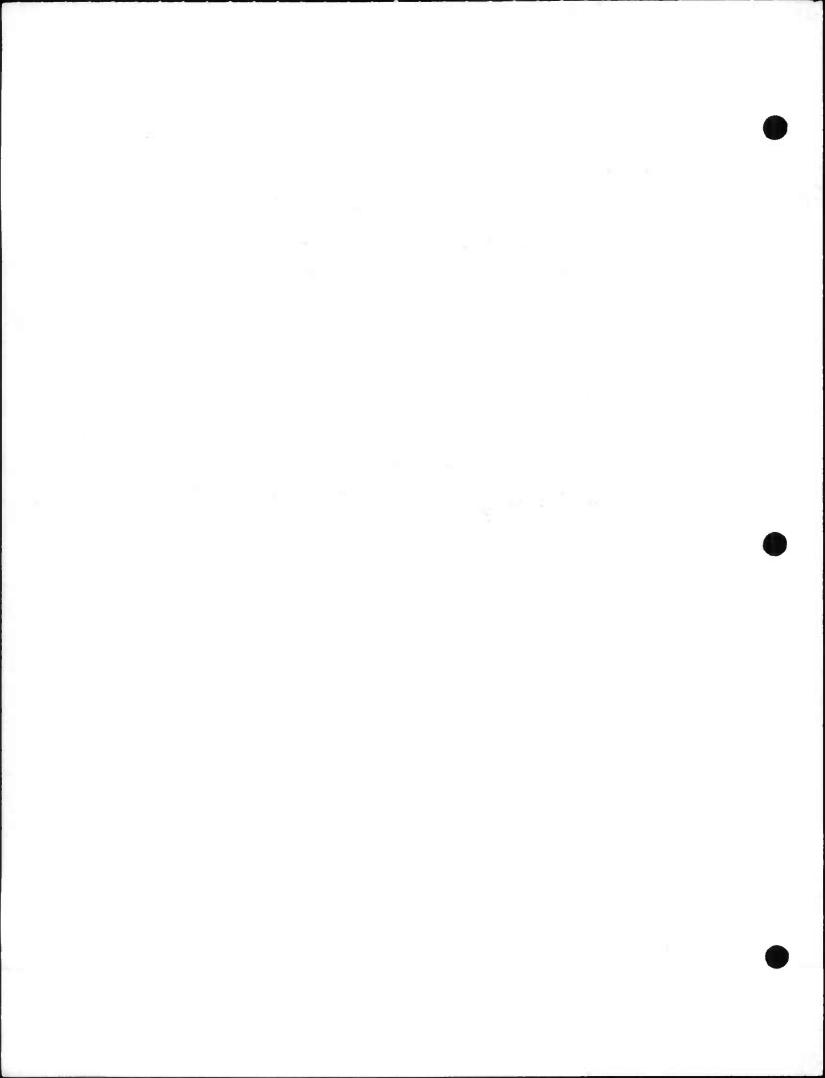
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E 93	3 16655
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	A A1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E. BARKER			MAY 28	, 199	3 10:32A M
ĺ	246-05-9727 Se. FACILITY NAME (# not institution, give se	1XD(M 2 □ F 88	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	N	BIRTHPLACE (State or Foreign Country) CAROLINA
œ	FALLSTON GEN			CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	FORD
5	RESIDENCE OF DECEDENT	ERAE HOOT I	TAL I	ALLSTON		HARI	FURD
DIRECTOR		FORD		TEFORD			10d. INSIDE CITY LIMITS? 1 YES 2 \(\)\(\)\(\)\(\)
FUNERAL	1301 HEAPS	ROAD		10f. ZIP CODE 21160		USA	OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 X Xerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	X MD	13. WAS DECENDENT OF HISPA If yes, apecity Cuban, Mexic 1 YES 2 Y WO Special	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: VHITE
ED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUS	INESS/INDUST	TRY .
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	(red.)	[50	
M	17. FATHER'S NAME (First, Middle, Last)		LATHE OF	PERATOR			ANUFACTURING
S	RAY BARKER				AME (First, Middle, Maiden	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street and Number or Rural	TUCKER	Stata Zio Coo	(a)
5	MARGARET P. BAR	RKER					3643
	20s. METHOD OF DISPOSITION 1)(2) Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rval from State cem	PLACE AND DATE OF DI etery, crematory or other p	place)	E / 21 / 0 Z	ASH	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		HOWELL H	22. NAME AND ADDRESS OF F		ASH	E COUNTY,
	· (hm b)	Tillett		HARKINS F.H			
	23. PARY 1. Enter the diseases, or conshock, or heart fellure. L	omplications that caused list only one cause on a	I the death. Do not each line.	enter the mode of dying, suc	ch as cardiec or respi	ratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CORDA	ARY A	RTERY D	ISEASE		Onset and Death
z			•	LERUSIS			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	00,-010			
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
F	resulting in death) LAST						
	PART II. Other algolificant conditions	contributing to death be	ut not resulting in th	e underlying cause given in	Part I. 24e. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
CAL	DIABETE	S MELL	ITUS		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	PARKINSON				1 TYES 2	XNO	OF DEATH?
ž	MAPERTE	USION			_		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PLACE OF DEATH (C)	heck only one)		
PHYSICIAN: MEDIC		1 Nopetient 2 ER/Outp	atlent 3 DOA 4	HER: Nursing Home 5 - Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 S Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II	LJURY OCCUR	EO
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, ferm, street		281. LOCATION (Street a	nd Number or F	Rural Route Number.
COMPLETED	4 Homicide determined	building, atc. (Spec	ny)		City or Town, State)		
2	28a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred at	the time, data and place, and due	to the cause(s) end man	ner as stated.	
آ≳				my opinion, death occured at the			use(s) end manner as stated.
\aleph	2 MEDICAL EXAMINER	. On the basis of examination					
	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER	CON the basis of examination		290 LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERTIFIER David N. M.	while ly	p	290 LICENSE NU	MBER 44	29d. DATE SH	
	2 MEDICAL EXAMINER	while ly	p	290 LICENSE NU	WAY A	29d. DATE SH	



DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
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		DESTRUCTION NAME OF A MARK												
	!	1. OECEDENT'S NAME (First, Mic	-	NT DAME	36437					2. DATE OF D	DAY		YEAR	3. TIME OF DEATH
			JaVER							May	8	199	93	10:00 P M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	st birthday)	MONTHS D	_	UNDER 24 HRS.	7. DATE OF BI			8. BIRTHI	PLACE (State or Foreign
-1	Į	230-42-1522		1 □ M 2 🏻 F	57	YRS.	MONTING D	AVS INC	DURS MIN.	July 1		35 l		ington, DC
- 1	\$	9a. FACILITY NAME (If not institu	tion, give a	treet and number)			96. CITY, TO	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
	8	509 Birchlea:	f Ave	enue			Capital Heights Prince Geo				Coorsola			
ı.	5	RESIDENCE OF DECED	DENT				TITICE Geo					George S		
N.	DIRECTOR	140 140	b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
捌	<u>a</u>	Maryland	Princ	ce George	e's	Car	ital	Heig	hts					LIMITS?
1	4	10e. STREET AND NUMBER						10f. ZIF	P CODE		T	10a. CIT	IZEN OF W	HAT COUNTRY?
1	FUNERAL	509 Birchlea:	f Ave	enue				2	0743			II C	S.A.	
	3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS			NIC ORIGIN? (Sp	acify Yan			- American Indian.
		1 Never Married 2 Mar			YES 2 X		If ye	a, specify	y Cuban, Mexico	an, Puerto Rican,	elc.)	7 140-	Black,	White, atc.
	B	3 Widowed 4 Divorced		''	YES 2	X NO Specif	y:			Specify	White			
		15, DECEDE	NT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND	OF BUSI	NESS/IND	HISTRY	WIIICC
	6	(Specify only hig Elementary/Secondary (0-12)	hest grade	College (1-4 or 5	- //	Give kind of v a. Do NOT us	rork done durir e retired.)	ng most of	working					
	ᆲ	11				tress	3			Rest	aura	nt		
ace.	COMPLETED	17. FATHER'S NAME (First, Middle	, Last)					10	MOTHED'S NA	ME (First, Middle,				
		Malcolm Arr	no1d					"	Flore		laven	15		
9	出						ADDRESS /S	met end t		Route Number, Ci				
5	임	Perry C. Bate	man		"									ND 007/0
	- 1	20a. METHOD OF DISPOSITION	-man		001 01 000					, Capit				
must be		1 N Buriel 2 Cremetion		oval from State			her place) In Cei			OATE			City or Tow	
		4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE		ENGEE	Fort	Linco				12/93	Bren	two	od, M	aryland
examiner		100	1	1 00/			Fra	ncis	Gasch	S Sons	Fun	eral	Hom	e, P.A.
		Made	7	Bell						e Ave.,				
medical		23. PART i. Enter the disea	ses, or c	omplications the	t caused the d	eath. Do n	ot anter the	mode	of dying, suc	h as cardiac d	or respire	atory err	est.	Approximate
		IMMEDIATE CAUSE (Final	Tsilure.	List only one cau	se on each iln	e.		0				-		Interval Between
ŝ		disease or condition		K	obling	tourse		10	il o	VE				Onset and Death
Ę,		resulting in death)	1	DUE TO	OR AS A CONSE	QUENCE/OF		/	11	-	-			-
traumatic event,	,			/	1000	. 2	0	k	250	Vin	~9	1	11-	i
E	ੁ∥	Sequentieily list conditional if any, leeding to immediate		DUE TO	(OR AS A CONSE	QUENCE OF): 8				1	1	2	<u> </u>
2	§	cause. Enter UNDERLYING	٠,		meli	To	-B-	(Vice	asp	1	60 E	win	
	Ĕ	CAUSE (Disesse or Injury												-
or other		that initiated events	J.,	DUE TO	resulting in death) LAST								1	
	<u> </u>	that initiated events		DUE TO										
출 출	CERTIFICATION	that initiated events resulting in death) LAST	1											
'ullau'		that initiated events	condition		death but not	reaulting i	n the under	lying ca	iuse given in	Part i. 24a.	WAS AN AI			WERE AUTOPSY FINDINGS
any injury,		that initiated events resulting in death) LAST	condition		death but not	reaulting i	n the under	lying ca	iuse given in	1 2	WAS AN AI PERFORM YES 2	EO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ws any inju	EDICAL	that initiated events resulting in death) LAST	condition		death but not	reaulting i	n the under	riying ca	iuse given in	1 2	PERFORM	EO?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
nows any inju	MEDICAL	that initiated events resulting in death) LAST	condition		death but not	reaulting i	n the under	iying ca	use given in	1 2	PERFORM	EO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
nows any inju	MEDICAL	that initiated events resulting in death) LAST PART II. Other aignificant of the control of the			death but not	reaulting i				t	PERFORM	EO?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
nows any inju	MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of		a contributing to	Haim	0 .	OTHER:	86. PLACE	OF OEATH (Ch	eck only one)	PERFORM YES 2	EO?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 snows any inju	MEDICAL	PART II. Other aignificant of the control of the co		A contributing to HOSPITAL: 1 Inpatient 2	Lax/Outpattern :	0 .	OTHER:	R6. PLACE	OF OEATH (Ch	eck only one) 6 Other (Spe	PERFORM YES 2 [NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 snows any inju	PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the control of the	EDICAL	A contributing to HOSPITAL: 1 Inpatient 2	Les/Outpettern :	DOA	OTHER: 4 Nursing OF 28c	Home 5: INJURY WORK?	OF OEATH (Ch	eck only one)	PERFORM YES 2 [NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
marked, or nem 23 snows any inju	BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant c 25. WAS CASE REFERRED TO ME EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pend 2 Accident Invest 3 Substitute 1	EDICAL Ing	HOSPITAL: Inpatient 2 28a. DATE OF Month, D. S. S. S. S. S. S. S. S. S. S. S. S. S.	Lew Horn	DOA 28b. TIMI	OTHER: 4 Nursing OF 286 JRY 1	Home 5: INJURY WORK?	OF OEATH (Ch	eck only one) 6 Other (Specal Describer) 28d. OESCRIBI	PERFORM YES 2 [NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is marked, or item 23 snows any inju	D BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART ii. Other aignificant of the content of the	EDICAL Ing	HOSPITAL: 1 Inpatient 2	Les/Outpettern :	DOA 28b. TIMI	OTHER: 4 Nursing OF 286 JRY 1	Home 5: INJURY WORK?	OF OEATH (Ch	eck only one) 6 Other (Spe	PERFORM YES 2 [City) E HOW INJ	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is marked, or item 23 snows any inju	D BY PHYSICIAN: MEDICAL	PART II. Other aignificant of the control of the co	ding stigation id not be smirred	HOSPITAL: Impatient 2 Place Pla	INJURY — At he	28b. TIMI	OTHER: 4 Nursing OF 28c JRY M 1 Itrast, factory,	Home 5: INJURY WORK? YES	OF OEATH (Ch	t □ S □ Other (Spe- 28d. OESCRIB) 28f. LOCATION City or Tow	PERFORM YES 2 [City) E HOW INJ (Street and, n, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	Or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is marked, or item 23 snows any inju	D BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the control of the	ding stigetion id not be rmined	HOSPITAL: 1 Inpatient 2 28a. DATE 28a. PLACE O building.	INJURY 3 7 3 F INJURY — At he etc. (Specify)	29b. TIME INJUDITIES OF THE IN	OTHER: 4 Nursing EOF 28c/RY M 1 Itrast, fectory,	Home 5: INJURY WORK? YES office	OF OEATH (Ch	eck only one) 6 Other (Spe- 28d. OESCRIBI 28f. LOCATION City or Tow	PERFORM YES 2 [City) E HOW INJ (Street and, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
I: II tiem 26 is marked, of tiem 23 snows any inju	D BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the control of the	ding stigetion id not be rmined	HOSPITAL: 1 Inpatient 2 28a. DATE 28a. PLACE O building.	INJURY 3 7 3 F INJURY — At he etc. (Specify)	29b. TIME INJUDITIES OF THE IN	OTHER: 4 Nursing EOF 28c/RY M 1 Itrast, fectory,	Home 5: INJURY WORK? YES office	OF OEATH (Ch	eck only one) 6 Other (Spe- 28d. OESCRIBI 28f. LOCATION City or Tow	PERFORM YES 2 [City) E HOW INJ (Street and, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MIANI: II IOM 26 IS MATKED, OF IOM 25 Shows any inju	E COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the control of the	ding stigetion id not be rmined	HOSPITAL: 1 Inpetient 2 [28a. DATE OF building. CIAN: To the best of a:	INJURY 3 FINJURY — At he etc. (Specify) my knowledge, detamination and/or	28b. TiMi INJi ome, farm, s	OTHER: 4 Nursing EOF 28c/RY M 1 Itrast, fectory,	Home 5:: INJURY WORK? YES office data and on, death	OF OEATH (Ch	eck only one) 6 Other (Special Description City or Town to the cause(a) time, data and p	PERFORM YES 2 [City) E HOW INJ (Street and, State) and mann-	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ults Number, and manner as steled.
ITCHIANI: II IEM 26 IS MATKED, OF IEM 23 Shows any Injury	BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the content of the	ding stigetion id not be rmined	HOSPITAL: 1 Inpetient 2 [28a. DATE OF building. CIAN: To the best of a:	INJURY 3 7 3 F INJURY — At he etc. (Specify)	28b. TiMi INJi ome, farm, s	OTHER: 4 Nursing EOF 28c/RY M 1 Itrast, fectory,	Home 5:: INJURY WORK? YES office data and on, death	OF OEATH (Ch	eck only one) 6 Other (Special Description City or Town to the cause(a) time, data and p	PERFORM YES 2 [City) E HOW INJ (Street and, State) and mann-	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ults Number, and manner as steled.
ITCHIANI: II IEM 26 IS MATKED, OF IEM 23 Shows any Injury	D BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the content of the	ding stigetion d not be remined EXAMINE!	HOSPITAL: 1 Inpetient 2 (i) 28a. DATE OF building. CIAN: To the best of a: On the besis of a:	INJURY 3 FINJURY — At he etc. (Specify) my knowledge, detamination and/or	DOA 28b. TIMB INJU	OTHER: 4 Nursing OF 28c JRY M 1 treat, factory, d et the time, n, in my opinio	Home 5:: INJURY WORK? VES offica	Place, and due occured at the	eck only one) 8 Other (Special Control of City or Town to the cause(a) time, data and p	PERFORM YES 2 [city) E HOW INJ (Street ann, State) and mann- elaca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ults Number, and manner as steled.
ITCHIANI: II IEM 26 IS MATKED, OF IEM 23 Shows any Injury	D BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the content of the	ding stigetion d not be remined EXAMINE!	HOSPITAL: 1 Inpetient 2 (i) 28a. DATE OF building. CIAN: To the best of a: On the besis of a:	INJURY 3 FINJURY — At he etc. (Specify) my knowledge, detamination and/or	DOA 28b. TIMB INJU	OTHER: 4 Nursing OF 28c JRY M 1 treat, factory, d et the time, n, in my opinio	Home 5:: INJURY WORK? VES offica	Place, and due occured at the	eck only one) 8 Other (Special Control of City or Town to the cause(a) time, data and p	PERFORM YES 2 [city) E HOW INJ (Street ann, State) and mann- elaca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ults Number, and manner as steled.
PT CONTAINS IN THEM 26 IS MATKED, OF HEM 25 SHOWS ANY INJURY	D BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificant of the content of the	ding stigetion d not be remined EXAMINE!	HOSPITAL: 1 Inpetient 2 II 28a. DATE O building, CIAN: To the best of R: On the besis of an	INJURY 3 FINJURY — At he etc. (Specify) my knowledge, detamination and/or	DdA 28b. TiMe INJI 28b. Time Investigation M 27) (Type,	OTHER: 4 Nursing OF 28c JRY M 1 treat, factory, d et the time, n, in my opinio	Home 5:: INJURY WORK? VES offica	Place, and due occured at the	eck only one) 8 Other (Special Control of City or Town to the cause(a) time, data and p	PERFORM YES 2 [city) E HOW INJ (Street ann, State) and mann- elaca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ults Number, and manner as steled.

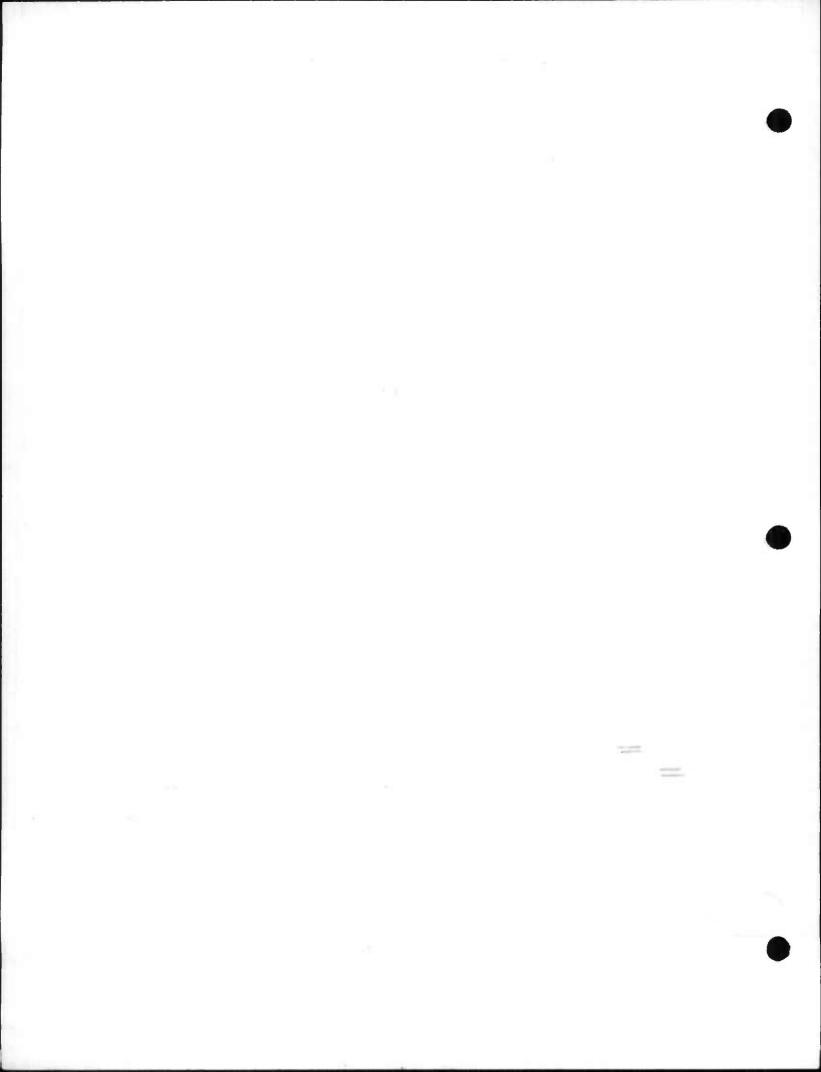


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Ber bei	icax		2. DATE OF DEATH MONTH, DA	Y 1992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street end number)		Db. CITY, TOWN DR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Bedford Court Nursing		Silver Sprin			gomery
RE	10e. STATE 10b. COUNTY	10c. CITY,	TOWH OR LOCATION			10d. INSIDE CITY LIMITS?
٥	Maryland Montgomery	Silv	er Spring			Y YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN DF	WHAT COUNTRY?
Ä	3340 Glen Eagle		20906		USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO DR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	n, Puerto Rican, atc.)	Blad	CE - American Indian, ck, While, etc. chy: White
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUS	INESS/INDIGETOV	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo	rk done during most of working retired.)	IOU. KIND OF BUS	INESS/INDUSTRY	
ם	5+	Scien	tist	Westin	ahouse	
ŏ	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S NA	ME (First, Middle, Meiden S		
BE (Maurice Berberich		Ida	Mae Watso	n	
TO B	19a, INFORMANT'S NAME (Type/Print)	19b. MAILINO A	DDRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	= ===
۴	Ida Mae Berberich	3340	Glen Eagle, S.	ilver Spr	ing.MD	. 20906
	20e. METHOD OF DISPOSITION 1		DISPOSITION (Name of	DATE 20c. LOC		
	4 🖄 Donation 5 🗆 Other (Specify)	Georgeto	wn Med Sch.		hingto:	n, D.C.
	21. SIGNATURE OF BUNERAL SERVICE LICENSES	1	22. NAME AND ADDRESS OF FA	cury ster Fune	ral Ho	m o
	Jeney Quetin	/	3605 14th			
	23. PART LEnter the disease, or complications that c shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OI	on each lina.	iney Avre		otory arroat,	Approximate Interval Between Onset and Death M. I. M. L. M.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):				
	PART II. Other algolificant conditions contributing to de					
EDICAL	Afrial & chilleten		the underlying couse given in	Part I. 24a. WAS AN A PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	Hep Fractime Grigh	<u>') </u>				1 TES 2 DATO
Ă	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF GEATH (Ch	eck only one)		
Sic	NOSPITAL:	R/Outpatient 3 DOA 4	THER: Nursing Home 5 - Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF GEATH 280. OATE OF IN. (Month, Day,	URY 28b. TIME (OF 28c. INJURY AT	26d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 X Accident Investigation 3-93	UNK.	M 1 YES 2 X NO	SUBJECT FE	ELL	
		IJURY — At home, ferm, stre (Specify)	et, factory, office	28f. LOCATION (Street or City or Town, State)	nd Number or Rural	Route Number,
		G HOME			NH, SILV	ER SPRING, MD.
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the base of exam	Ination and/or investigation,	In my opinion, death occured at the	time, date end place, end	dua to the couse(e) end manner es stated.
BE C	296. SIGNATURE AND JUTLE OF CERTIFIER		29c. LICENSE NUI	ABER	29d. DATE SIGNED	(Month, Day, Year)
			100,465	7	- 5 /7	193
2	38 NAME AND ADDRESS OF PEDECKI WHO COURT ETTE CALLED					
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE W U FETNIS 325 NOR	Ley un Un	to Sta Selve	a Joing 1	40208	06
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE W G FTM 3 705 Much 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	29c. LICENSE NUI D3(9c) Id S/ca School	er Jorens o	40208	06



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICAT	E OF	DEATH		REG. NO	O.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH			3. TIME OF DEATH	4 ,
-	Elizabeth Mary	Brinson						May	6. 19	DAY	YEAR	7:41	An
	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH	75	a. BIRT	HPLACE (State or For	reian
1	578-36-7241	1 🗆 M 2 💢 F	64	YRS.	MONTHS	DAYS	HOURS MIN.	Apı	ril 30		Was	hington,	
OR	7914 Vineyard Dr.						stville			10 5	ince	Georges	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT												
E						OR LOCAT						10d, INSIDE CITY LIMITS?	
	Maryland Princ	e Georges		ro	rest	vill						1 TES ZXX	NO
FUNERAL DIRECTOR	7914 Vineyard Dr	ive				101	20747				U.S.	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 New Married 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 K N	MED	13.	If yes, sp	ENDENT OF HISF ecity Cuban, Mex 2 PM Spe	ican, Puert	SIN? (Specify You o Rican, etc.)	es or No-	14. RAC Blac Spec	E — American India	n,
	15. DECEDENT'S EDU	CATION	16a DEC	PERENTIO	Hellar	OCCUPATIO	11					white	
	(Specify only highest grade	completed)	(Gi	ve kind of a Do NOT us	work done	during mo	on st of working	1	6b. KINO OF B	JSINESS/IN	IDUSTRY		- 4
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	100				istant	F	G. Me	mori	al L	ibrary Sy	ste
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	NAME (Firs	, Middle, Maide	n Sumeme)			
BE	John Latwas								Carr				
6	19a. INFORMANT'S NAME (Type/Print)						nd Number or Run						
	Colleen Minder		33	318 F	row	se Ro	l. Chesa	apeak	e Beac	h, M	D 20	0732	
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	oval from State	20b. PLACE A	NO DATE	DF DISPO	SITION (No	me of	0/	TE 20c. L	OCATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	1	Maryla	ind V	etë	rans	Cemeter	ry 5/	10/93	Che1	tenha	am, MD	
	21. SIGNATURE OF FUNERAL SERVICE (III	Hallo	01				ID ADDRESS OF					eral Home	,Inc
-	23. PART I. Enter the diseases, or	Herea	ec,		4.	308 3	Suitland	d Rd.	Suitl	and,	MD 2	20746	
	shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	LIST ONLY ONE CAUSE	on each line									Approxima interval Be Onset and	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	UENCE O	F):		rolled l	les	, Cul	n	de	serse	_
2	PART II. Other significant condition	e contribution to de-	oth but not w	a dela a	lan Alban	a danta			T		_		
DICAL	- State agritted Condition	alial	4		M	Le	litre	In Part I.	24s, WAS AI PERFO	RMED?	248	MAILABLE PRIOR T COMPLETION DF CA OF DEATH?	o
ME												1 YES 2 N	.
ż									1				
SIA	25. WAS CASE REPERRED TO MEDICAL EXAMINER!						ACE DF OEATH	Check only	one)				
Sic	1 NES 2 NO	HOSPITAL: 1 inpatient 2 ER	VOutpatient 3	□ DOA	OTHE 4 \(\text{Nu}\)		5 Residenc	e 8 □ Ot	her (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,)	URY (bar)	28b, TIM	E OF URY M	28c. INJ WO 1 🔲 1	RK?	28d. D	ESCRIBE HOW	INJURY O	CCURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be described.	26s. PLACE OF IN building, stc.	JURY — At her (Specify)	ne, farm, s	street, fac			281. L.C	CATION (Street by or Town, State	and Number	er or Runal	Route Number,	\dashv
COMPLETED		ICIAN: To the best of my											
8	2 MEDICAL EXAMINE		ination and/or fi	rvestigatio	in, in my	opinion, d	eath occured at ti	the time, da	ta and place, a	nd due to	the cause(s) and manner as sta	rted.
B	29b. SIGNATURE AND TITLE OF CERTIFIED	alle	mi				29c. LICENSE N	NUMBER 7	9	29d. DA	TE SIGNE	(Month, Day, Year)	423
٩	MITONS VAL	COMPLETED CAUSE OF	F DEATH (ITEM	27 (7/82	Print)		RAF?	Tod)	De	/	P	Ca) Ku	5
7	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				W / C		Jr.	4		2	=
	MAY 1 0 199	3 Julia	SIGNATURE Savidson-	Pand	روو							001	1

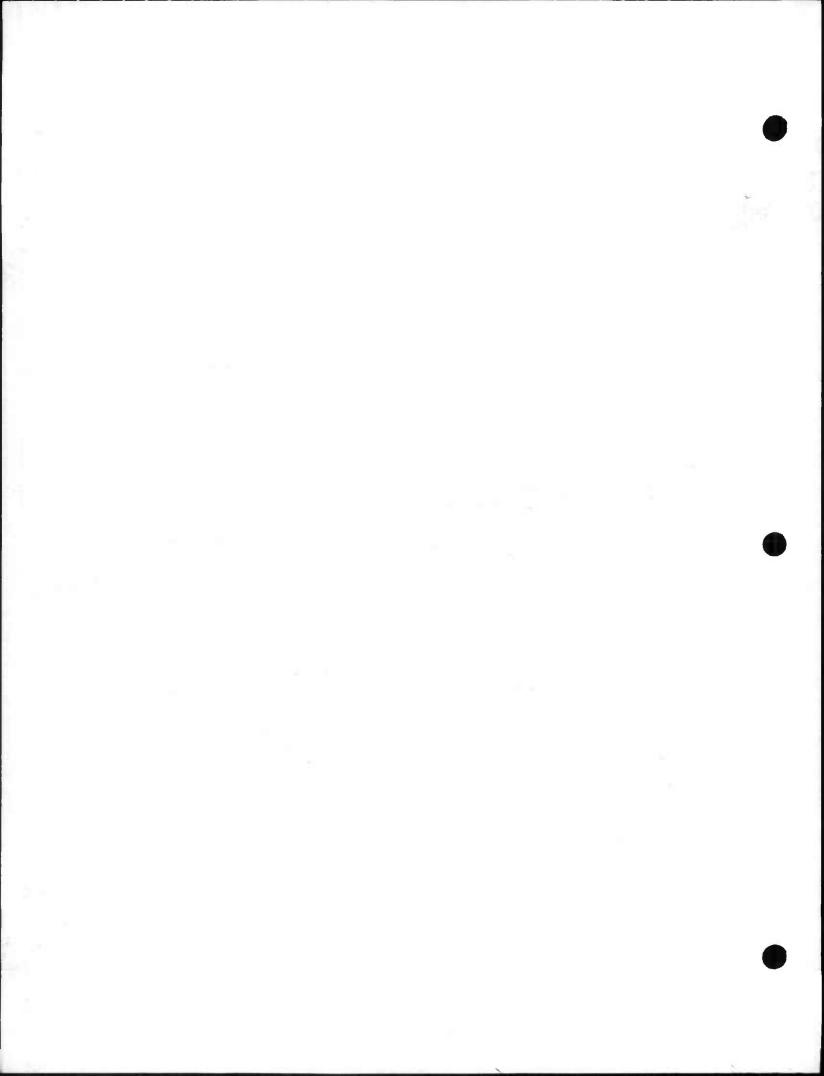
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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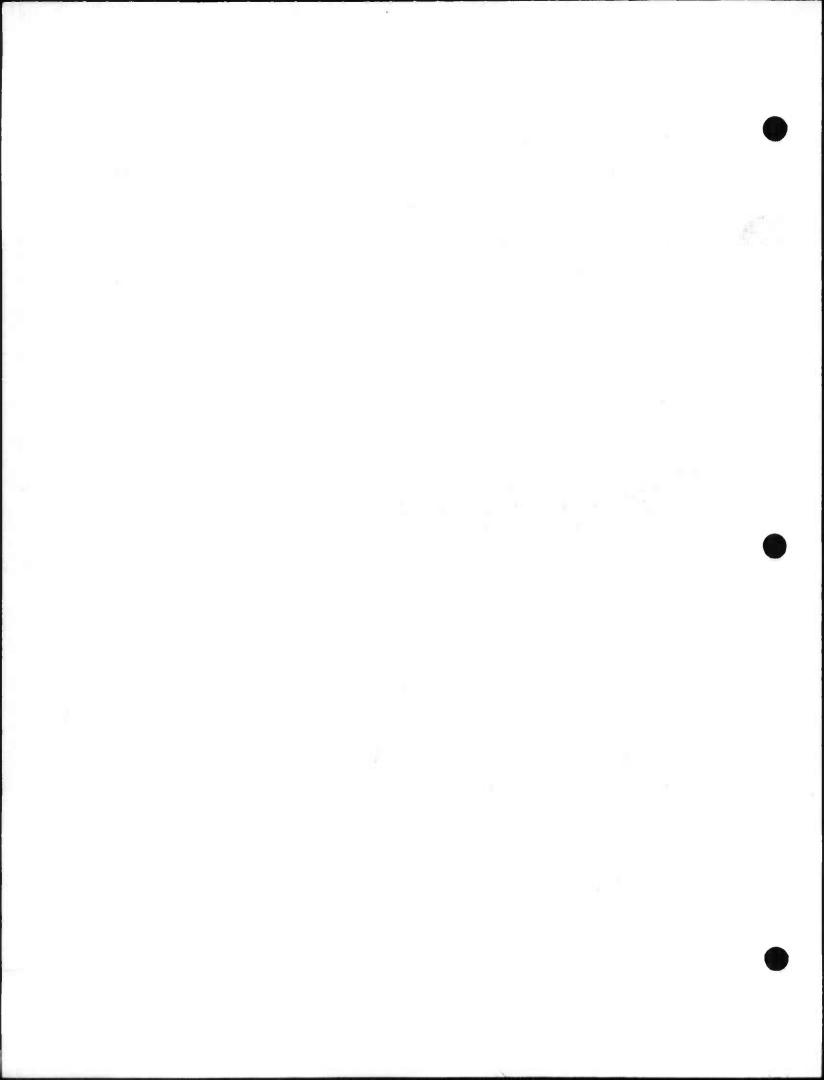


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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR В. :45 PM 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) Day, 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 578-07-3757 1 M 2 XXF 88 April 1905 Virginia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Presidential Woods Health Care Center Prince Georges Adelphi RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Hillcrest Heights Prince Georges 1 YES 2 NO 0 permit. FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20748 U.S.A. 3831 26th Ave. use as the bunial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician, filled in by the funeral director, page 5 should be detached for use as the bunial-tran WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If was specify Cuban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Pt 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify 3 🔀 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ondary (0-12) College (1-4 or 5+) 8 Drug Store Fountain clerk once. 17. FATHER'S NAME (First, Middle, Last. 18. MOTHER'S NAME (First, Middle, Meiden Surname) Te Danie1 French Laura (unobtainable) BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2502 Overdale Pl., Forestville, MD Elva Lee Murphy 20747 99 20a. METHOD OF DISPOSITION

XIXBuriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Cedar Hill Cemetery 5/12/93 Suitland, MD 4 Donation 5 Other (Specify) examiner 21. BIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc 4308 Suitland Rd. Suitland, MD attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. event, the medical Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Fins disease or condition resulting in death) arrest andon 5(1/95 within DUE TO (OR AS & CONSEQUENCE OF): executed 1493 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate death certificate be WY cause. Enter UNDERLYING CAUSE (Disesse or Injury 1493 or other Mental Hygiene (OR AS A CONSEQUENCE OF): that initiated events LME resulting in death) LAST 1993 been signed by the a PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. that the MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 TYES 2 NO law requires shows a 1 | YES 2 | NO certificate has been in the State Dept. of I PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) The EXAMINER? HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a, OATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with is marked, this 1 Natural 2 Accident 1 A 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death w BY 28e. PLACE OF INJURY - At home, farm, 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 28 4 Homicide A TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. 2 🖂 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **BE** th 1 51 7724 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 15 PATILU IIM 51, Md to 9 x 9221 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Pandale 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

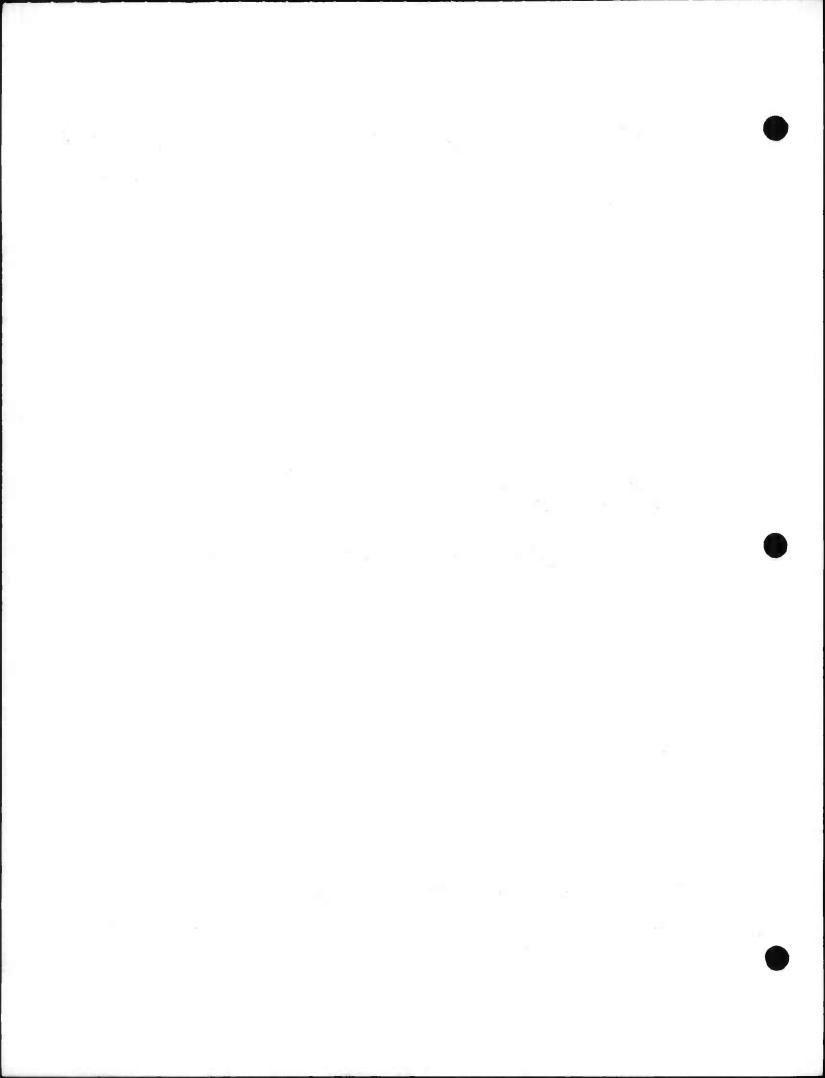


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TO THE FLIMERAL DRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the burist-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burist, cremation, or remonal.

IMPORTANT: If them 28 is marked, or fillem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	20	10000					
	1. DECEDENT'S NAME (FIRST, MISSIN, LAND VIVIAN	Dows.		2. DATE OF DEATH DA	1. TIME OF DEATH						
	4. SOCIAL SÉCURITY NUMBER 5. SEX 1 ☐ M 2 🖔	81 vas.	FUNDER I YEAR FUNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTS (Month, Dep. West) 07/13/11	Ce	HTHPLACE (State or Foreign Sontry) ash.,D.C.					
TOR	98. FACILITY NAME (# not institution, give abset and number) PRINCE GEORGE HOSPITAL PRESIDENCE OF DECEMENT	10	CHEVERLY,	ATH	PRINCE GEORGES						
DIRECTOR	NA NA NA	1 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INGTON, D.C.		10d						
FUNERAL	5515 B Street, S.E.		10f. ZIP CODE 20019		UNITED S						
BY	1 Never Married 2 Married FORCEST	DENT EVER IN U.S. ARMED 1 YES 2 X NO E WAR OR DATES	13. WAS DECEMBENT OF HISPAN If yee, specify Cuben, Mesican 1 ☐ YES 2 ※ NO Specify	, Puerto Rican, etc.)	ACE — American Indian, llack, White, etc. posity: BLACK						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) Cottege (1-4 or 1 2 2	S+) Iffic Do NOT use	rk done during most of working		166. KIND OF BUSINESS/INDUSTRY						
SMF.	1. Z. Z. LT. FATHER'S NAME (First, Alloids, Last)	CLERK	T	DEPT OF		RMY					
BE C	WALKER REYNOLDS		LEL	IA GREEN	Sumarrie)						
5	RUTH HORAD (SISTE		th St., N.E. Was								
	20a. METHOD OF DISPOSITION 1 S Burlal 2 □ Cramation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND DATE OF		r Yown, State ARYLAND							
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	M859	ALEXANDER S. F 2617 Pennsylva	OPE FUNERA	AL HOME	20020					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing	to death but not resulting in	the underlying cause given in F	Part I. 244, WAS AN A	NITOPSY :	24o. WERE AUTOPSY FONDINGS					
: MEDICAL	Mrs teling			PERFORM	MED?	AWACABLE PROB TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE SEPERIPED TO MEDICAL EXAMPLE?		26. PLACE OF DEATH (Chic	k unity one)							
I ASI	YES 2 NO 1 Inpatient	ER/Outpetlent 3 DOA 4	OTHER: O Nursing Home 5 - Residence 6	☐ Other (Specify)							
ву рн	27. MANNESH-OF DEATH 1 Netures 5 Pending 2 Accident Investigation 28. DATE OF BIJURY JOINT OF BIJURY WORK? 1 YES 2 NO 28. DATE OF BIJURY JOINT OCCURED 28. DATE OF BIJURY AT WORK? 1 YES 2 NO										
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc., (Specify) 28e. LOCATION (Sined and Number or Rural Route Number, City or Tawn, State)										
COMPLETED	25s. CERTIFIER (Chock only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER OF CERTIFIER (Month, Day, 1864) 291. LICENSE MUMBER 292. LICENSE MUMBER 293. LICENSE MUMBER 294. LICENSE MUMBER 295. LICENSE MUMBER 296. LICENSE MUMBER 296. LICENSE MUMBER 297. LICENSE MUMBER 298. LICE										
	TO HAVE AND MODES OF PERSON WHO COMPLETE CAUSE OF DEATH (TEM 27) (TYPE AND) STOP KOY DELLE MAN STOP KOY DELLE STOP KOY DEATH (TEM 27) (TYPE AND) 31. DATE FILED (MUNIC), DAY, WHO) ST. REGISTRANT'S SIGNATURE TO MAKE THE COMPLETE STOP TO										
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BALTIMORE, MARYLAND 21215-0020

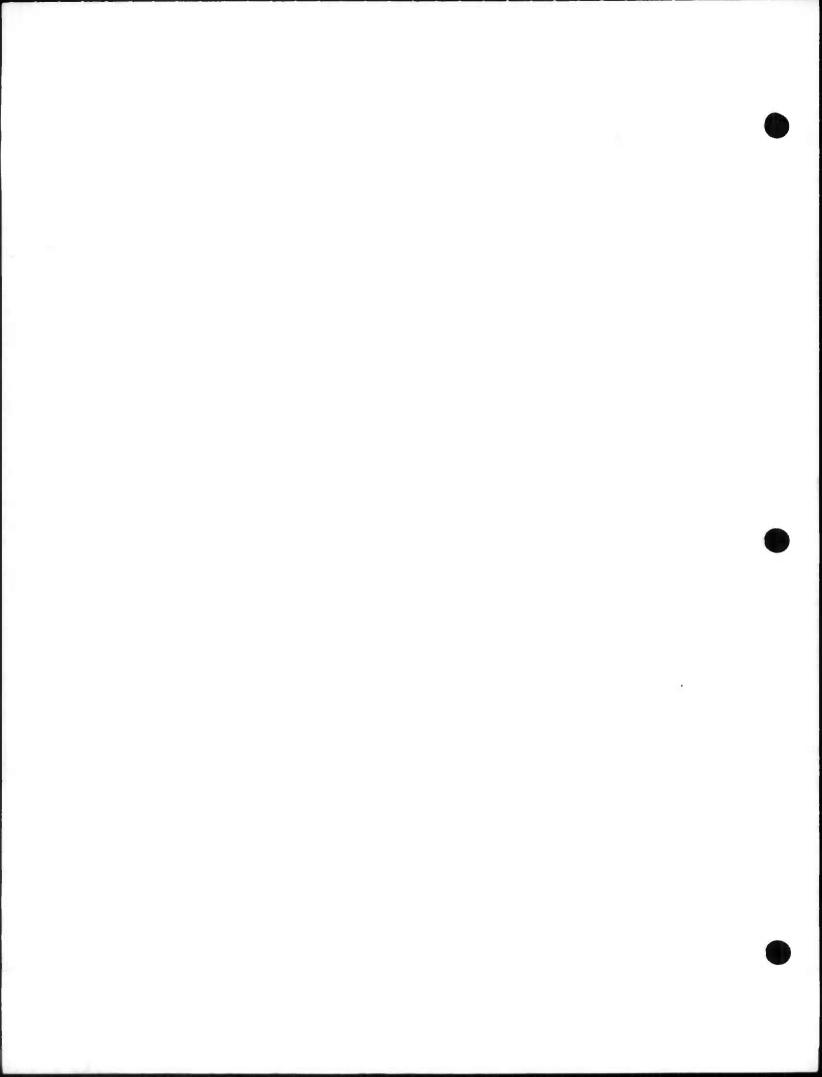
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MPORTANT: If flem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	011112 01 1	CI	ERTIF	ICATE O	F DEA	TH	MICHAIN	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	a K. Bro				2. DATE OF DEATH DAY 5-7-1993			3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 219 72 3512	5. SEX 1	6. AGE (In yrs. las		IF UNDER 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Mar. 12 1958			a. BIRTHPLACE (State or Foreign Country) Tennessee			
ron	96. FACILITY NAME (If not institution, give s Washington Adve		9b. CITY, TOW Takom		NTY OF DE	ATH								
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c, CITY, TOWN OR LOCATION											
	Maryland Prin	e's									LIMITS?			
ERA	14719 London La		10f. ZIP COI							HAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	YES 2 X	YES 2 LINO If yes			OF HISPAN	in, Puerto I	IN? (Specify Yes or No. 14, R.			States - American Indian, White, atc.			
BY	3 Wildowed 4 Divorced	MAR OR DATES	No No			Specify	y:	No		Specify	White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					. KIND OF BU	SINESS/INC	DUSTRY			
MP		В	Billing C					Prin						
	17. FATHER'S NAME (First, Middle, Last) Rayburn E. Brown	n		18. MOTHER'S NAME (First						Sumeme)				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19	Gloria M. Bridg 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 1										
F	Rayburn Brown		1160 Old Harrisburg Rd. (
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Rem	cemetery, cre	20b. PLACE ANODATE OF DISPOSITION (Nama of competer, cremetory or other place) Lakemont Memorial Gardens						ATE 20c. LOCATION — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Beall-Evans Funeral Home, P.A.													
	23. PART I. Enter the diseases, or complications that cadsed the deeth. Do not enter the mode of dying, auch as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Retween													
	IMMEDIATE CAUSE (Fine)			n 94.	dom	0 1	la bel a	0 0		Onset and Death				
	resulting in death)	DUE TO	(OR AS A CONSE	R AS A CONSEQUENCE OF):						بب		Lhos		
TION		b. DUE TO	OR AS A CONSE	a consequence of: Lagrant / ympeliama A consequence of:								Guos		
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.														
E E		d												
DICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.								24s. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME											1 YES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	EATH (Chi	ack only on	e)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:									
	27. MANNER OF PEATH 1 Netural 5 Pending Investigation	28e. OATE OF (Month, D		28b. TIM	IURY 1	28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY (NJURY OCC	CURED			
TED BY	AA BI AG GG WARM								and Number	nd Number or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.													
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea													
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED DUSE OF DEATH (ITEM 27) (Type, Print)										-43			
	MARTIN WELTZ DO. JEZE GREENWAY CT EN GLOWDELLET MID 20770													
	31. DATE FILED (MONTH, Day, Your) 32. REQUISTRAR'S SIGNATURE MAY 1 4 1993 your Navy doon-Randelle													



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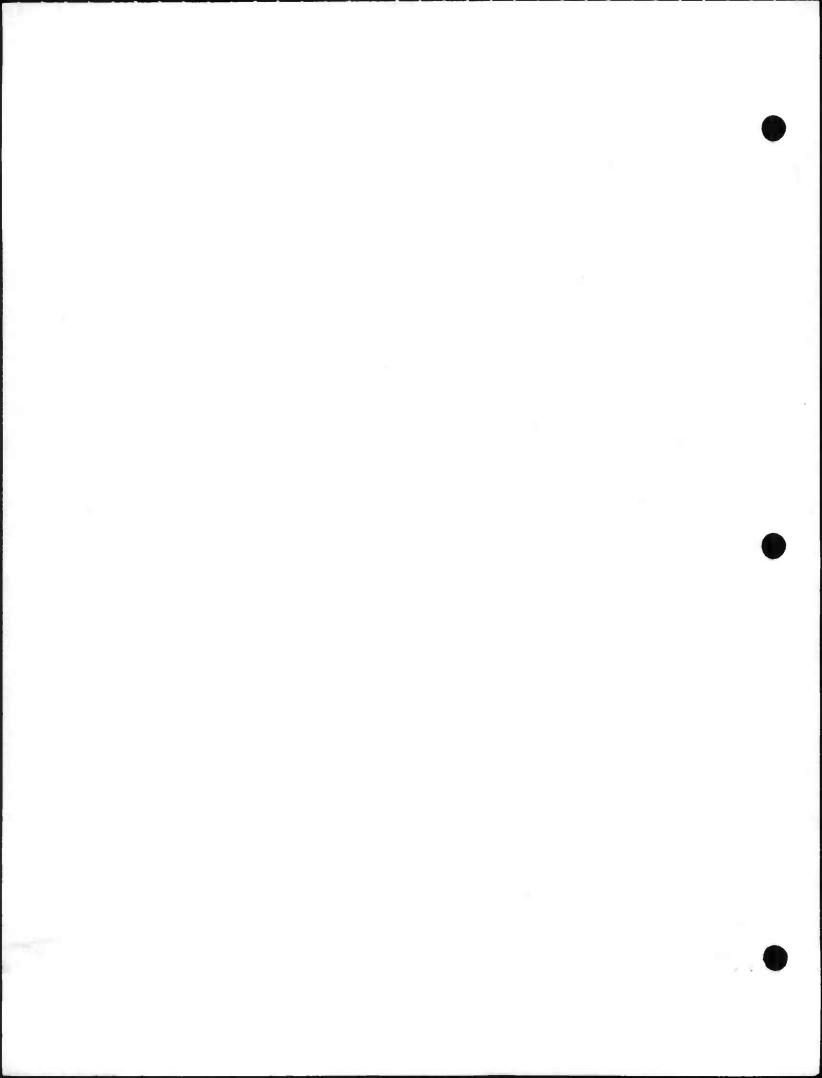
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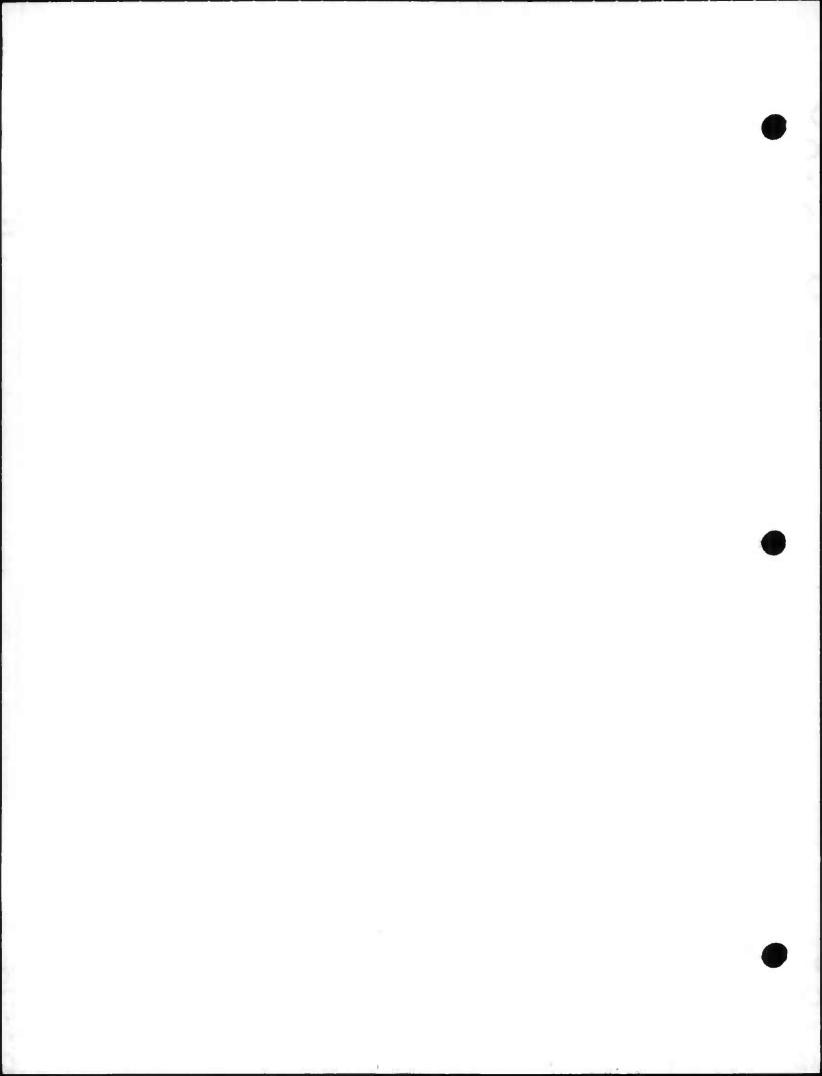
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest) WALTER BROOKS JR. 2. Date of Death Month Day year 05 09 1993 1:30 p															
	E07 04 -44-			6. AGE (In	yrs. last birth	RS. MON	UNDER 1 YE		F UNDER	24 HRS.	7. DATE OF	BIRTH		1:30 p M PLACE (State or Foreign Phington		
H	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL						96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 98. COUNTY OF DEATH BALTIMORE							EATH		
5		RESIDENCE OF DECEDENT														
FUNERAL DIRECTOR	Manyland Duta o						ITY, TOWN OR LOCATION BOWie							10d. INSIDE CITY LIMITS? 1 XXYES 2 NO		
₹	10e. STREET AND NUMBER							10f. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?	
<u> </u>	13017 Silver Maple Court							20	0715	õ			Un	ited	States	
BT FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? MY YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. R If yes, specify Cuben, Maxican, Puerto Rican, etc.)						14. RACE	E — American Indian, k, White, atc.		
3	15. DECI	EDENT'S EDUC	CATION	1	6a. DECEDE	NT'S USU	'S USUAL OCCUPATION 16b. KIND OF BU									
COMPLEI	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4					id of work i IOT use reti	l of work done during most of working)T use retired.)									
Ē	17. FATHER'S NAME (First, Mi	intelle (1 == 4)			Civi	LEII	gine			_		S. G	_	nmen	t .	
	The second secon							18. MOTHER'S NAME (First, Middle, Maiden Surname)								
N N	Walter E.		ks or.		_						ine P					
5	19a. INFORMANT'S NAME (7)										oute Number, (7.0	
- 1	Carolyn M	I. Broo	ks		1.	3017	Sil-	ver	Map	1e (Court	Bowi	e Md	. 20	715	
	20a. METHOD OF DISPOSITION 1 Buriel 2X 1 Cremation 4 □ Donation 5 □ Other	n 3 🗆 Remo	oval from State	20b. P	LACEANDD ery, cremeto FOPO	ATE OF DE	SPOSITIO	N (Name o	of	ple Court Bowie Md. 20715 DATE 20c. LOCATION — City or Town, State						
	21. SIGNATURE OF FUNERAL		ENSEE	11100	-ropoi	LICAL					H ITV	E	Texa	andri	la Virginia	
	22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715										0715					
	- 23. PART I. Enter the di	2 20 20200	omplications the	t courad/s	be deeth	Do not a	100	700	Alli	apor	IS Ka	. Bor	vie N	1d. 2		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):															
MILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Discovery or for live Cause. Enter UNDERLYING CAUSE. Discovery or injury.															
CENTIL	CAUSE (Disease of Injury that Initiated events resulting in death) LAST d. VADCULT 9 d. MORTH											1 month				
3	PART II. Other significan	ing in th	a underi	erlying cause given in Part I. 24a. WAS A PERF						24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MCDM	1 X YES 2									□ NO		DF DEATH?				
SICIOIS																
5	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			Loz		8. PLACE	E OF OE	ATH (Chec	k only one)					
5	1 TYES 2 NO		1 Inpatient 2	ER/Outpet	lent 3 🗆 DO		HER: Nursing	Home 5	5 □ Ree	idence 6	Other (Sp	oecify)				
	27. MANNER OF CEATH 26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 26a. OATE OF INJURY MORK? 1 YES 2 NO															
	2 Accident investigation 3 Suicide										loute Number,					
OHLE	29a. CERTIFIER (Check only one) 20a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
	29b. SIGNATURE AND TITLE OF CERTIFIED M. D. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Da 5 / 9 / 9									(Month, Day, Year) 9/93						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) When Rosenfeld M.D. Johns Hopkins Hospital Battimore, MD.															
	MAY 1 4 1993 Sulla Day don't Annual Control of the Day door - Manual															



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				IYGIENE IEG. NO.	0 1	0000
	33	1. DECEDENT'S NAME (First, Middle, Last) STONEY			BERRY	/ JR.	2. DATE OF MONTH 05	DEATH DAY 10	YEAR	TIME OF DEATH
3 0/3 §	ij	4. SOCIAL SECURITY NUMBER 579 90 3584	1 🕅 M 2 🗆 F 30	O YRS.	IF UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Di 02/23	y, Year) /63	WASH.	ACE (State or Foreign
of the second	TOR	9a. FACILITY NAME (If not institution, give s PHYSICANS MEMO			LA PLA	TA	EATH		RLES	COUNTY
The state of the s	DIRECTOR	NA NA NA	1		TOWN OR LOCAT					INSIDE CITY LIMITS?
an. ransit perm	NERAL	137 Forrester St			101	20032			TED ST	T COUNTRY?
21215-0020 If or attending physician. For use as the burial-transit permit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	CENDENT OF HISPA Healty Cuban, Mexico 2 (2) NO Special	en, Puerto Rice	pecify Yes or No n, etc.)	14. RACE — Black, W Specify: Black	American Indian, thite, atc.
212	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use DIRECTOR	rk done during mo retired.)	ON ost of working	3111 179	D OF BUSINESS/IN	DUSTRY	
YLA by the be det	E COMPLET	17. FATHER'S NAME (First, Middle, Last) STONEY BERRY, SR		DIRECTOR		18. MOTHER'S NA EMMA HO	AME (First, Midd	e, Malden Surname)		
	TO B	19a. INFORMANT'S NAME (Type/Print) EMMA BERRY (M	OTHER)	19b. MAILING A 8232 E	DORESS (Street a	and Number or Rural	Route Number, (City or fown, State, Zi	p Code) l 144	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION [X] Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FIGNERAL SERVICE LIC	oval from State VA	b. PLACE AND DATE OF metery, crematory or oth ASHINGTON	NATIONA	AL CEM.	5/15	Suitlar		
0 = 0		· Aller S.	Epch.	M859	ALEXA 5538	ANDER S. Marlbor	POPE I		ville	,Md 20747
P.O. BOX 68760, the certificate be executed within 24 hours ending physician and completely filled in bit Hygiene prior to burial, cremation, or ret or other traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ach line.		de of dying, suc	h as cardiac	or respiratory ar	reat,	Approximate interval Between Onset and Death
RECORDS requires that the content of Health and Meshows any injury	MEDICAL	PART II. Other significant condition	s contributing to deeth b	but not resulting in	tha underlying	g cause given in		. WAS AN AUTOPSY PERFORMED? XYES 2 \(\text{NO}\)	CO OF	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
一 F at a a	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 \(\text{ NO} \)	HOSPITAL:		OTHER:	ACE OF DEATH (Cr		ecify)		
TSION OF TTENDING PHYSIC TTOR: After this ce- after death with th after death with th	ED BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 5 — 1 () — 1 9 C 28a. PLACE OF INJURY building, atc. (Spec	28b. TIME INJUI 3 3 3 3 0	OF 28c. INJ	URY AT ORK? YES 2 NO	SUBJI 281. LOCATIO City or To	ECT DRO N (Street and Number win, State)	WNED or or Rural Route	
- K E 5 5	COMPLET	· · · · · · · · · · · · · · · · · · ·	CIAN: To the best of my know				to the cause(e		nted.	
TO THE HOSPITAL (TO THE FUNERAL D De filed within 72 h IMPORTANT: If It	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	4. Wright	MO		29c. LICENSE NUI			TE SIGNED (MC	onth, Day, Year) .993
3		30. NAME AND ADDRESS OF PERSON WH DONALD G. WRIGHT 31. DATE FILED (Month, Day, Year)	, M.D.	111 Pe	nn Str	eet, B	altimo	ore, Ma	rylan	d 21201
		MAY 1 3 199	32. REGISTRAN'S SIGN	4dson-Parida	22					

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							9	3 6664	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		ENT OF H		MENTAL HYG REG.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH	H	3. TIME OF DEATH	
	Gertha West B	Benefield				05		93 7:15 p	M
	237-07-0372	6. SEX 6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 01-13-0	ir)	6. BIRTHPLACE (State or Foreign Country) Cedartown, GA	
	9a. FACILITY NAME (If not institution, give street	et and number)	9b	. CITY, TOWN OI	R LOCATION OF DE			ITY OF DEATH	_
DIRECTOR	Laurelwood Nursin	g Center		Elkton			Ce	cil	
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY	_
	Maryland Cecil		E1ktc					1 1 YES 2 NO	
FUNERAL	100 STREET AND NUMBER 100 Laurel Drive			101.	21921		USA	ZEN OF WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI			ENDENT OF HISPAN		y Yee or No-	14. RACE — American Indian.	_
BY F	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10		cify Cuben, Mexica 2 X NO Specify		i.)	Specify: White	
O.	15. DECEDENT'S EDUCA		CEDENT'S USL	JAL OCCUPATIO	N	16b, KIND O	F BUSINESS/IND	USTRY	_
L	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +) (Gi	ve kind of work Do NOT use re	done during mos tired.)	it of working				
COMPLETED	Unknown		lomemak	er		Home	9		
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Mi	alden Sumame)		
BE C	Francis Jefferson					Lou Pea			
5	190. INFORMANT'S NAME (Typo/Print) David Bruce Benef				d., Luth				
	20a, METHOD OF DISPOSITION	20b, PLACE	AND DATE OF	OISPOSITION	(Name			City or Town, State	_
	1 X Buriel 2 Cremation 3 Remov	al from State of centerary.	hview	Cemete:	rv			unty, GA	
	21. SIGNATURE OF FUNERAL SERVICE UCM			22. NAME AN	D ADDRESS OF FA	CILITY			
1	1	1 /			Foard F				
	7-1-4			111 S	. Queen	St., Ris	ing Su	n, MD 21911	
	23 PART i. Enter the diseases, or co shock, or neert fellure. Li	of only one cause on each line	ath. Do not	enter the mod	de of dying, suc	h as cerdiac or	reapiratory arr	est, Approximate interval Betwe	Hen
	IMMEDIATE CAUSE (Final	()						Onset and De	ath
	disease or condition resulting in deeth)	Ineus	-						
		DUE TO (OR AS A CONSEC	DUENCE OF):	//	1 1	711	/ .		
N	Sequentially list conditions, b.	Concess	ans	4	Carl	roul	une		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUB TO (OR AS A DONSE)	DUENCE OF):	10	//	LD.	0	7	
5	CAUSE (Diseese or Injury C.	DUE TO (OR AS A CONSEC	S CK	eroca	e/our	A Jus	kesk	_	_
Ē	that initiated events resulting in deeth) LAST	DOE TO (ON MS ALLOWING	DUENCE OF J.	14	-11.	(10.0	-	j	
H	d.		al	elas	199	<u>xcua</u>	<u> </u>		_
	PART II. Other eignificent conditions	contributing to death but not r	reaulting in t	he underlying	ceuse given in	Part I. 24s. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDIN	GS
S							RFORMED? ES 2X NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE	E
						_ '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DF DEATH?	
2						_		1 1 1 1 2 1 1 10	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			_
SIC		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		THER:	e 5 🗆 Residence	min else so a			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE H		CURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	Y WO	RK7 res 2 No			-	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At ho	ome, farm, stre			261, LOCATION (S	treet and Number	or Rurel Route Number,	_
LEC	4 Homicide 6 Could not be	building, atc. (Specify)		-		City or Town,			
E	29a. CERTIFIER	IAN. To the best of a first			Legacian Company				
COMPLETED	(Check only	IAN: To the best of my knowledge, de On the base of examination end/or							
00		1	reatigation, I	my opinion, o			.e, and due to th	in consists and market as stated	
BE	296. SIONATURE AND TITLE OF CERTIFIER	XX	Α.	2)	29c. LICENSE NU			E SIGNEO (Month, Day, Year)	
10	- w	/ XILLI	Q 1	1//	D06181		9	5/27/93	
_	30. NAME AND ACCRESS OF PERSON WHO	COMPLETED CALIGE OF OPATH //TO	BE STY / Kenn Chi	mel .					

St.

Elkton,

MD

j/dge

DHMH-16 Rev 1/89

21921

30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF

G.

Lanzi,

M.D.

32. REGISTBAR'S SIGNATURE

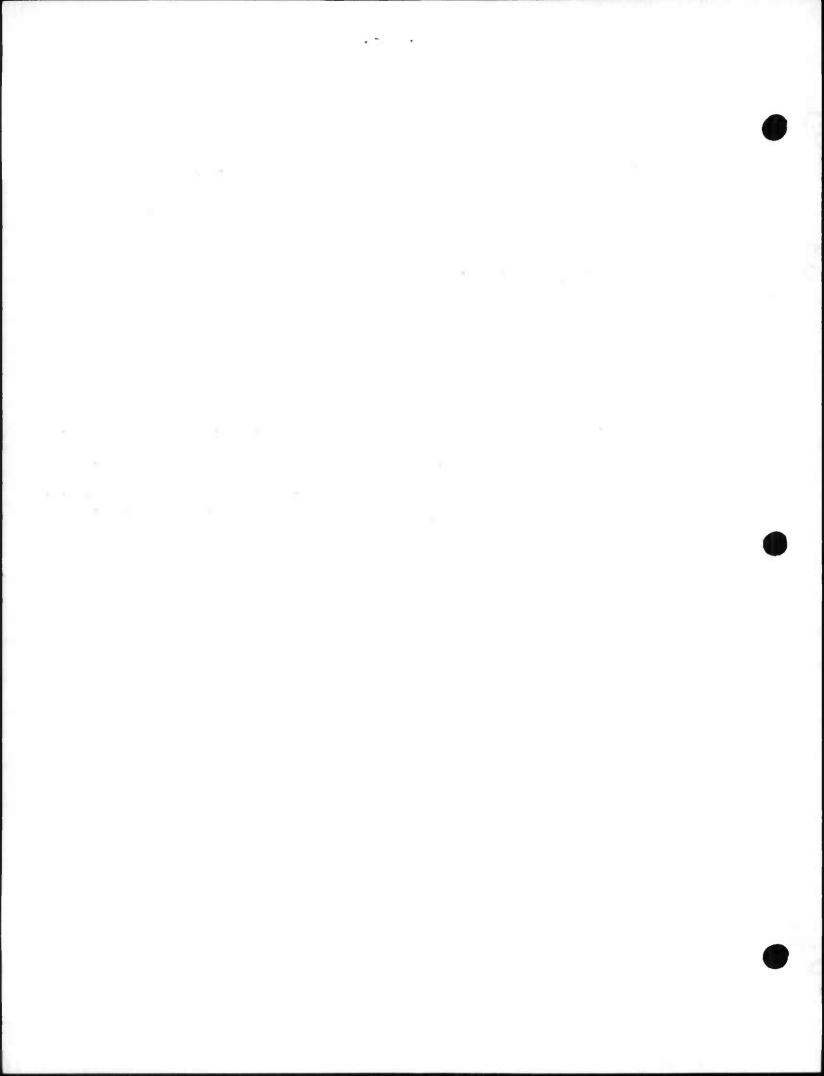
Julia Davidson-Randalle

Joseph G

FOR

STATE DE MARYLAND / DEPARTMENT DE HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR				DEATH		. NO.		
	1. DECEDENT'S NAME (First, MICOID, LOS)	nn Cree	ohn Cree		to the real section of the section o	2. DATE OF DEA		YEAR	3. TIME OF DEATH
	112-07-3197	1X M 2 □ F 72	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye Sept. 28	,1920	Country	PLACE (State or Foreign y) V YOYK
TOR	90. FACILITY NAME (If not institution, give street facilists) RESIDENCE OF DECEDENT	- 1	spital	Fal	STOM	ATH	9c. COU	Ha!	eath Ford
DIRECTOR	10e. STATE 10b. COUNTY	larford		Abingdo					10d, INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	205 Star Pointe C	ourt, Apt.	3 - B	1	01. ZIP CODE 21009		10g. CIT USA	IZEN OF W	VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s	CENDENT OF HISPAN Appectly Cuban, Mexica S NO Specify	n, Puerto Rican, et	fy Yes or No— c.)	Black	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION impleted) College (1-4 or 5+)	Ille. Do NOT use	ork done during r	nost of working		otel	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) James (nmn) Cree	gan			18. MOTHER'S NAI	ME (First, Middle, M		7	
2	Beatrice L. Creega	n			and Number or Rural F nte Court				on, Md.
!	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ni from State	PLACE AND DATE Of the Property of the Property				Bel A		The second second
	21. SIGNATURE OF FUNERAL SERVICE LICEN	McCar.	naelli	Howa	rd K. McC Cokesbur	omas II	I Funer	al H	ome, P.A. Md. 21009
	23. PART I, Enter the diseases, pr cor shock, or heart failure. Lid	nplications that caused at only one cause on er	the death, Do ne	ot enter the m	ode of dying, such	as cardiac or	respiratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	2	andine	Arrest					Onset and Death
N N	Sequentially list conditions, b.		CONSEQUENCE OF	Sun					8 line.
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	7	COMSTQUENCE OF	al i	uto ret	ne pente	an		8 /2 les,
CERTIFICATION	that initiated events resulting in death) LAST	+	CONSEQUENCE OF	Reserv					8 days
ICAL	PART II. Other significant conditions	/ 1 ~ 1>	ut not resulting in	the underlyi	ng cause given in	PE	AS AN AUTOPSY ERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N. MEC	-	Kensel	Fally			_ '''	900		OF DEATH? 1 YES 2 NO
CIA		JOSPITAL:		26. OTHER:	PLACE OF DEATN (Che	ck only one)			
BY PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	atient 3 DOA	OF 28c. II	me 5 ☐ Residence	6 Other (Specify 28d. DESCRIBE H		CURED	
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY		M 1	YES 2 NO	204 00471011 (0			
ETED	4 Homicide 6 Could not be determined	building, etc. (Speci	ify)			281. LOCATION (S City or Yown,	State)	OF HURBI PE	oute Number,
COMPLET	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER:) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIED	2-0-	My		29c. LICENSE NUM	e 5 3	29d. DAT	E SIGNED	(Month, Day, Year) - 27 ' 93
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type,	Print) 2(12	Felco	Foli	Fall	Hen	MP
	MAY 28 '93 July	32. REGISTRAR'S SIGNA La Davidson-Rom							



TO BE COMPLETED BY FUNERAL DIRECTOR

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	marked, or Item 23 shows any Injury, or other traumatic er	ı
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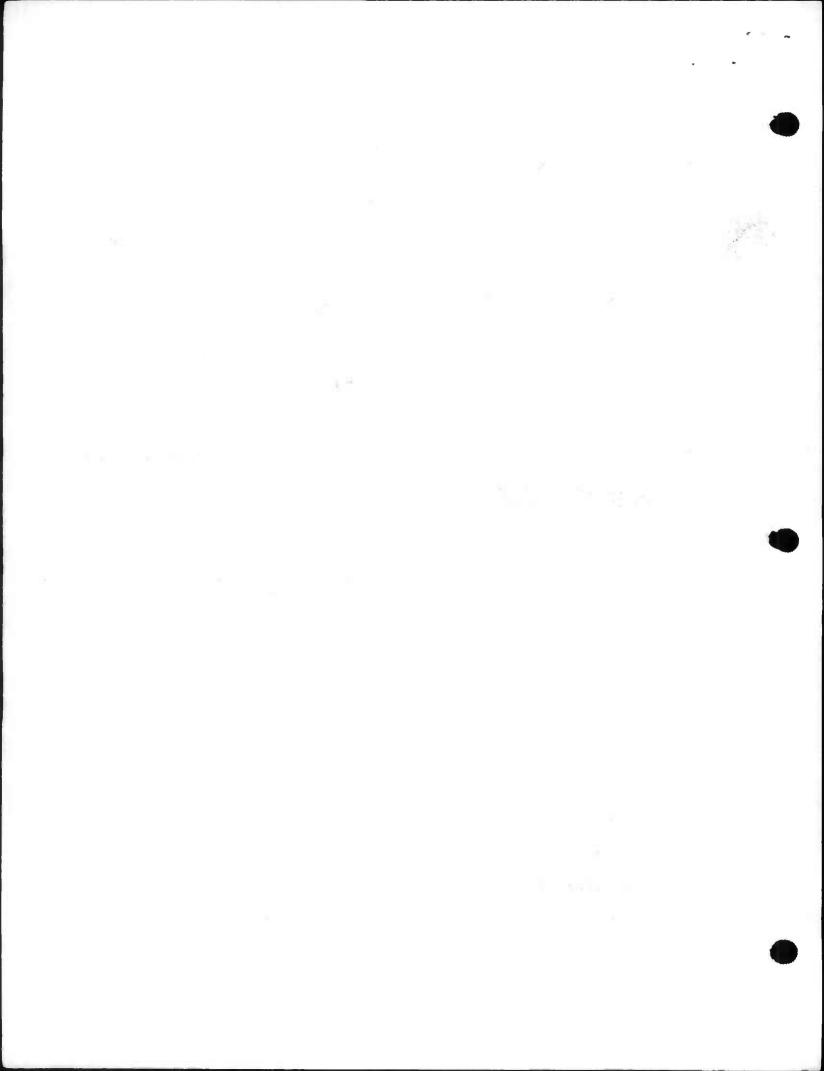
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

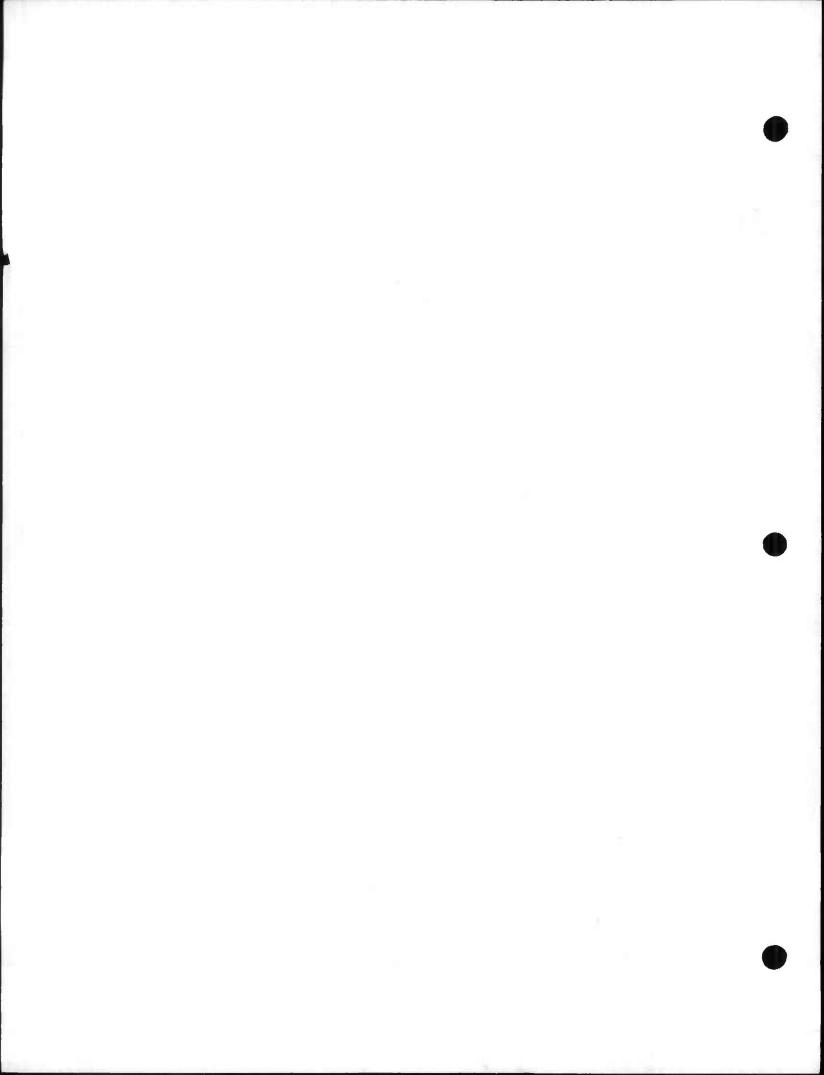
1. DECEDENT'S NAME (FIRST,		ELVIN S. (CONNO	RS				May 21		YEAR	8:45PM
4. SOCIAL SECURITY NUMB		5. SEX 6. /	NGE (in yrs.		UNDER 1 YE			DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
217-05-0103		1 X M 2 □ F	76	YRS.	NTHS DA			5-26-1		N	1d.
88 Spindr:		•		96		wn or Location o erlin	OF DEATH			TY OF DEA	
RESIDENCE OF DEC		· , WIII				STITII			WO	rcest	er
10a. STATE	10b. COUNTY			10c. CITY, To		OCATION				1	Dd. INSIDE CITY LIMITS?
Md .	Wor	cester		Ber	lin						YES 2 NO
88 Spindri	ft Lane	۵				101. ZIP CODE 21811			US.		AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S.,	ARMED		DECEMBENT OF H		ORIGIN? (Specify Ye		14. BACE -	- American Indian,
1 Never Married 2 🖎 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE WAR				yes 2 NO S	exican, Pr Specify:	uerto Rican, etc.)		Specify:	White, etc. White
	EDENT'S EDU		16a.	DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUI done durin	PATION g most of working		16b. KIND OF BU	SINESS/INDI	JSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		Mechan				Aircra	ft Co	nstru	ction
17. FATHER'S NAME (First, M						76.76.60.5.50.00	11.	First, Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (7	n Conn	ors		105 MAN INC AD	ODECC /Co			aumann Number, City or Tow	o Ptoto 7io	Cardal	
Francy	ys A.	Connors		11647	Beau	champ Rd	. #	34 Berl	in, M	d., 2	
20a. METHOD OF DISPOSITI 1 □ Burial 2 □ Crematio 4 □ Donation 5 □ Other	n 3 🗆 Ram	oval from State	20b, PLAC other	place)		of cometery, cremator Cremator			Salis		
21. SIGNATURE OF FUNERA		ENSEE /				E AND ADDRESS O					
1 Selve	04	M/L				llrich F				lin,	Md.
23. PART I. Enter the d shock, or h	lseasea, or (eert feliure.	Liet only one ceuse	on each II	ine.					iratory srr	eat,	Approximate Interval Batween
IMMEDIATE CAUSE (Fir disease or condition	nal	Bus	lu	un de	4	pelero	LK.	,			Onset and Death
reaulting in death)	7	DIE TO (OR	AS A CON	SEQUENCE OF):] 		,				13/0,
Sequentially list condit		b									
If any, leading to imme	diate	DUE TO (OR	AS A CON	SEQUENCE OF):							
CAUSE (Disease or Inju		c. DUE TO (OR	AS A CON	SEQUENCE OF):							
resulting in death) LAS	T L	d									
PART II. Other eignifica	int condition	ne contributing to dea	rth but no	ot resulting in 1	he under	tying cause give	n in Par	1 i. 24a. WAS AF	AUTOPSY	24b. ¥	VERE AUTOPSY FINDINGS
								PERFO			WAILABLE PRIOR TO COMPLETION OF CAUSE
											F DEATH?
								-			
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			THER:	6. PLACE OF DEAT	H (Check	only one)			
1 TYES 2 NO		1 Inpatient 2 ER		3 🗆 DOA 4	☐ Nursing	Home 5 Reside		117 27			
1 Natural 5	Pending	28s. DATE OF INJ (Month, Day, 1		28b. TIME O	γ	WORK?		Id. DEŞCRIBE HOW	INJURY OCC	URED	
2 DALLIA	Investigation Could not be	28e. PLACE OF IN building, etc.	JURY — At	home, farm, stre	et, factory,	office	28	f. LOCATION (Street		or Rurai Ro	ute Number,
	datarmined	bunuing, etc.	(Specify)			177		City or Town, State	9.		
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of my	knowledge,	death occurred	rt the sime,	date and place, an	d due to t	the cause(s) and ma	nner as stat	ed.	
one) 2 MED	ICAL EXAMINE	ER: On the basis of axam	nation and	for investigation,	in my opini	on, death occured	at the tim	e, data and place, a	nd dua to th	e cause(a)	and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	BM - I	7			29c. LICENS	E NUMBE	R	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON MA	O COMPLETED CALLES	OF DEATH O	TFM 271 /5-0-0 -	(rat)	102	. 2./	60	1	nay	22, 1795
W: 441.	- 0	T NAG	EL,	m D	/	PRIME	51	4615BU	cy 1	md	22,1993
31. DATE FILED (Month, Day,	26 19	93 32. REGISTRAR'S	SIGNATUR	E No Kendard	-						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	someoness of the second section of the second second second second second second second second second second second
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_	REGISTRAN				ZEIIIII	IVAL	_ 01	DLA			HEG. NO.			
	1. DECEOENT'S NAME (First,					100				2. DATE O	F DEATN	Υ	YEAR	3. TIME OF OEATH
		NIS	W. CAF	RROLL,		19				May	17,	1993		11:00 AM
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	DAYS	IF UNDER	R 24 MRS.	7. OATE O			6. BIRTHI Country	PLACE (State or Foreign
	090-18-9	983	1 XM 2 - F	70	YRS.	WONTHS	DAYS	HOURS	MIPA.	1-26	23 23		Ne	w York
	9s. FACILITY NAME (If not ins					9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATN		9c. COU	NTY OF DE	ATN
8	14007 Ba	rge Ro	d.			00	cean	City	V			T/	lorce	ster
5	RESIDENCE OF DEC													
DIRECTOR	Md .	10b. COUNTY			10c. CIT	ry, town								10d. INSIDE CITY LIMITS?
		WOLC	cester			ucea	an C	ity						1 XYES 2 NO
A	10e. STREET AND NUMBER						10	I. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
4	14007 Ba	rae Ro	3.					218	342				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1		ARMED NO					IIC ORIGIN? n, Puerto Ri	(Specify Year	or No—	14. RACE Black	- American Indian, White, etc.
BY FUNERAL	1 Never Married 2 💸		IF YES, GIVE W		WW Z			2 NO					Specif	
						_ '				_				willce
E	15, DECI (Specify only	EDENT'S EDUC highest grade	completed)	16a,	(Give kind of life. Do NOT u	work done	during mo	ON ost of worki	ing	16b. I	IND OF BUS	SINESS/INI	DUSTRY	
ا ت	Elamentary/Secondary (0	-12)	College (1-4 or 5	+)	anuf.					1	Bldg.	Sum	lies	
COMPLETED			4	I'I	anur.	rep.			ATTIC .				TIES	
8	17. FATHER'S NAME (First, Mi	The same of						16. MOT	NER'S NA	ME (First, Mi	ddle, Malden	Sumame)		
H	Dennis J.		.1								Rona			
6	19a. INFORMANT'S NAME (7) Emily J.		7		19b. MAILING									
-					1400	07 Ba	ırge	Ra.	OCE	ean C	ty, N	1d.,	2184	2
	20a. METNOD OF DISPOSITI	n 3 🗆 Rame	oval from State	other	CE OF DISPO		ame of ce	metery, crea	matory or		20c. LO	CATION -	City or To	wn, Stata
	Donallon 5 🗆 Other			- 501	USE		<u>///-</u>	P.				KKI	10	11113,
-	21. SIGNATURE OF FUNERAL	E BERVICE (1)C	ENSEE	/					ESS OF FA					
	> Shu	skl 1	11111	1		Į	Jllr:	ich I	Funer	cal Ho	ome I	ærli	n, M	d.
	23. PART I. Enter the di	seases, or o	omplications tha	t caused the	deeth. Do	not enta	r tha mo	nda of dy	dng auci	h aa cardi	c or read	ratory ar	rest	Approximata
	shock, or he	eart fallure.	List only one cau	ise on each l	ine.				3,					Interval Between Onset and Death
	IMMEDIATE CAUSE (Fin disease or condition	ini		-100	0 /	111	10.10	À 41	44					Onset and Death
	resulting in deeth)	→	a	(OR AS A CON	SECTION CE	A.	61/	DM	<u>a</u>		1			7
				On 23 A CON	M		hard	, 1/2	Meny	a L	1:40 au	7		May 192
O	Sequentially list conditi		b. DUE TO	(OR AS A CON	SEQUENCE C	DE); VYU	grun	4 1	VI/F	12 1	1/4/			1.04 10
¥	If any, leeding to immed ceuse. Enter UNDERLY!					,								
임	CAUSE (Disease or inju that initieted events	ny \$	c. DUE TO	(OR AS A CON	SEQUENCE C	OF):								
E	resulting in death) LAS	т 📗												
CERTIFICATION			0											
	PART II. Other significa	nt condition	s contributing to	deeth but no	ot reaulting	in the u	nderlyln	g cause	given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										_	T YES 2			COMPLETION OF CAUSE OF DEATH?
														1 VES 2 NO
2										_				
M	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)			
Sic	EXAMINER?		HOSPITAL:	FR/Outpatient	3 [] 00A	OTHE		No	neldanna	6 Other	(Sacathr)			
PHYSICIAN:	27. MANNED-OF DEATH		28s. DATE OF	INJURY	26b. Til	ME OF	28c. IN.	JURY AT	18804104	_	RIBE HOW I	NJURY OC	CUREO	
		Pending	(Month, E	Day, Year)	IN	JURY	W	YES 2	□ NO					
BY	2 Suiside	Investigation	28e. PLACE C	OF INJURY — At	home, farm.	street, fac				26I. LOCA	ION (Street	and Numbe	r or Runal F	Poute Number,
	_ • _	Could not be detarmined	building,	etc. (Specify)							Town, State)			
<u>u</u>	29a, CERTIFIER										•			
릴	(Check only 1 CERT		CIAN: To the best of											
COMPLETED	2 MEO	CAL EXAMINE	H: On the back of a	emination and	or investigat	lon, In my	opinion,	death occu	red at the	time, data s	ind place, ar	id due to i	he cause(a) and menner as stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIE	2 1		440		_	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
	$\mathcal{L}_{\mathcal{L}_{i}}$	Wan	17 GA	Den!	עומן			10	35	164	MA.		5	18143
5	30. NAME AND AGORESS OF											-	1	
	William T.	Greer	, IIIm M	D 3 F	Bay St	reet	, Ве	erlin	ı, Md	. 218	11			
	31. DATE FILED (Month, Day,		32 REGISTA	AN'S SIGNATUR	E					-				
5	MAY 20	1993	Juli De	noun-Ro	wheth									

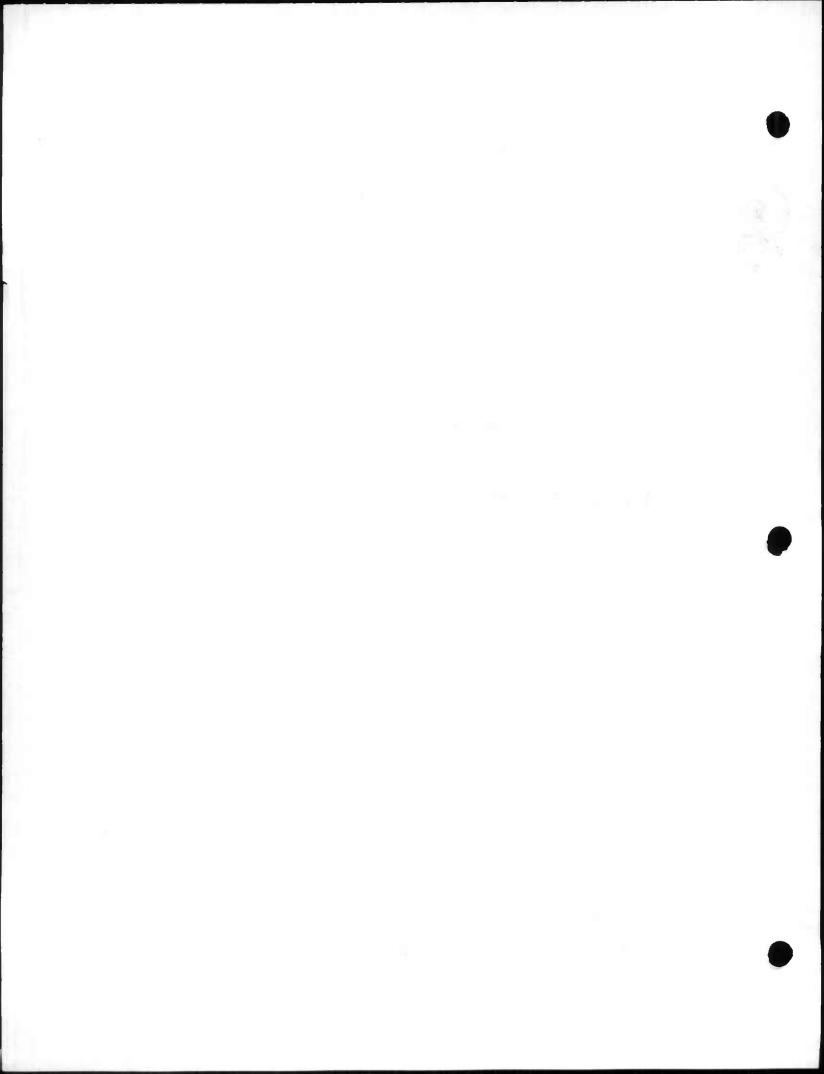


REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5-Margaret P. Cole 141820 PM MARGARET 16-493 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 12/21/45 1 M 2 TXF 164-18-9496 71 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Dorchester Rhodesdale 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5733 Eldorado-Rhodesdale Road 21659 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Marr 3 Widowed 4 Divorced 2 NO В 1 YES 2 NO Specify Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Plastic Manufacturing Press Operator 12th 17. FATHER'S NAME (First Mickello Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George E. Paul Blanche Neal Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MD 21659 5733 Eldorado-Rhodesdale Rd., Rhodesdale 9 Daniel James Cole, Sr. e 20e. METHOD OF DISPOSITION
1 Grantial 2 Cremation 3 Grant
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Eastern Shore Veterans 5/19 Hurlock, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Michael Framptom-Hawkins-Eskow Funeral Home Elew Federalsburg, MD 21632 medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line, interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** Respiratory Failure the disease or condition resulting in death) event, Chronic Obstructive Pulmonary Disease traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | NO shows a 1 | YES 2 | NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, 1 Natural 5 Pending 1 YES 2 NO В After Investigation 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be COMPLETED DIRECTOR: / 4 | Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL DE filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. shael Fadden, M.D. BE 29d, DATE SIGNED (Month: Day, Year) 26388 2 ETED CAUSE OF DEATH (ITEM 27) (Type, 2lock hor 32. REGISTRAR'S SIGNATURE wha Davidson-Randose



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In let all	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notified at ones
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	1 - FOR STATE REGISTRAR	OF MARYLANI	D / DEPAR	TMENT OF	HEALTH	AND MI		_	3	6669
	1. DECEDENT'S NAME (First, Middle, Last)	1	OLITT	IOAIL OI	DLA		REG. NO.		943	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2	⊠	s. lest birthdey) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	DATE OF BIRTH (Month, Day, Year) 06/07/1	892	Country	PLACE (State or Foreign yland
TOR	9a. FACILITY NAME (If not institution, give street and nut Tender Love Care H RESIDENCE OF DECEDENT			% city, town Cambr			н		che	ster
- DIRECTOR	Maryland Caroli	ne	10c. CIT	Y, TOWN OR LOCA		esto	ın			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10a. STREET AND NUMBER ROUTE 1, Box 17 11. MARITAL STATUS	ECEDENT EVER IN U.S			or. ZIP CODE	2165		Uni	ted	States
D BY FL	1 Never Married 2 Married FORCE	S? 1 YES 2 GIVE WAR OR DATES	NHO	If yes, s	CENDENT Opecify Cuba S 2 NO	n, Mexicen, F	ORIGIN? (Specify Yea Puarto Rican, etc.)	or No-		- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Sixth	18a	DECEDENT'S (Give kind of v life. Do NDT us Homen	USUAL OCCUPATI work done during m to retired.)	ION ost of workin	ng .	166. KIND OF BUS		USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank	Perry					(First, Middle, Maiden : :lizabet		nne	lly
70	19a. INFORMANT'S NAME (Type/Print) Perry Chambers		196. MAILING HC 73	ADDRESS (Street	and Number	or Rural Roul	te Number, City or Town	n, State, Zip e , V	Code) A 2	2508
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from S 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	tate cemetery	crematory or of	rder (Cemet	ery	5/23 Pr	estc		m, Stata Maryland
	Michael 7- Es	len-		Framp PO Bo	tom-	3, Fe	ins-Esk	ura.	MD	ral Home 21632
	23. PART i. Enter the diseases, or complicating abook, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	that coused the ne couse on each i	deeth. Do n	sin	J					Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF	Der	sel	ita	ted S	ta	te	
CERTIFICATION	CAUSE (Diseese or injury	DUE TO (OR AS)A CON	SEQUENCE OF	/			ven	eu	R.	
MEDICAL C	PART II. Other significant conditions contribu	ing to death but no	ot resulting i	n the underlyin	g ceuse g	iven in Par	t i. 24a. WAS AN A PERFORM	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL						-			YES 2 NO
SIC	EXAMINER? HOSPIT	AL:	3 DOA	OTHER:		ATH (Check				
PH	27. MANNER OF CEATH 28a. C	ATE OF INJURY fonth, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT		d. DESCRIBE HOW IN	JURY OCC	URED	
B	2 Accident Investigation	ACE OF IN HIRV		M 1 🗆	YES 2					
LETED	4 Homicide determined	LACE OF INJURY — At utiding, etc. (Specify)					t. LOCATION (Street ar City or Yown, State)			ute Number,
COMPLETED	Check only one) 2 MEDICAL EXAMINER: On the be	beat of my knowledge, ale of examination and/	death occurre or investigation	d at the time, data i, in my opinion, d	and placa, leath occure	and due to t	he cause(a) and mann b, data and place, and	due to the	d. : cause(a) :	and manner as steted.
TO BE	38. NAVE AND ADDRESS OF BEHSON WHO COMPLETI	Wash	n	tin	29c. LICE	NSE NUMBER	3	29d. DATE	SIGNED (A	Month, Deel Year)
	Judy Washin	GISTRAP'S SIGNATURE	USEB	yrn	5+.	Ca	mbrid	d,	40	21613
	MAY 21 '93	Davidson-R	indell	U						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITAL (
TO THE FUNERAL C
BE filed within 72 h
IMPORTANT; If It HOSPITAL

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93 16670 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAMES ALBERT CLARK JAMES CLARK 20 93 12:15 A 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 9-25-49 ST LOUIS, MI. 215-56-7545 HOURS 1X M 2 | F 43 ≠ 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYT AND ST. MARY'S LEXINGTON PARK TO YES 2 X NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BOX 433-69, LEXINGTON PK. MARYLAND 20653 20722-**USA** 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pa 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE 1969-1971 COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) AUTO MECHANIC AUTOMOBILE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) JAMES ALBERT CLARK FLORENCE EVELYN DAVIS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CLINICAL RECORDS 9600 NORTH POINT ROAD, FORT HOWARD, 20e, METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cemetery, cometers or other place)
MARYLAND VETERANS CEMETERY 1 M Burlet 2 Cremetron 3 D Pretriover From Survey
4 Doneston 5 Other (Specify)
21. SIGNATURE OF MERIAL SERVICE LENSES
EDWARD N. BRINSFIELD 5/24/93 CHELTENHAM, MARYLAND 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME JR M00052 WASHINGTON STREET, LEONARDTOWN. 23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feilure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition CONJESTIVE HEART FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): RESPIRATORY DISTRESS SYNDROME CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate SEPTICEMIA cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES ZYNO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Ninpetient 2 ER/Outpetient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 📉 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

5, 20, 93

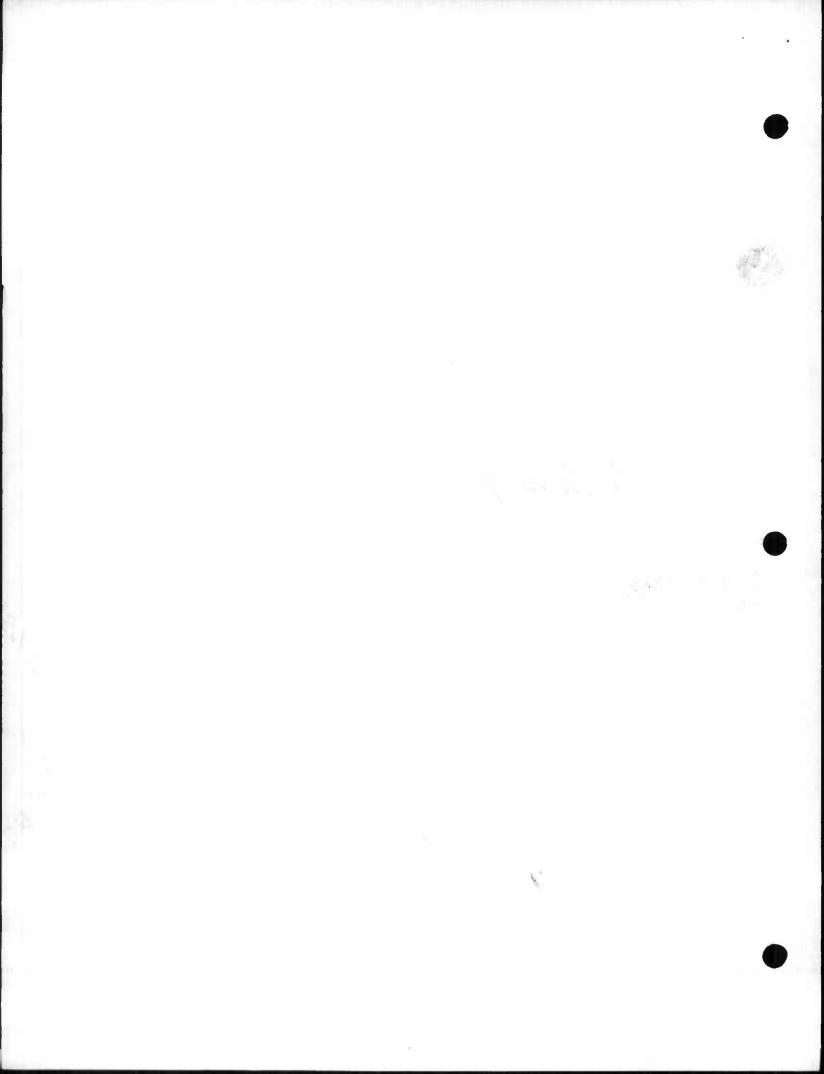
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9-1523

hun 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RAUL LOPEZ, M.D., VA MEDICAL CENTER, FORT HOWARD, MD. 220152

32. REDISTRANG SIGNATURE Randale



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

REGISTRAR			CERTIF	ICATE O	F DEAT	IH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF OEATH
JAMES LEV	AUGHN C	OLLINS	, SR.				MAY	13, 19	93	YEAR	2:00 A.M.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRTI	HPLACE (State or Foreign
220-16-4449	1 📉 M 2 🗆 F	76	YRS.	MONTHS DAY	HOURS	MIN.		h, Day, Ybar)	916	Count M ∆	ARYLAND
9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE	_		-	NTY OF E	
ST. MARY'S HOS	PTTAL.			I FOI	NARDTO	LIN			СT	MA	RY t S
RESIDENCE OF DECEDENT	1 1 11111			11101	VAICUIO	AATA] 31	• 114	IKI 5
10e. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
MARYLAND ST	. MARY'S			ABEI	LL						1 TES 2 NO
10e. STREET AND NUMBER					101. ZIP COO	E			10g. CIT	IZEN OF	WHAT COUNTRY?
P.O. BOX 109, HA	TCHET TH	ICKET	ROAD		206	06			UNI	TED	STATES
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S	. ARMED					N? (Specify Ye		14. RAC	E — American Indian.
1 Never Married 2 X Married	FORCES? 1	MAR OR DATES	XNO		specify Cube ES 2 ☑ NO			Rican, etc.)		Spec	k, White, etc.
3 Widowed 4 Divorced					N.					ĺ	BLACK
15. DECEDENT'S EDU (Specify only highest grade		164	. OECEDENT'S	USUAL OCCUP	ATION	no	168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT us	work done during se retired.)	most or works	79					
6			CH	EF				FOOD S	ERVI	CE	
17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
JAMES E. COL	LINS					DAIS	Y RE	GINA E	ROCT	OR	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Numbe	r or Rural	Route Num	ber, City or Tox	n, State, Zi	p Code)	20606
MARY E. COLLINS			P.O.	BOX 109	, HAT	CHET	THI	CKET F	ROAD.	ABE	ELL, MD.
204- METHOD OF DISPOSITION		20b. PL	ACE OF DISPOS	SITION (Name of				_	CATION -		
1 Denetion 3 Rem	noval from State	SAC	RED HE.	ART CEN	TETERY	5/	17/9	3 BUSH	תחחו	. ΜΔ	RYLAND
21 SIGNAY TOP OF FURTHER STRINGS	CENTRE /	1			AND ADDRE						
Delland In D	MA										Home, P.A.
Edward N. Br:	insfield,	Jr. M	100052	50 N	. 1 77	1 .		. 7	1		
											20650-0279
23. PART I. Enter the diseases, or shock or heart failure.	complications the	et caused the	e desth. Do i								Approximats
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications the	et caused the	e desth. Do i								
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Complications the	et caused the use on eech	e desth. Do i	not enter the	mode of dy	ing, suc					Approximats interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final	complications the Liet only one cell	et caused the	e desth. Do i	DCC	mode of dy	ing, suc	ch ss cer	diec or reep			Approximats interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications the Liet only one cell	et caused the	e desth. Do i	not enter the	mode of dy	ing, suc	ch ss cer	diec or reep			Approximats interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. Otto	O O N2	e desth. Do i	not enter the CCI RTL	mode of dy	ing, suc	ch ss cer				Approximats interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING	a. Otto	O O N2	e desth. Do i	not enter the CCI RTL	mode of dy	ing, suc	ch ss cer	diec or reep			Approximats interval Between
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shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Ot Due To	to caused the use on each to the control of the con	e desth. Do i	PERTL	mode of dy	ing, suc	ch ss cer	diec or reep			Approximats interval Between
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32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within a consistent death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

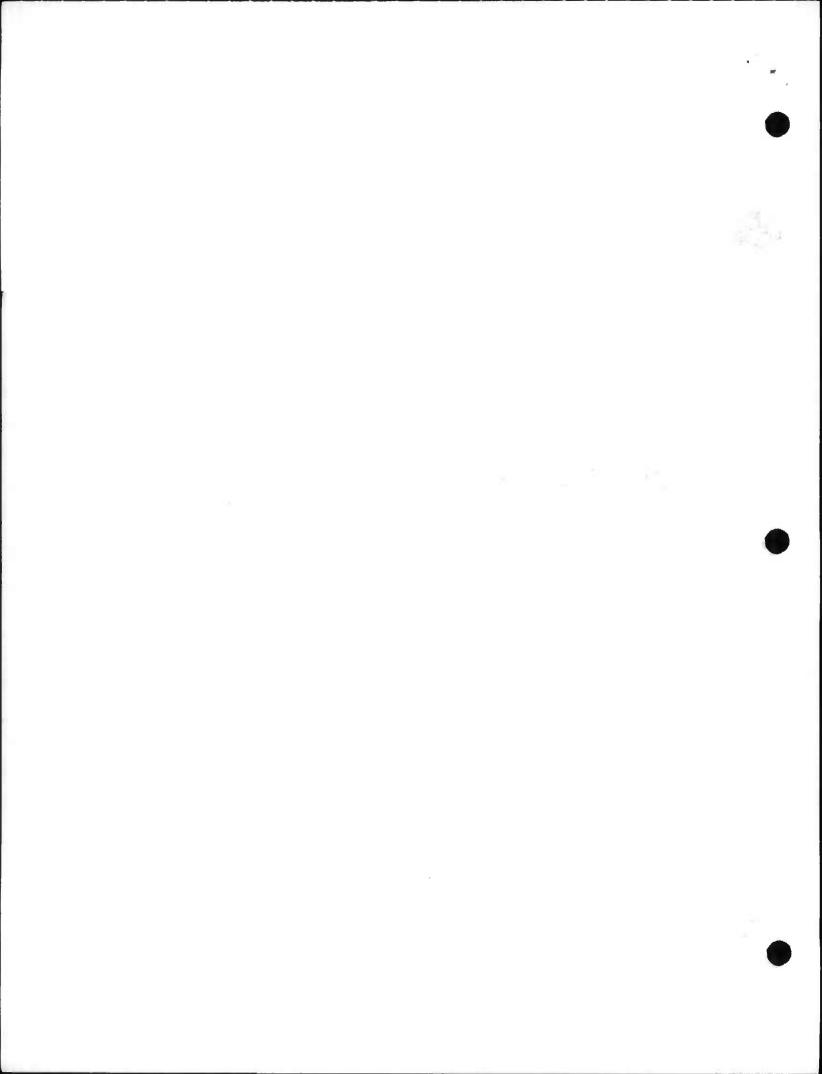
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89



3. TIME OF DEATH

6:30 AH

REG. NO.

2. DATE OF DEATH

MONTH 5

1. DECEDENT'S NAME (First, Middle, Last)

Katherine

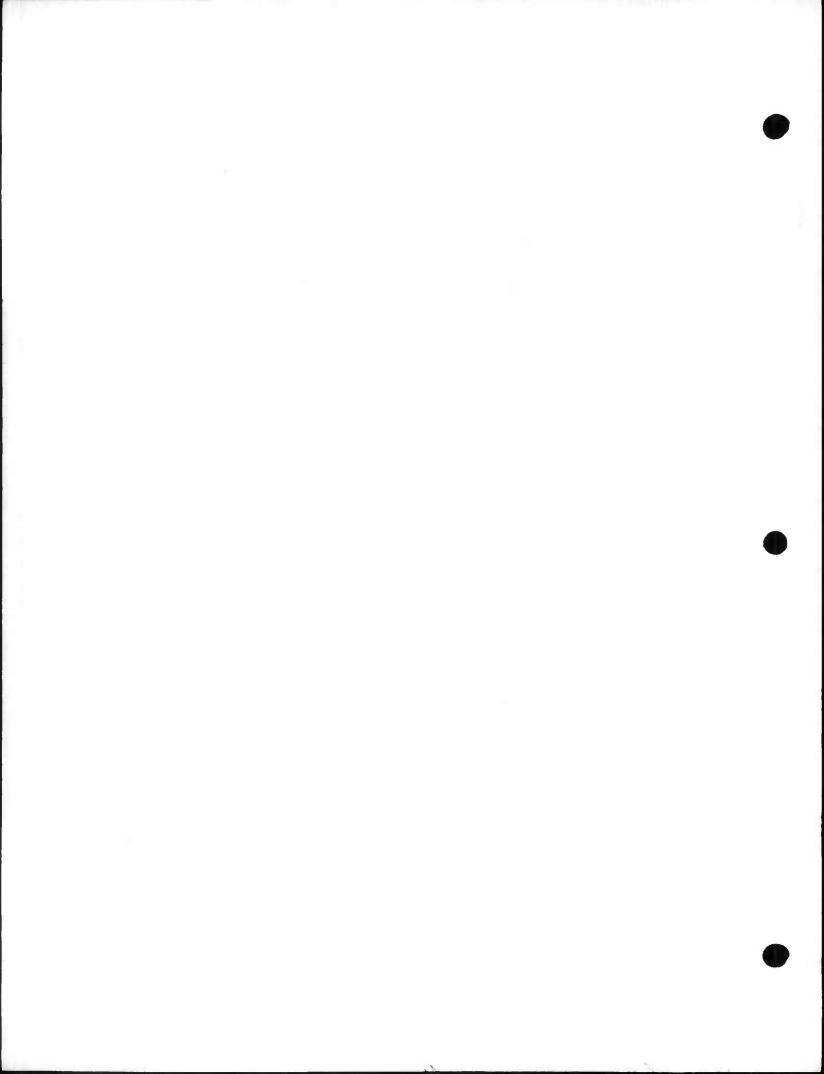
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TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. AGE (In yrs, last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 578-12-2564 Nov. 14,1909 1 | M 2 X F 83 DAYS HOURS Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Villa Rosa Home Mitchellville Prince George's 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Waldorf 1 YES 2XXNO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 24 Abell Way burial-transit 20603 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specificite BY 3 🕅 Widowed 4 🗌 Divorced detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Homemaker N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname notified at Charles Kenner Mary L. Connell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Teresa M. Wood 24 Abell Way, Waldorf, Maryland 20603 ě 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Commetery, crematory or other place)
Washington National Cem. 5/19/93 Suitland, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home lease 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart feliure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final the state disesse or condition orchronosularesulting in death) IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Alzheineru mossylo LRS 3-24 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA rsing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Attended Covery 125077 5-17-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YABLONOWITE MO JON H. 10300 Greenbelt Rd. #101 Seabrook, Md. 20706 31. DATE FILED (Month, Day, Year) 32. HEGISTRAR'S SIGNATURE Ilia Davidson-Randale 8 1993 DHMH-16 Rev 1/89





YEAR

1993

3. TIME OF DEATH

7:00A

6. BIRTHPLACE (State or Foreign

Hamilton, Ohio

4. SOCIAL SECURITY NUMBER

294-12-2647

IF UNDER 24 HRS.

HOURS

IF UNDER 1 YEAR

DAYS

Betty E. Cooper

5. SEX

1 M 2 XF

6. AGE (In yrs. last birthday)

YRS.

2. DATE OF DEATH

May 20,

7. DATE OF BIRTH (Month, Day, Year

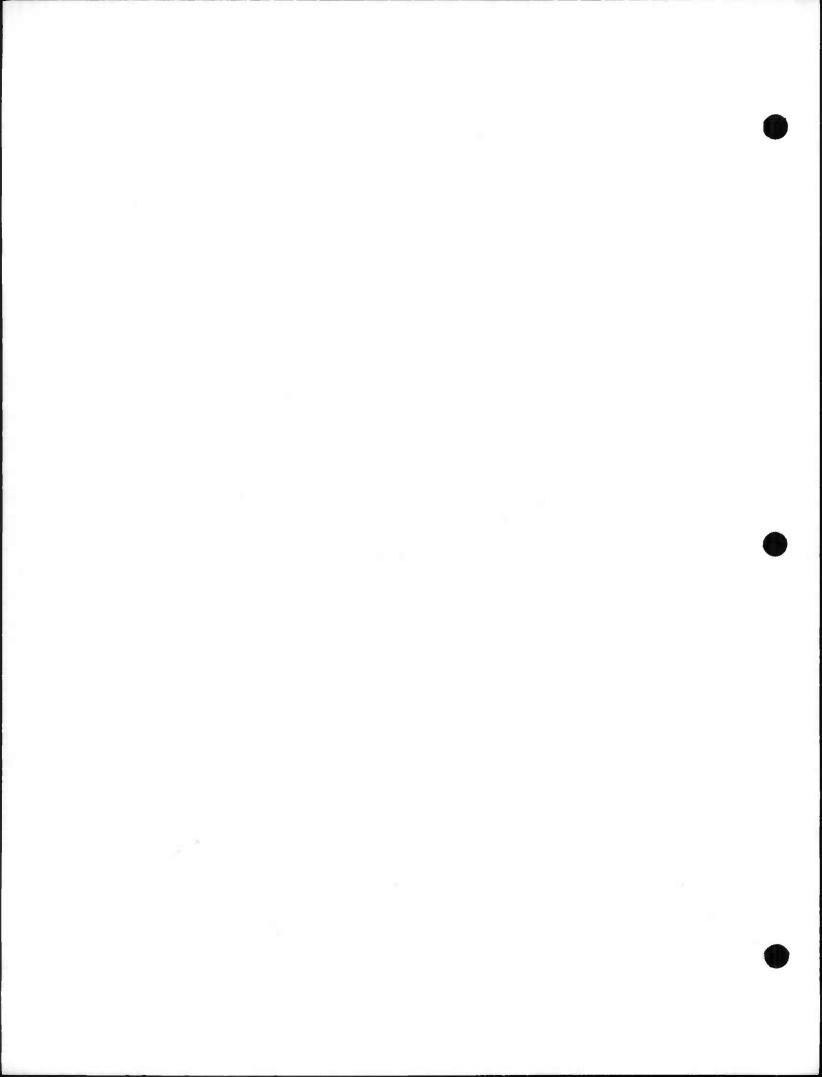
9/30/23

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9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 120 Aragona Dr. Ft. Washington Prince George's RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 10d. INSIDE CITY LIMITS? 1XXYES 2 NO Maryland Prince George's Ft. Washington FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 120 Aragona Dr. 20744 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 XXO Specify: 1 Never Married 2 Wharried ВУ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) at home 12th homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Hershall Little BE (Dorothy Long 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Roland J. Cooper same as item 10 9 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must CATTIIngton National Cemetery 5/24/93 Arlington, Va. ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home alas 6160 Oxon Hill Rd. Oxon Hill, Md. medical filled in by 1 23. FART / Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or haart failure. List only one cause on asch line. interval Batween 6 IMMEDIATE CAUSE (Finsi Onset and Death completely filled rial, cremation, o the disesse or condition_ Metastatic Adenocarcinoma resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): certificate be executed has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, 1.23 shows any Injury, or other traumatic en CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, laading to immediata Entar UNDERLYING CAUSE (Disease or injury or other that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST the death PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24a. WAS AN AUTOPSY that 1 TES 2X NO 1 YES 2 NO PHYSICIAN: ME 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item ; 26. PLACE OF DEATH (Check only one) The THE FUNERAL DIRECTOR: After this certificate I fled within 72 hours after death with the State PORTANT: If item 28 is marked, or Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: DR ATTENDING PHYSICIAN: 1 XYES 2 NO ng Home 5 X Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation М 1 YES 2 NO ВУ 28s. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL 2 CAMEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT: 298 SHATURE AND TITLE OF CERTIFIE D21230 BE 29d. DATE SIGNED (Month, Day, Year) 뿔 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUM OF DEATH LITEM 27) (Type, Print) 5/20/93 2 -5009 Rayburn Ct, Camp Springs, Md. 20748 runa Davidson-Mandelle DHMH-16 Rav 1/89





3. TIME OF DEATH AM 3:24

20785 Approximate Interval Between Onset and Death

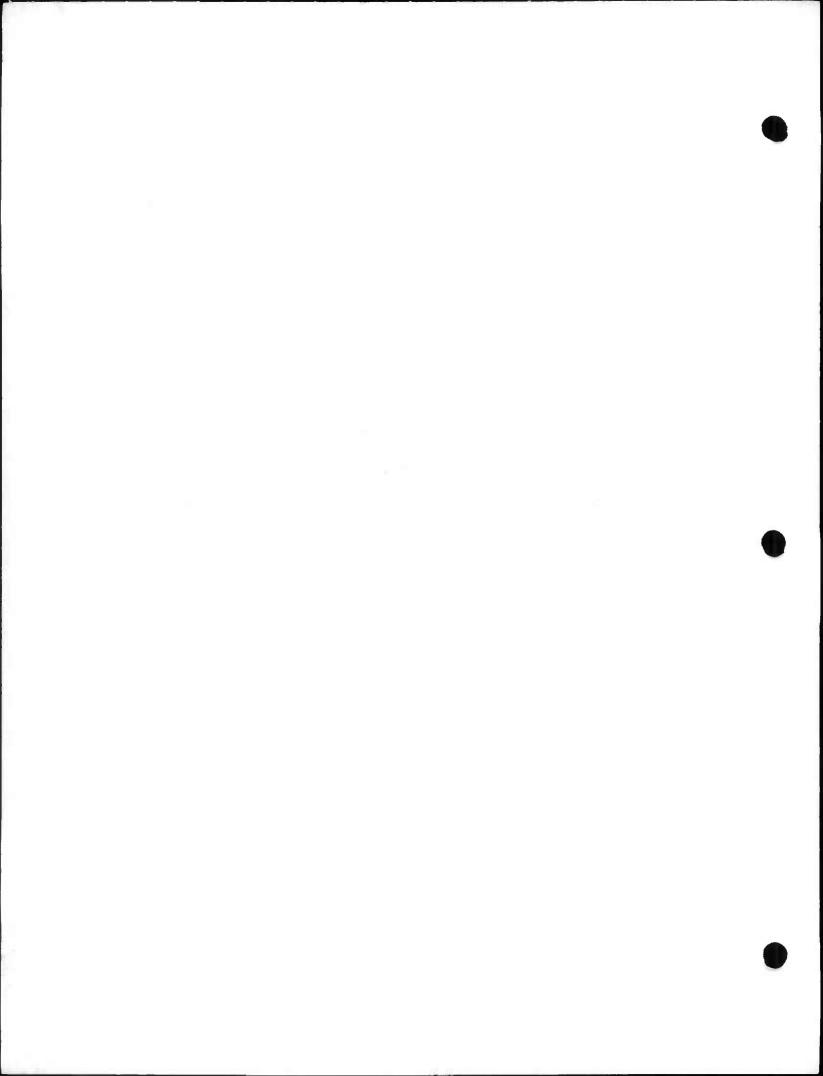
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

31. DATE FILED (Month, Day, Year)

MAY 2 8 1993

			THOMAS 4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	RIC In yrs. less		UNDER 1 YE		7, DATE	E OF BIRTH	23	VEAR	3 : 24 PLACE (State or Foreign
2	. [N/A	1 X XM 2 □ F		YRS. (O E	5	MAY	18, 1	993	Country	RYLAND
6	1	TOR	96. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY BESIDENCE OF DECEDENT										
	9	DIRECTOR	10a. STATE 10b. COUNTY	CE GEORGES		10c. CITY, TO	OWN OR L						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1		₹.	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
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215-0020 attending physician.		β	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 2 N	O O	II ye	DECENDENT OF HISPA a, specify Cuban, Maxico YES 2 NO Specifi	en, Puerto	IN? (Specify Yes Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, atc.
121 affe		COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) N/A	Cation completed) College (1-4 or 5+)	(Gi	CEDENT'S USU We kind of work Do NOT use re	done durin tired.)	PATION g most of working	16	b. KIND OF BUS			· · · · · · · · · · · · · · · · · · ·
YLA by the	at once.	- 1	17. FATHER'S NAME (First, Middle, Lest) CEDRIC L. THO				N/A	18. MOTHER'S NA		Middle, Maiden	Surname)	/A	
MAR retained 5 should	notified	TO BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING AD	DRESS (Str	reet and Number or Rural				Code)	
		۲	CEDRIC L. THOMAS		64	O AUDI	REY I	ANE, APT #	203,	OXON I	HILL,	MD.	20745
ALTIMORE, teath. Page 6 may be funeral director, page	r must be		20e. METHOD OF DISPOSITION XXBurial 2	val from State cen	etery cres	nd DATE OF D natory or other AL HAI	Place) RMONY	MEMORIAL	5/		OOVER		
	- 0		21. SIGNATURE OF FUNERAL SERVICE LICE	G. XI	201	Bi	J.B.	JENKINS I	FUNE	T.ANDOVI	CR.MAI	RYT.A	ND 20785
urs af	edic		23. PART I Enter the diseases, or conshered shock, or heart failure. L	omplications that cause list only one cause on e	the dea	th, Do not	enter the	mode of dying, suc	h aa car	diac or respi	retory arre	at,	Approximate Interval Between
hin 24 fill tely fill	. e			Cyanotic DUE TO (OR AS A HYDORIAS A DUE TO (OR AS A		ngen	ital	1 Heart	Dis	ease			Onset and Dea
Secuted within		z		Hypopla.	S FT	UENCE OF):	ft H	learT So	ind	lro one	-		
BOX (cate be executed)	prior to	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEC	UENCE OF):	ma	(R) 1	ym	phee	em	9	
eath certif		CERTII	that initiated events resulting in death) LAST	Veino	CONSEC	ale	01						
RECORDS requires that the consigned by the	Health and Menta	MEDICAL	PART II. Other algnificant conditions	contributing to death b	ut not re	aulting in ti	ne under	iying cause given in	Part I.	24a. WAS AN PERFOR	MED?	1	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_ ~ Q	0 66								_				1 TYES 2 NO
TAL The law	1, or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				21	8. PLACE OF DEATH (Ch	eck only o	ne)			
OF VITAL PHYSICIAN: The la	or ite	> u	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3		HER:	Home 5 - Residence	6 🗆 Oth	er (Specify)			
O 축 율	s marked,	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		28b. TIME OF		INJURY AT WORK?	28d, OE	SCRIBE HOW IN	JURY OCCU	JRED	
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has	after d	TED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At hor	na, farm, stree	t, factory,	offica		CATION (Street a or Town, Stata)	nd Number o	r Rural Ro	oute Number,
DI OR	2 hours	MPLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my know	edge, das	th occurred at	the time,	date and place, and due	to the ca	ruse(s) end men	ner as stated	d.	
THE HOSPITAL	within 72 I	CO		: On the basis of examination	and/or li	rvestigation, in	my opinio	on, death occured at the	time, date	e and place, and	dua to the	cause(s)	and manner as stated,
THE H	E 5	O BE	296. SIGNATURE IND TITLE OF CERTIFIER			NOS	,	29c. LICENSE NUI	40 4	45	29d. DATE	SIGNEO	(Month, Day, Year) 93
,		-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEN	27) (Type, Prin	()				-		

32. MEGISTRAPIS SIGNATURE Randoll



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE	OF I	DEATH	REG. N	Э.		
10	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	75.00	3. TIME OF DEATH
- 9	NELLIE HO	O CHIEU						May 2	1	993	11:45 A M
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last i	birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
- 9	213-48-5517	1 M 2 X F	94	YRS.	MONTHS E	DAYS	HOURS MIN.	(Month, Day, Year) March 10,	1899	Briti	ish Columbia
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO	OWN OF	LOCATION OF DE			UNTY OF D	
e e	9600 Tuckerman S	treet			Lanh	am-	Seabrool	k	Pri	nce (George's
5	RESIDENCE OF DECEDENT										8
DIRECTOR	10a. STATE 10b. COUNT				, TOWN OR						10d. INSIDE CITY LIMITS?
		ce George's	3	Lan	ham-S	_					1 🖾 YES 2 🗌 NO
₹ I	100. STREET AND NUMBER						ZIP CODE				WHAT COUNTRY?
9	9600 Tuckerman S					2	0706		U.	S.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVI	ER IN U.S. ARM	ED				IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	an or No-	14. RACE	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O					NO Specify			Speci	tly:
	15. DECEDENT'S EDU	CATION		-							Chinese
COMPLETED	(Specify only highest grade	completed)	(Give	e kind of w	USUAL OCCI ork done dun o retired.)	IPATION ing most	of working	16b. KIND OF B	JSINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			erson			Retail	ı		
M	17. FATHER'S NAME (First, Middle, Last)			-							
	Ho Chon						Chui	ME (First, Middle, Maide n She	n Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		1 405		1000000 #						
2	Bud M. Chieu							Houte Number, City or To			, MD 20706
	20a, METHOD OF DISPOSITION		20b. PLACE AN	_					OCATION -		
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Ft. Li	etory or oth	ner place)	ete		DATE 20c. L 24/93 Bre			
	21. SIGNATURE OF FUNERAL SERVICE LI				22. NA	ME AND	ADDRESS OF FAC	CILITY			
	· Jack	VZ:		/				s Sons Fu			ne, P.A. MD 20781
	23. PART Enter the diseases, or o	complications that cau	used the deat	h. Do no	ot enter th	a mode	e of dying, such	as cardiac or res	olratory a	rest.	Approximate
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one cause o	on each line		1			7	2,000	1000	Interval Between Onset and Death
I	disease or condition	Kons	- ala	20.0	1	20	1-				Oliset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQU	ENCE OF	Th	M	-				
Z	Seasonalello Heat are distance	. Carde	inc	An	un-	-		1			
E	Sequentially list conditiona, if any, leading to immediate	OUE TO (OR /	AS A CONSEOU	ENCE OF	. , .	1	1. 1	/			
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	" Condus	une	MC	ay	1-	alt	aro 1			
Ë	that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQU	ENCE OF	1	Pa	1 : 1	1 6.	1		
CERTIFICATION		a. Ather	sek	ere	100	M	ale	annu	Se	KDY.	4
١	PART II. Other significant condition	a contributing to deal	th but not rea	uiting ir	the unde	rlying	cause given in i	Part I. 24a. WAS A		24b	. WERE AUTOPSY FINDINGS
DICAL		maciel						PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Selvio	Cashil						1 □ YES	NO NO		OF DEATH?
2	-5-1000	gosare	200					_			1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	-				26. PLA	CE OF DEATH (Che	ck only one)			
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatiant 3 -		OTHER:			6 Other (Specify)			
ξ	27. MANNER OF CEATH	28a. OATE OF INJU	IRY	28b. TIME	OF 28	c. INJUF	RY AT	28d. OEŞCRIBE HOW	INJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er)	INJU		WOR	K7 S 2 NO				
	3 Suicide s Could not be	28s. PLACE OF INJ building, atc. (URY — At home	e, farm, et	reet, factory	offica		281. LOCATION (Street	and Numbe	er or Runal F	loute Number,
	4 Homicide determined	ounding, atc. 1	Specify					City or Town, State)		
2	29a. CERTIFIER (Check only	CIAN: To the best of my k	nowledge, deati	h occurred	at the time	, deta ar	nd place, and due	to the cause(s) and mi	onner es stu	hated	
COMPLETED		R: On the beale of exemin) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIE		P	/			29c. LICENSE NUM				(Month, Day, Year)
B	(HY ou	100	1/2-24	93			Δ.	88-3	> DA	ST	77-19Z
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type, I	Print)		~ ~!	00-4	1	-/-	1/2
	Dr. Hema P. Yadla					, Su	ite 308.	Lanham.	MD :	20706	5
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GIGNATURE			, , ,		,,			
	MAY 2 6 1993 9	rola Davidson	Randell.								

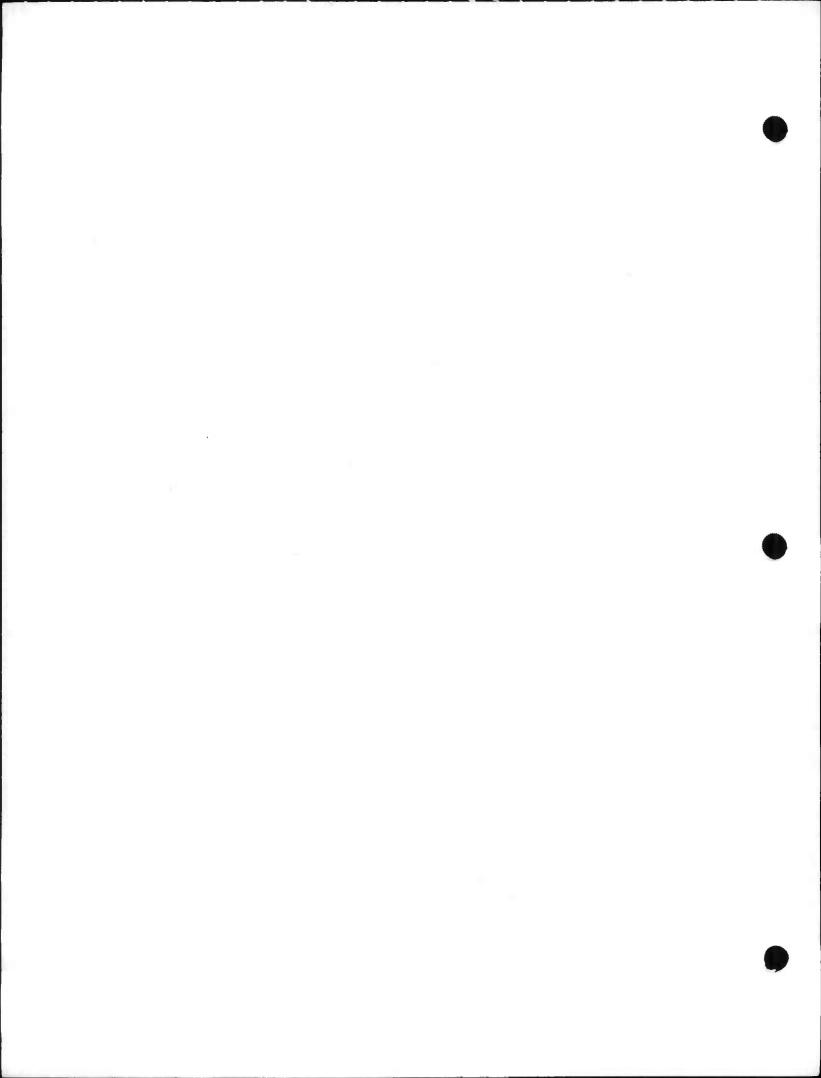
BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

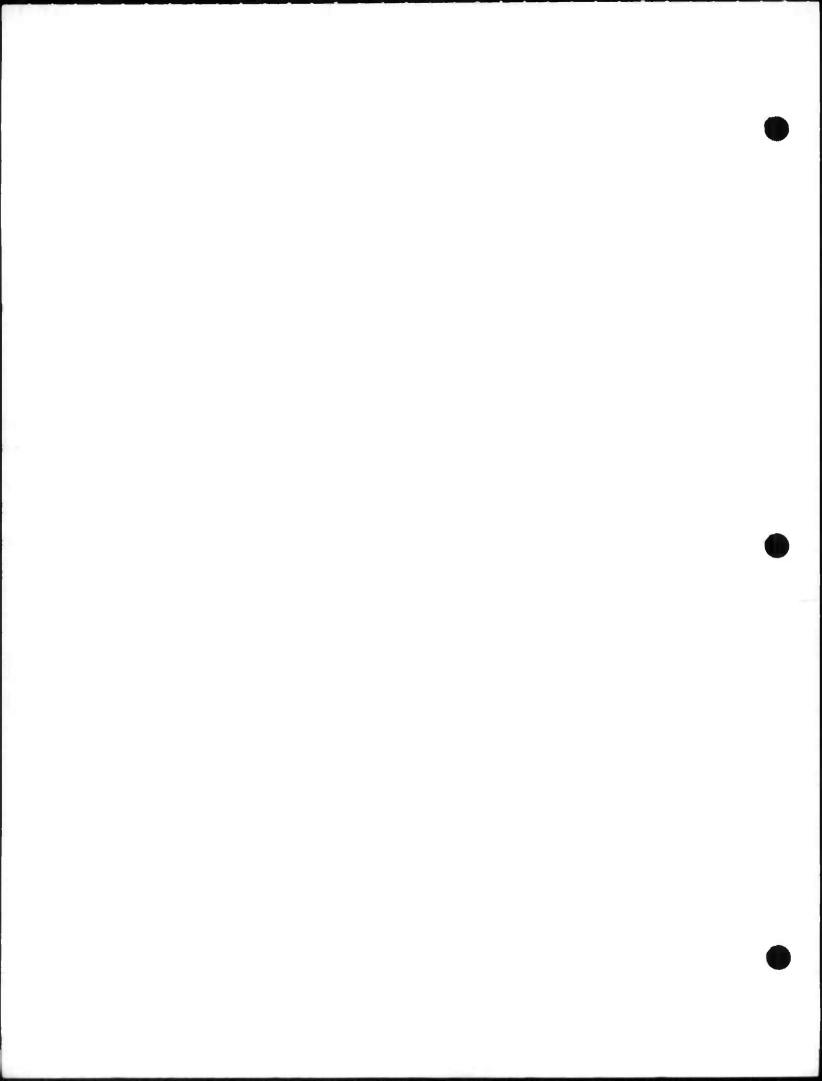
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



0.	Siclan,	rial-transit permit. A
ND 21215-00	hospital or attending pit	ached for use as the bu
BALTIMORE, MARYLAND 21215-0020	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed the control of the State of the burial Huming price to burial companion of co
BALTIMO	ours after death. Page 6	in by the funeral direct
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e executed within 24 ho	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Death of Health and Martial Huminan price in hurids committee or removal
4DS, P.O. BC	it the death certificate t	by the attending physic
IIAL RECO	V: The law requires that	Cate has been signed State Dent of Health a
ISION OF V	ATTENDING PHYSICIA!	CTDR: After this certification after death with the
2	L DR /	DIRE

3	8		8
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	HE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		ORTANT if item 28 is marked or item 23 shows any injury or other traumatic eyent the modifical avantages must be notitied as
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SPIT	EP.	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ė
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¥	포	g	Q.

	nedis inan		CERTIFI	CATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH
	Elizabeth Es	itelle Cre	n Sha			MONTH DAY	93 10:15P M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTHPLACE (State or Foreign
	578 111 21111	1 🗆 M 2 🗗 F	, ,	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)
	579-14-9144		75 YRS.			2/23/18	Bell Haven, Md.
	9a. FACILITY NAME (If not Institution, give s	,	Ţ		OR LOCATION OF D	EATH 9c. Co	OUNTY OF DEATH
DIRECTOR	Holy Cross Ho	spital		Silve	r Sp.	nina /	n. to
1 5	RESIDENCE OF DECEDENT	0 1 1 4 1		0 / 1.0	Op !	119	Montgomery
Ä	10a. STATE 10b. COUNTY	1	10c. CITY	TOWN OR LOCAT	ION	,	10d. INSIDE CITY
	MD M	nT5 am	CRY S.	· Iver	Spr	179	LIMITS?
	10e, STREET AND NUMBER	- 0	27				1 Q YES 2 NO
2		r 4	24	101	. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
Ш	941 Boni	tani 0	* ,		20910		USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No-	- 14. RACE - American Indian,
	1 Never Married 2 Married	FORCES? 1 Y		If yes, sp	ecify Cuban, Maxico	in, Puarto Rican, etc.)	Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES	2X NO Specif	y:	Specify: White
쁘	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S L	USUAL OCCUPATION MAN	N st of working	16b. KIND OF BUSINESS/	INDUSTRY
iu	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	or or morning		
COMPLETED	9th	None	Book Bi	nder		Ma A a 31 - D	t at t
8	17. FATHER'S NAME (First, Middle, Last)	None	IDOOK DI	nder	40 1407115010 111	McArdle Pri	
					18. MUINER'S NA	ME (First, Middle, Maiden Surname	a)
B	Robert Stover				Edith Es	telle Schultz	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Town, State,	Zip Code)
ř	Barbara Ann Rider	•	5500 M	anaméta:	נת גו	D1	20252
	20a. METHOD OF DISPOSITION					Rockville, Md.	
	1 Burisi 2 Cremation 3 Rame		20b. PLACE AND DATE Of cemetery, cremetory or oth		me of	DATE 20c. LOCATION	- City or Town, Stata
	4 Donation 6 Dother (Specify)		arklawn C	emeterv		5/26/98 Rocks	ville. Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	a	22. NAME AN	D ADDRESS OF FA	CILITY	
	11/1/	L	1 1	Gasch	s Funer	al Home, 4739	Baltimore Ave.,
	Hensla	acill	auch	Hyatte	sville 1	Md. 20781	Bartimore hve.,
	23. PART I. Enter the diseases, or o	omplications that cau	sed the death. Do no	ot enter the mo	de of dylng, suc	h as cardiac or resolvatory	arrest, Approximate
	ahock, or heart fellure.	List only one cause or	asch Ilna.				Intarval Between
	IMMEDIATE CAUSE (Final	11.		0.			Onset and Death
	disesse or condition resulting in death)	. Mei	ustatic	\mathcal{M}	me ca	neh	
		DUE TO (OR A	S A CONSEQUENCE OF):)		
-							į
ō	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF				
FI	if any, leading to immediata cause. Enter UNDERLYING	DOE 10 (011 A	3 A CONSEQUENCE OF	14			
3	CAUSE (Disesse or Injury	E					
쁘	that initiated events	DUE TO (OR A	S A CONSEQUENCE OF)	:			
	resulting in death) LAST	4					
CERTIFICATION		*					
اب	PART II. Other significant condition	s contributing to deati	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN AUTOPS	SY 24b. WERE AUTOPSY FINDINGS
EDICAL						PERFORMED?	AMAILABLE PRIOR TO
0						1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
2							1 YES 2 NO
						_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-11-	100 00 00		
길	EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	eck only one)	
Z S	1 TYES 2 NO	Inpatient 2 - ER/O			5 🗆 Residence	6 Other (Specify)	
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJUR				284. DESCRIBE HOW INJURY O	OCCURED
	1 Natural 5 Pending	(Month, Day, New	9 INJU	the state of	ES 2 NO		Section 1997
ĕ I	2 Accident Investigation	24. 20 405 05 00		The second name of the local division in the	Part of the Part o		
8	3 Suicide 6 Could not be	building, etc. /S	RY — At home farm, sin	reel, factory, office		26f. LOCATION (Street and Numl. City or Town, State)	ber or Rurel Route Number,
Ë	4 Homicide detarmined					ony or town, ordio,	1
" "	29a. CERTIFIER	and the latest and the	CHEST GUVERN				
P						to the cause(s) and manner as a	
COMPLET	2 MEDICAL EXAMINE	R: On the basis of axamina	tion and/or investigation	, In my opinion, de	eath occured at the	time, dats and place, and due to	the cause(s) and manner as stated.
	296. SIGNATURE AND TITUE OF CERTURIER				20- 110FNG5 NU	105n	
B	Va (Va	elleur			29c. LICENSE NUI	29d. D.	ATE SIGNED (Month, Day, Year)
2	2700		ing		9 4	6218	3.64.73
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)	0.5		/a /
1	GUL CHAR	CASVI,	11119 RD	etcill	2 Pitco	#303 RM	5.22,93 churle 40205
	31. DATE FILED (Month, Day Ward		CNATION		700	, 100	
	MAY 2 6 1993	32. REGISTRAR'S SI	Jandall				



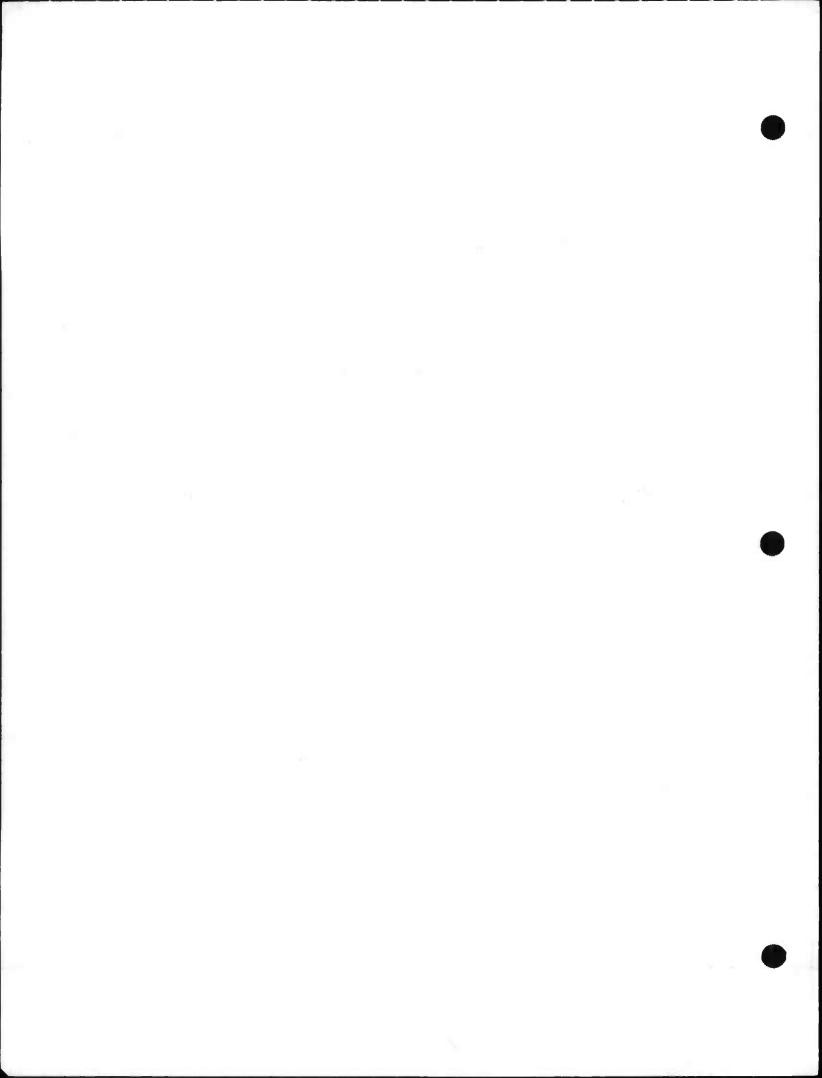
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

- REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE O				3. TIME OF DEATH	1
MATTIE CATO					монтн 5	25		93	8:13	ам
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	F UNDER † YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH		BIRTH	PLACE (State or Fore	
259-12-7247	1 - M 2 PF	33 YRS.	ONTHS DAYS	HOURS MIN.		Day, Year) 2 190	10	Country	gia	
9a. FACILITY NAME (If not institution, give str	reet and number)	0.1	b. CITY, TOWN C	OR LOCATION OF DE		2 190	9c. COUNT			
13/3 Southern RESIDENCE OF DECEDENT	Are #3	129	Tem	nle Hil	115		1	9		
10e. STATE 10b. COUNTY		10c. CITY, T	OWH OR LOCAT	TON			4000	1	10d. INSIDE CITY	
MARYLAND PRIN	CE GEORGES	OVO	N HILL					- 1	LIMITS?	
10e. STREET AND NUMBER	CE GEORGE	J J OAOI		. ZIP CODE			10a CITIZE	N OF W	HAT COUNTRY?	
1313 SOUTHERN				20745			iogi cirile		USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN?	(Specify Yea	or No- 14	RACE Black	- American Indian White, atc.	١,
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify		,,		Specif	y:	
15. DECEDENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. K	CIND OF BUS	INESS/INDUS	TRY	BLACK	
(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	k done durina ma	st of working		0. 000				
L6+h	annega (in or p.r.)	HOUSEKE	споло			מס	IVAT	F		
17. FATHER'S NAME (First, Middle, Last)		TIOOOBKI	AR TEL	16. MOTHER'S NA	ME (First Mir			ند		
WILL HALL										
19a. INFORMANT'S NAME (Type/Print)		10h MAU INC AD	ODDECK (Campile	ROSA						
ACAM NO DOTO MONTH	77 T Y Y			nd Number or Rural I						
CATHERINE FRAN 200. METHOD OF DISPOSITION				ST. SE		_			20743	
1 Burial 2 Cremation 3 Ramo	val from State Cer	b.PLACEAND DATEOF (metery, cremetory or other HARMONY (DISPOSITION (Ne	me of	OATE		ATION - CIT			
4 Donation 5 Other (Specify)		ARMONY (SEMETE	RY :	5-28		DOVE			
11	Busco	e		LANDO						85
23. PART I. Enter the diseases or co	omplications that cause	d the dasth. Do not	enter the mo	de of dving, suci	h as cardie	oc or respir	atory arres	4	Approximat	
immediate cause (Fine)	DUE TO (OR AS)	eech iine.	men	-					interval Bat Onset and	Ween
Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. Hyperberge Auderic Scluster Causes Causes Consciouence of): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent conditions	contributing to death i	out not resulting in t	the underlying	cause given in	Pert i. 2	24a. WAS AN /		24b.	WERE AUTOPSY FINE	
					,	1 TES 2			COMPLETION OF CA OF DEATH?	
									1 YES 2 NO	,
					_					
25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF OEATH (Ch	eck only one)					
	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	5 Melecidence						
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT			JURY OCCUP	RED		\neg
1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? 'ES 2 NO						
2 Accident Investigation 3 Suicide & Could get be	26s. PLACE OF INJUR'	f — At home, term, stree			261 LOCAT	ION /Street a	nd Number or	Quest D	nute Mumbas	
4 Homicide 6 Could not be	building, atc. (Spe	cify)	or, radioty, office		City or	Town, State)	id Namber of	nurer no	oute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER			,			prece, allu				wu.
29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year)										
MANE AND ADDRESS OF THE	lives lot 17 ins 017/62 \$5/26/93									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LIMBS Whites MD 9556 CARAIN Hay when most boro, Mg 20772										
31. DATE FILED (Month Days) tead 100	32. REGISTRAR'S SIGN	ATURE Product	00.							-
MAY & 0 199	J gima va	Mason-Marine	~							

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



YEAR

9c. COUNTY OF DEATH

U.S.A.

Montgomery

Poland

10g. CITIZEN OF WHAT COUNTRY?

05

7. DATE OF BIRTH (Morth, Day, Year) 11/03/1917

4. SOCIAL SECURITY NUMBER

578-44-7690

RESIDENCE OF DECEDENT

EVA

9a. FACILITY NAME (If not institution, give street and number)

CZAN

Washington Adventist Hospital

10b. COUNTY

1 M 2 X F

IF UNDER 1 YEAR

IF UNDER 24 HRS

9b. CITY, TOWN OR LOCATION OF DEATH

Takoma Park

6. AGE (in vrs. lest hirthday)

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician,	r, page 5 should be detached for use as the bunal-transit permit. Par
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VI	OR ATTENDING PHYSICIAN:	DIRECTOR: After this certifica hours after death with the Sta

HOSPITAL

31. DATE PILED (MONTH, Day, Your, MAY 160 91983

DIRECTOR 10c. CITY, TOWN OR LOCATION Maryland Prince George's Hyattsville 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 4811 LaSalle Road 20782 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 11 Housewife Own Home notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Michael Bagan Catherine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wasyl Czan 4811 LaSalle Road, Hyattsville, MD examiner must be 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Cedar Hill Cemetery 5/08/93 4 Donation 5 Other (Specify) Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. Mark 4739 Baltimore Ave., Hyattsville, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or hasrt failure. List only ona cause on each lina. **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) event, other traumatic MEDICAL CERTIFICATION Sequentially list conditions, OUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO JOR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? amy is certificate has been signed ith the State Dept. of Health ed, or Item 23 shows an 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL:
1 Diportient 2 ER/Outpatient 3 DOA 1 TES 2 NO 27. MANNER OF DEATH with t marked, 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation After the 1 YES 2 NO B Acciden 28s. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify) 3 Suicide L DIRECTOR: A 2 hours after of fitem 28 is 6 Could not be determined COMPLETED 4 Homicide 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL Within 72 ! IMPORTANT: II MEDICAL EXAMINER: On the basis of ax 296. SIGNATURE AND 五五百 4166 Z 23 2

IPLETED CAUSE OF DEATH | ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE a Davidson-Randale

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

Approximata

24b. WERE AUTOPSY FINDINGS

AWAIL ARL F PRIOR TO

t 🗌 YES 2 🗌 NO

COMPLETION OF CAUSE

interval Between

Onset and Death

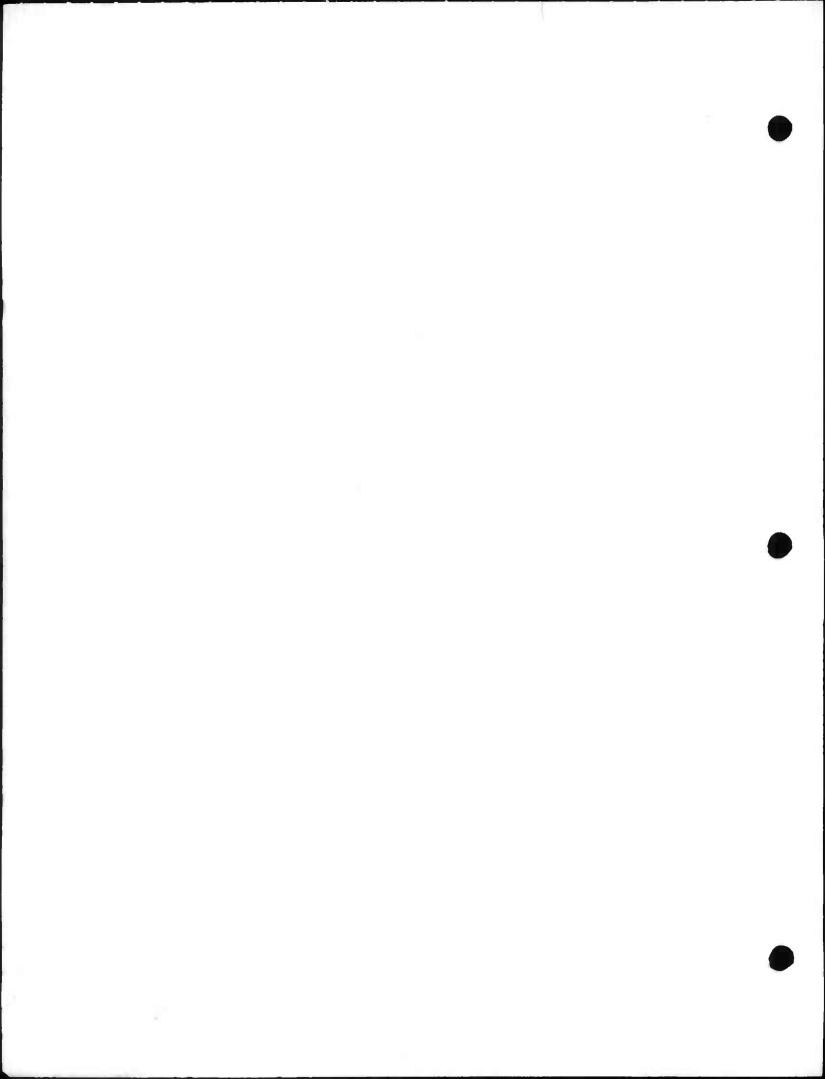
8. BIRTHPLACE (State or Foreign Country)

12:30 A M

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 5/6/9

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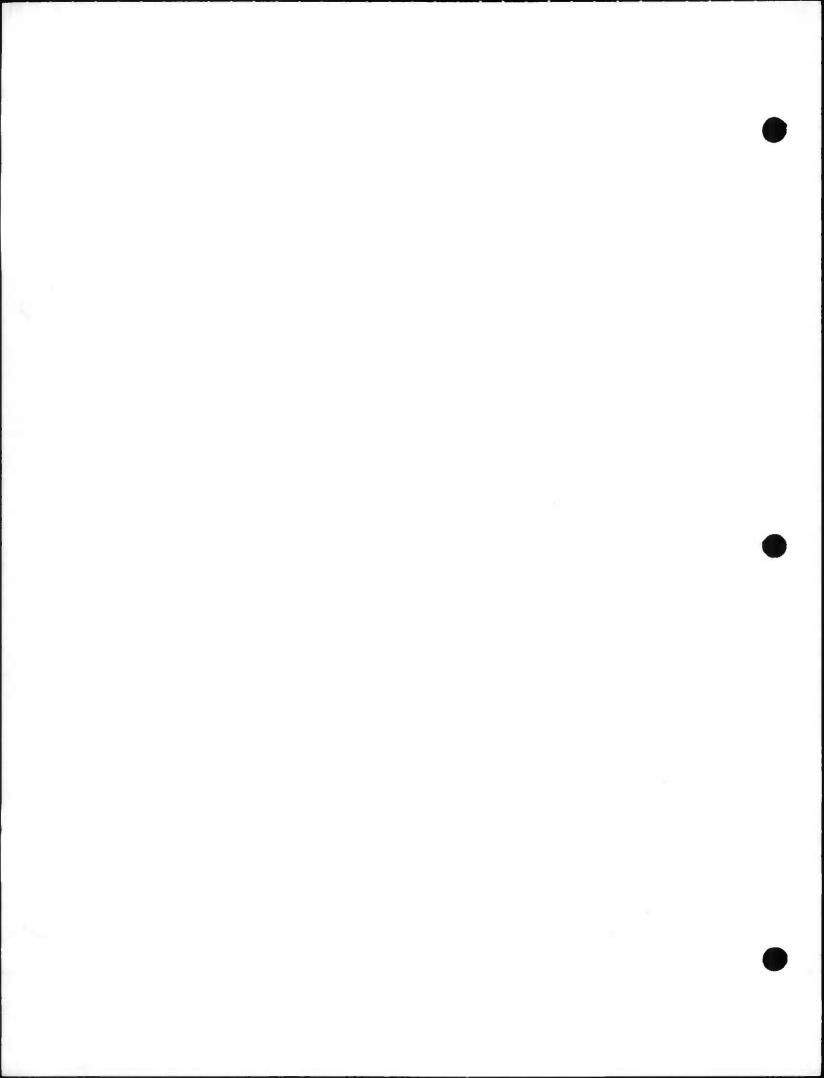
ed for use as the burial-transit pital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMDODTANT: if Ham 20 is marked as leam 22 shaws any injury or other featuredly assessed the mediting as sense
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.	IMBORTANT: 16 Item 29 to marked or Item 22

MAY 1

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH монтн Мау 8, 1993 YEAR ROLLAND **EUGENE** CONNELL a M 3:00 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 1 😿 M 2 🗌 F 344-24-2887 63 Oct. 6, 1929 Illinois Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Lanham Prince George's RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's New Carrollton 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20784 7313 Good Luck Road U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie ΒY 1 TES 2 X NO Specify. 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Department of Defense Elementary/Secondary (0-12) College (1-4 or 5+) 12 Computer Systems Super. United States Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Pau1 Connell Laura Bute BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sarah M. Connell 7313 Good Luck Road, New Carrollton, MD 20784 20s. METHOD OF DISPOSITION
1 反 Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cedar Hill Cemetery 5/11/93 Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. lun les 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ plured addomined outer anarry resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO Taralona COMPLETION OF CAUSE 1 YES 2 AND TIT YES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMPLEAT HOSPITAL: OTHER: tient 2 | ENOutret et all pos ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNESS-OF DEATH 28s. DATE OF BIJURY 286. TIME OF 25c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 38s. PLACE OF INJURY - At home, farm, atreet, factory, office 3 🔲 Suicide 281. LOCATION (Street and Number or Pural Route Number 6 Could not be determined COMPLETED 4 | Homicide 1 CESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the causeixt and me 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de BE Luguyms 21230 2 32. MIGISTRAR'S SIGNATURE

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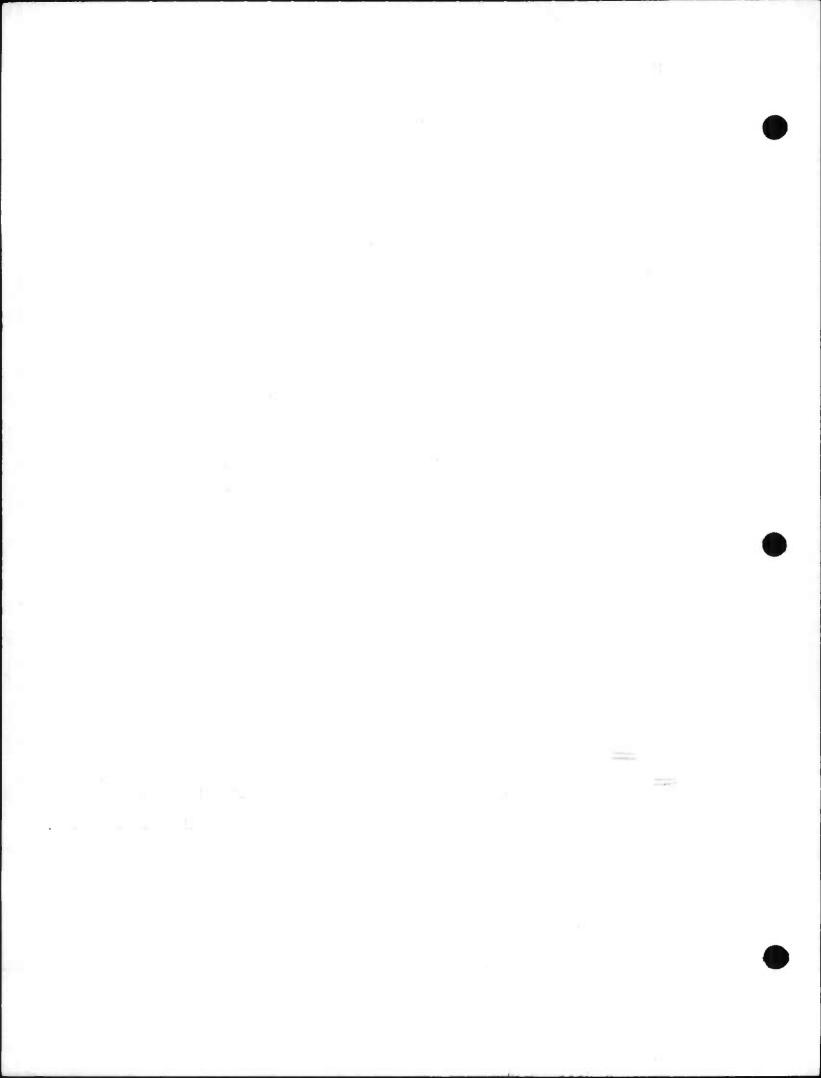
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nediaThAh		CERTIF	ICALE O	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Leat) CLADYS ALMA CASSELL 2. DATE OF DEATH MONTH DAY YEAR 9.00 A M									
	07(35							5 23 7:00 / M		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	- 1	6. BIRTHPLACE (State or Foreign Country)		
	578-26-8312	1 🗆 M 2 💢 F	88 YRS.	MONTHS. DAY	HOURS MIN.	04/06/19	05	Washington, DC		
	9a. FACILITY NAME (If not institution, give s	treet and number)	-	96. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH			
œ	Prince George's Hospital Center		ntor	Cheverly						
2	RESIDENCE OF DECEDENT			Cheverry			Prince George's			
DIRECTOR	10a STATE 10b COUNTY									
E	Menuland Driver C. I D. I D. I									
								1 X YES 2 NO		
₹	10e. STREET AND NUMBER			10f. ZIP COOE			10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	7520 Greenline Road			20785			U.S.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14 RACE - American Indian		
	1 Never Married 2 Married FORCES? 1 YES 2			If yes, specify Cuban, Maxican, Puarto 1 YES 2 XNO Specify:						
BY	3 X Wildowed 4 Divorced				TES 2 DANG Specify.			Specify: White		
	45 OFORDENTIA FRUIDITION									
E	(Specify only highest grade completed) (Ghe kind of work done during most of working									
7	College (1-6 07 5+)									
COMPLETED			Homem	aker		Own H				
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Malden Surname)						
H	James Anderson				Carrie (UNKNOWN)					
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILIN			G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
F	Doris V. Shifflet	t	7520	Greenl	eaf Road.	Palmer P	ark.	MD 20785		
	200 METHOD OF DISPOSITION	1 20	b. PLACE AND DATE			DATE 20c, LO				
	20e METHOD OF DISPOSITION 1 CABurlel 2 Cremation 3 Remo	oval from State ce	netery crematory or o	the place	Name of	DATE 20C LO	CATION —	Sity or lown, State		
	1 M. Burlai 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Arlington National Cemetery 5/11/93 Arlington, Virginia									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate									
	ahock, or heart feliure. List only one cause on each line. Approximata interval Between									
1	IMMEDIATE CAUSE (Fine)									
	resulting in death) - a. Welle Cardinaspialsry failure									
		DUE TO (OR AS	A CONSEQUENCE OF	7) (/	//	V				
Z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
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E	resulting in death) LAST									
8	Trace C 19 19									
	PART II. Other significant condition	s contributing to death t	but not resulting	n the underly	ing cause given in I	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
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						1 T YER 2	□ NO	OF DEATH?		
							1 TYES 2 THO			
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<u>≸</u>	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check unly one)									
<u>≅</u> ∥	EXAMINENT HOSPITAL: OTHER:									
PHYSICIAN: M	4 C. Hillardy Horito 4 C. Other (speciety)									
	TOTAL S Pending (Month, Day, Marry INJURY WORK?									
` □	2 (X Accident Investigation 4-22-93 UNKNOWN 1 YES 2 I NO SELF FROM BED TO WHEEL CHAIR									
	3 Suicide 6 Could not be determined determined determined							or Rural Route Mumber		
品业	12.		HOME			7520 GREENLI	NE RD.	PALMER PK. MD.		
COMPLET	29a, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
Ž	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
8										
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
ğ l		~	MD		D0008	/	> \	-6-93		
F	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typog Print)									
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	By I BU (I Honde	32. REGISTRAR'S SIGN		- Or	Trowy 1	to hed	20	740		
		32. REGISTRAR'S SIGN		Or	Trowy 1	As hed	20	740		

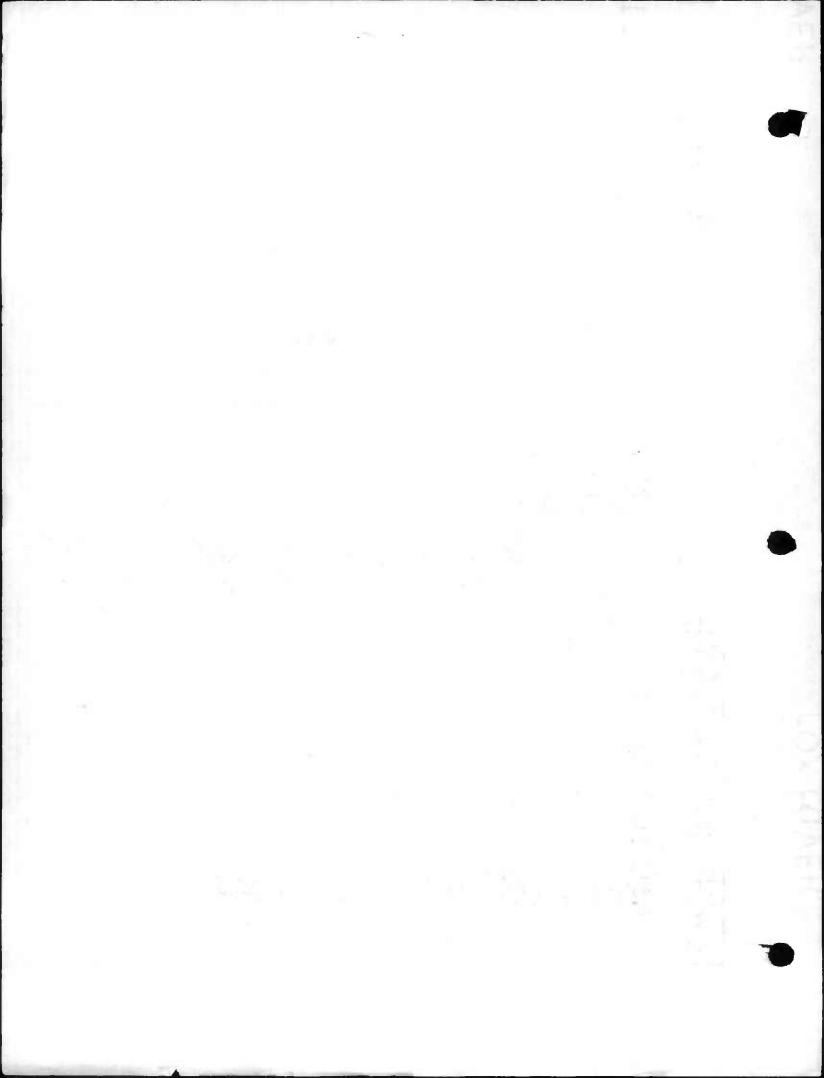


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, vage 3 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MAY 24 1993

320 REGISTRAP'S ANNOTOR

	FOR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF H	IFAITH AND P	MENTAL HYGIEN		3 668				
	STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last) MTNA	R. CONW	CERTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH). MAY YI	3. TIME OF DEATH				
	4. SOCIAL SECURITY HUMBER		rs. lest birthdey) 94 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-20-18		BIRTHPLACE (State or Foreign Country) N.Y.				
OR	96. FACILITY HAME (# not institution, give stre 9682 CO'NWAY LANE	eet and number)		96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY TALB	OF DEATH				
DIRECTOR	MARYLAND TALB	OT			ТЮН			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	9682 CONWAY LANE			10	1. ZIP CODE 21647							
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	n, Puerto Rican, atc.)	ns or Ho— 14	RACE — American Indian, Black, White, atc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 1 2 t h	ATIOH 16 completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during mase retired.)	ost of working							
BE COM	17. FATHER'S HAME (First, Middle, Lest) WILLIAM BROWN		-		18. MOTHER'S HA	ME (First, Middle, Maide	Surname)					
TO B	196. INFORMANT'S NAME (Type/Print) LENOARD W. CARTE	R			and Number or Rural I	Route Number, City or To	wn, State, Zip Co	de)				
	20e. METHOD OF DISPOSITION 1 Grant Burfal 2 Cremation 3 Remo	val from State 20b. P	LACE AND DAT	E OF DISPOSITION	(Name	DATE 20c. L	OCATION — City	or Town, State				
	21. SIGNATURE OF PUNERAL SERVICE LICE	Prince										
ERTIFICATION	23. PAHT LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to death but	not resulting	in the underlying	ng ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:								
BY PHYS	1 VES 2 NO 27. MAHHER OF DEATH 1 Naturat 5 Pending Investigation	190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. CTT, TOWN OR LOCATION 190. Specify 190. CTT, TOWN OR LOCATION 190. Specify 190. CTT, TOWN OR LOCATION 190. Specify 190.										
ED	3 Suicide 8 Could not be determined	28e. PLACE OF IHJURY — building, atc. (Specify	At home, farm,	street, factory, offi	CS			Rural Route Number,				
COMPLET	2000	SAH: To the best of my knowled										
TO BE C	296. SIGNATURE AND TITLE OF CENTERER	146.41	1		29c. LICENSE NUI	308	29d. DATE S ▶ 5	HIGNED (Month, Day Year)				
	30.WAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Typ	e Print)								



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ORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are found to the law requires that the death of the attending physician and completely filled in the set distriction pass 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be neithed at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		C	ERTIF	ICATE C	F DEATH		REG. NO				
1	1. DECEDENT'S NAME (First, Midd	lle, Last)					2. DATE	E OF DEATH		YEAR :	3. TIME OF DEATH	
9	CATHE		BETH (CHEEZ	UM			5 25	1:31 A M			
	4. SOCIAL SECURITY NUMBER 214-42-9786	1 🗆 M 2 📆 🗲	8. AGE (in yrs. las	YRS.	IF UNDER 1 YE. MONTHS DAY	B HOURS MIN.	2-	OF BIRTH th, Day, Year) -14-194	5	Country) Ma	ryland	
TOR	9a. FACILITY NAME (If not institute MEMROIAL HOS RESIDENCE OF DECEDI	PITAL AT EAS	TON			TON	DEATH		TALB		ATH	
DIRECTOR	Maryland	COUNTY Falbot			r, town on Lo							
FUNERAL	31623 Brucev					21673			AT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 X Marri 3 Widowed 4 Diverced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2	MED O	13. WAS It yes	Specify Cuban, Mexic (ES 2 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	ANIC ORIGI an, Puerto lly:	N? (Specify Yes Ricen, etc.)	or No—	Specify:	- American Indian, White, etc.	
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5 +)	(G	CEDENT'S ive kind of v	USUAL OCCUP vork done during e retired.)	ATION most of working	181	b. KIND OF BUS	INESS/INDU			
MP	11		COS	meto	logist				y sho	D		
	17. FATHER'S NAME (First, Middle, Marion Emerso					18. MOTHER'S N			,			
) BE	19a. INFORMANT'S NAME (Type/Pr	int)	191	b. MAILING	ADDRESS (Str	et and Number or Rura	Marie Route Num	Morri	S n, State, Zip (Code)		
2	W. Ronald Chee	ezum				ville Roa						
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 4 Donation Check (Spec	☐ Removel from State	20b. PLACE / cemetery, cre	AND DATE O	F DISPOSITION her place)	(Name of tory	DA1		CATION — CI			
	21. SIGNATURE OF FUNERAL SER		Jairs	bury	22. NAM	AND ADDRESS OF F			-10	, ma	ryland	
	1000	MERCERO	.3 66	c =		wnam Fune				MD	21.601	
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart feliure. Liat only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other aignificent co	enditiona contributing to c	leath but not n	eaulting i	n the underl	ring cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MED	HCAL				DI ACE DE DEATH -	hack ast:	nel .		1		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	PLACE OF DEATH (C						
둦	27. MANNER OF DEATH	28s. DATE OF II (Month, Day	NJURY	26b. TIME	OF 28c.	INJURY AT WORK?		SCRIBE HOW IT	JURY OCCU	RED		
BY	1 Netural 5 Pendic	gation			M 1 [YES 2 NO						
	3 Suicide 6 Could 4 Homicide detarm	building, e	INJURY — At hor	ma, farm, a	freet, factory, o	ffice	28f. LOC City	ATION (Street a or Town, State)	nd Number o	r Rural Rou	ite Number,	
4 Homicide detarmined 29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bapts of examination end/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) end manner as										nd menner or eleted		
TO BE CO	296. SIGNATURE AND TITLE OF C	ENTIFIES	D	N	W	29c. LICENSE NU		7			fonth, Day, Year)	
	P. Gregg Rho	odes, M.D., 5				e, Easton	, MD	21601				
	31. MAYEO 200 1993		'S SIGNATURE				-					

1 1/4

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
1	Helen F.	Christoph				5 24		2:10 a M			
	4. SOCIAL SECURITY NUMBER 218-09-2113	1 □ M 2×□XF 76		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 16	8. BIFT 6 Cour	HPLACE (State or Foreign M.d.			
e	9e. FACILITY NAME (If not institution, give stre			b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH			
DIRECTOR	MEMORIAL HOSPIT	AL AT EASTON		EASTON		TALBOT					
REC	10a. STATE 10b. COUNTY			TOWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	Md. Car	oline	Fed	eralst				1 X YES 2 NO			
FUNERAL	105 Greenrid	ao Boad		101.	ZIP CODE		_	WHAT COUNTRY?			
ᄬ		12. WAS DECEDENT EVER IN	II S ADMED	12 WE 050	21632	IC ORIGIN? (Specify Yes		SA			
	1 Never Married 2 X Married	FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexican	, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc.			
Э ВУ	3 Wildowed 4 Divorced		123	1 1 123	2 NO Specify:		Spe	white			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of	(TION ompleted)	(Give kind of work life. Do NOT use of	k done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY				
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Food Se			Food	Comuia	_			
NO N	17. FATHER'S NAME (First, Middle, Last)		F000 36	ervice		IE (First, Middle, Maiden	Service	е			
BE C	Fletcher St	afford				Satterf					
원 원	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street or		oute Number, City or Town					
-	Lawrence Christ	opher	105 Gr	reenri	dge Rd.	Federal	sburg,	Md. 21632			
	20a. METHOD OF DISPOSITION 1 General Burlal 2 Cremation 3 General	zel from State 20b.	PLACE AND DATE OF I	plecel		DATE 20c. LO					
	4 Donation 5 Other (Specify)	C	apital (Cremat	Ory 5/	26/93 Do	ver. D	el.			
	MA	11000				Funeral	Home				
	Unett			Fed	eralsbu	rg, Md.	21632				
	23. PART I. Entar the diseases, pr co shock, pr haert failure. Li IMMEDIATE CAUSE (Final disease or condition	ist Drily Dria cause on ea	ch lina.	}		ss cerdiac pr respi		Approximate interval Between Onset and Death			
	resulting in death)		CONSEQUENCE OF:	TILVE	-6		/	MICONTE			
_		50E 10 (0h A5 A	constitutince or;					i i			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
S	CAUSE (Disease or Injury c.										
Ė	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
CE	d.										
AL	PART II. Other significent conditions	contributing to death bu	t not resulting in	tha undariying	ceusa given in F	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
MEDIC	PARCE IND	EIZSUNG C	UPIS			1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
ME	ASCULS					_ /	^	1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							/ \			
i i	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec						
¥	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME C		5 Residence 6	Other (Specify) 26d. DESCRIBE HOW II	VILIBY OCCUBED				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO			i			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, stre	et, factory, office	,	281. LOCATION (Street e City or Town, Stete)	nd Number or Rural	Route Number,			
ETE	4 Homicide determined					City or lown, Stelley					
COMPLETED		AN: To the best of my knowle On the beele of examination						e) end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMI			D (Mgrith, Day, Year)			
BE	blond ale	Se MO		[D352	59	1 5/24	1/93			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)		1	01	1			
	31 DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	MO, C	06 12	TOHUANS	LANE E	ASON P	10. Z160			
	MAY 27 1993 Gu	Ry Davidson Ran	de 12								

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MORE MARYLAND 21215-0020

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SCHWARTZ, MD

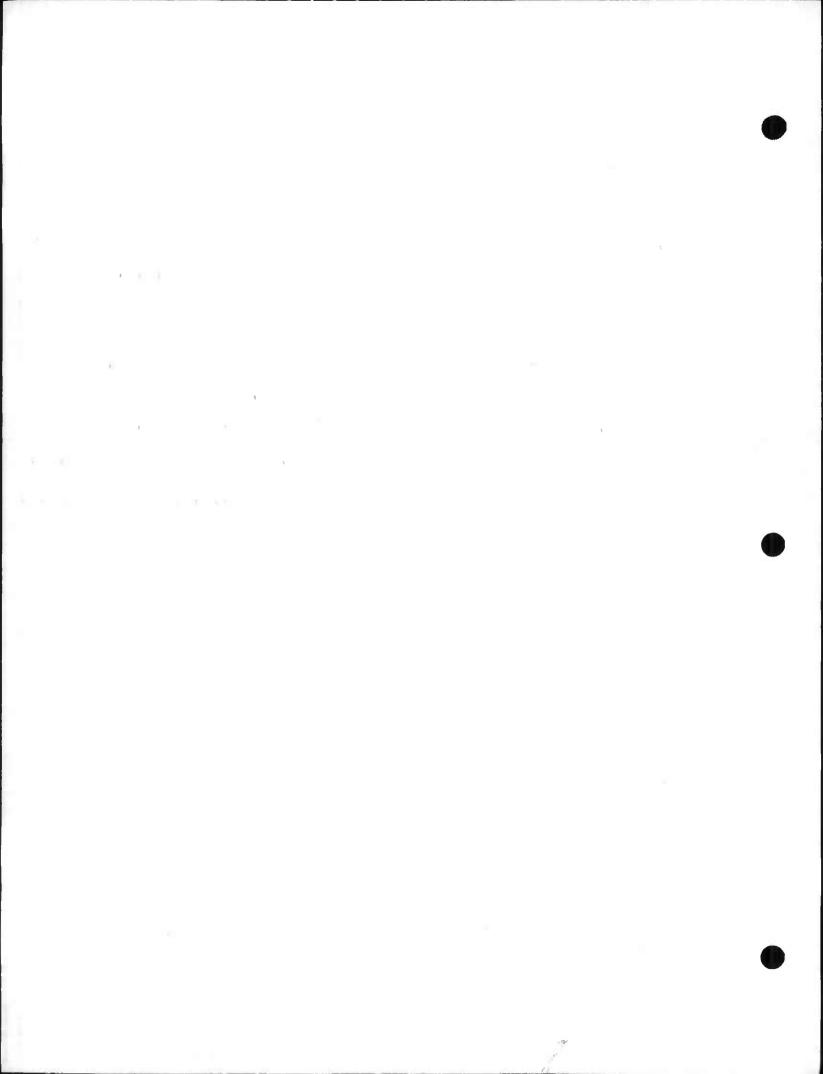
STANLEY SC 31. DATE FILED (MONTH, Day, Voor) MAY 24 1993

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ARTZ, MD 5454 WISCONSIN AVECHEVY
32. REGISTRA'S SIGNATURE AND SIGNATURE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nature that seath. The testined by the hospital or attending physician and completely filled in by the formal description of the period of the burial transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or transmitted at a transmitter of the period of the per

						93	10004
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
1		Case			2. DATE OF DEATH MONTH 5	/	3. TIME OF DEATH 1:50 P M
18	301-16-3499	SEX 6. AGE (In yrs. last	YRS. MONTHS	200	7. DATE OF BIRTH	6	BIRTHPLACE (State or Foreign Couptry) SIAM
TOR	96. FACILITY NAME (If not institution, give street 18412 TRANQUIL I			Y, TOWN OR LOCATION OF .NEY	DEATH	MONT	OF DEATH GOMERY
DIRECTOR	10a. STATE 10b. COUNTY MD . MONTGO	OMERY	10c, CITY, TOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 18412 TRANQUIL I	LANE		101. ZIP CODE 20832		US.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 /2 YES 2 N IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (Gi	CEDENT'S USUAL (ive kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BU		HITE
MPL	Ţ,		UCATOR				co. schools
BE CO	17. FATHER'S NAME (First, Middle, Lest) ASHER BARNARD CA 190. INFORMANT'S NAME (Type/Print)			RUTH	Z. BIBLER		
2	LOUISE R. CASE	(WIFE)	18412	RANQUIL	OLNE CITY OF TO	VII. Státe, Zip Có	20832
	26a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State Complete pro	AND DATE OF DISPO	SITION (Name of VEN CEM.	5/26/93°s	CATION - CHY	SPRING MD
	21. SIGNATURE OF FUNDAL BEHAVIOR LICENS			NAME AND ADDRESS OF	FACILITY		HINGTON, D.C
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused the det only one cause on each line	ath. Do not ente				
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEC	FAILL	ine			Onset and Death
z		DUE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF		CANCER			14n.
ATIO	Sequentisity list conditions, if any, lesding to immediate cause. Enter UNDERLYING	CONCR	DUENCE OF):				
ERTIFICATION	CAUSE (Disesse or Injury that inhilated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):	0104			
C	PART II. Other significant conditions o	contributing to death but not r	esulting in the u	inderlying cause given i	in Part I. 24e. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA					PERFO	1.1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						,	1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHE	26. PLACE OF DEATH (Check only one)		
PHYSI		☐ Inpatient 2 ☐ ER/Outpatient: 3 28a. DATE OF INJURY		rsing Home 5 - Residence	e 6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	IN BIRDY OCCUR	50
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE NOW	INJUNY OCCUM	EU
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	and.	N: To the bast of my knowledge, de					euse(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c, LICENSE N		29d. DATE St	GNED (Month, Day, Year)
5 B	Aty a	OMPLETED CAUSE OF DEATH (ITEM		Da	1463	▶ 3	124/93



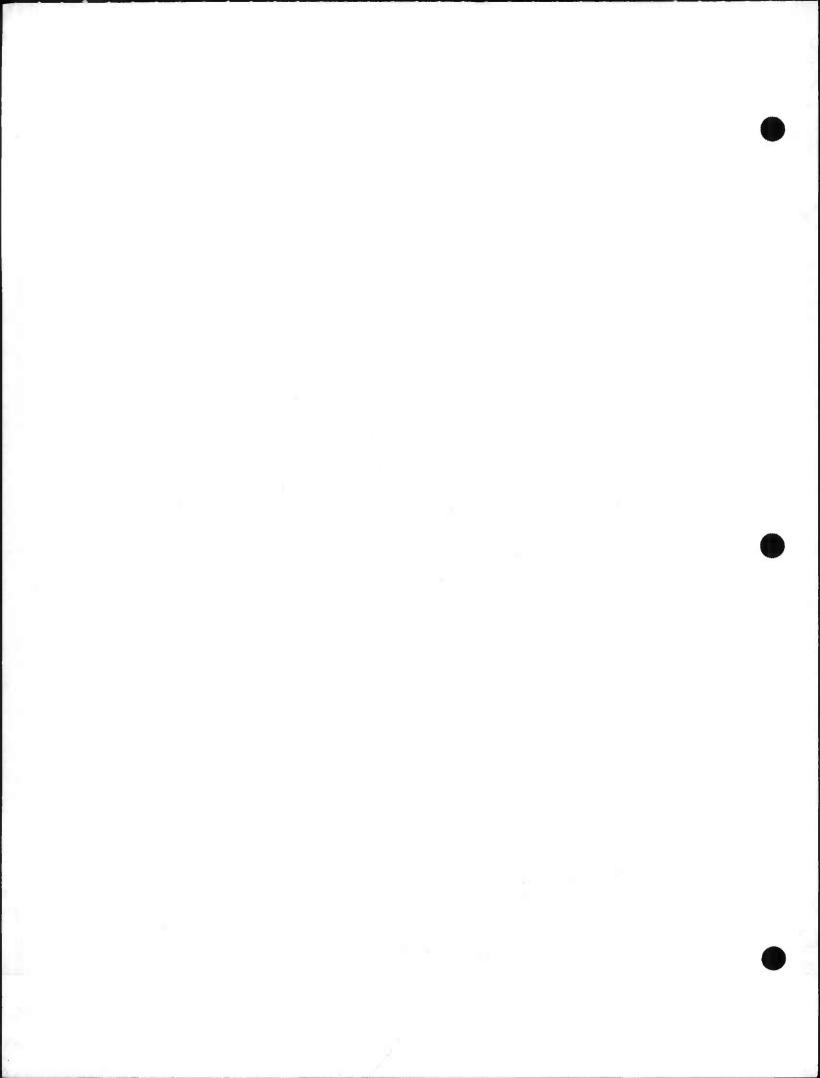
BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, MA DOLI	Middle, Lest)	Madoline	_Wolf	f Car	IRR				2. DATE	OF DEATN	DAY 2	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				yrs. last birti	MONTH	DER 1 YEAR		R 24 HRS.		OF BIRTH			ACE (State or Foreign
		9972	1 M 2 F		75 v	RS.			MIN.	10	10/04//7 Oh:			hio
	80. FACILITY NAME (II not ins HOLY Cross		96. CITY, TOWN OR LOCATION OF DEATH											
	RESIDENCE OF DEC	EDENT				SILVER SPI						RING MONT		
	10a. STATE	10b. COUNT	MONT		10	city, tow			0	20 l (Od. INSIDE CITY LIMITS?	
ŀ	10e. STREET AND NUMBER		7010/01					Of, ZIP COD	_	PRING 10g. CITIZEN OF WHA				YES 2 NO
	12825	JING	SLE LA	+					090				USA	
	11. MARITAL STATUS 1 Never Married 2	/	12. WAS DECEDENT FORCES? 1	EVER IN	U.S. ARMED	1	ECENDENT	OF NISPAN	U.SF				- American Indien, White, etc.	
	3 Widowed 4 Divon		IF YES, GIVE W			NO If yes, specify Cuben, Mexican, F							Specify:	White
l	15, DECE	EDENT'S EDU highest grade	CATION		16a. DECEDE	NT'S USUAL	OCCUPAT	TION		166	KIND OF B	USINESS/IN		
	Elementary/Secondary (0-		College (1-4 or 5+)		Ille. Do I	nd of work don IOT use retired	1.)	nost of work	ng					
	17. FATHER'S NAME (First, Mic	della dia ett	5		Sal	es Pe	rson					Esta	te	
TO BE COMPL	Myron D. W							Middle, Meide 1zbac						
	19e. INFORMANT'S NAME (7)	19b, MA	ILING ADDRE	ESS (Street						p Code)				
	Richard W.		25 Ji:								906			
	20a. METNOD OF DISPOSITION 1 □ Burlel 2 🏋 Cremetion	n 3 🗆 Rem	oval from State	PLACE AND D	ATE OF DISP	OSITION (Neme of		DAT			City or Town		
	4 ☐ Donation 5 ☐ Other (CENSEE	t. Co	y or other plea mfort		MATOT			6 AL	exand	ria,	VA	
	► 00 · 01	0	dh			Jose	ph Ga	wler	's S	-				
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,												DC 20016		
	disease or condition resulting in death) a. Cordio - Respirators Arrest Due to (or as a consequence of): Sequentially list conditione, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): End Stepe Chronic Obstructive Pulmanan Duene 6 most pure that initiated events resulting in death) LAST													
	PART II. Other significen			ontributing to deeth but not resulting in the un					given in	Part I.	I. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO			ERE AUTOPSY FINDING: MAILABLE PRIOR TO OMPLETION OF CAUSE F GEATH? YES 2 X NO
SICIAIS.	25. WAS CASE REFERRED TO EXAMINER?	MEOTCAL	HOSPITAL:					PLACE OF C	EATH (Che	heck only one)				
	1 TYES 2 NO		1 Minpatient 2 -	_			lursing Ho	me 5 🗆 R	esidence	6 🗆 Othe	(Specify)			
!	1 Netural 5 P		28a. DATE OF II (Month, Day		286	TIME OF INJURY	W	IJURY AT ORK? YES 2	¬ NO	28d. OES	CRIBE HOW	INJURY OC	CUREO	
	3 Suicide 6 C	ould not be	28e. PLACE OF building, e	INJURY -	- At home, fo	ırm, street, la					ATION (Street or Town, Stett		or Rural Rou	te Number,
		etermined										.,		
			CIAN: To the best of n											
I	-	OF CERTIFIER	R: On the basis of exa			gation, in m	у оримон,		ENSE NUM		and place, e			
	W90	R,	M						2309	OEN.		29d. DAI	5-2	tonth, Day, Year)
ı	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAUSE	OF DEAT	H (ITEM 27)	(Type, Print)								
	Phillip 31. DATE FILEO (Month, Day, Ye		oth, M.D.				ty B	lvd.E	., S	ilve	r Spr	ing,	MD 20	903
	JI. DATE PILEO (Month, Day, Ye	mm()	E DECIETOAD	'S SIGNAT	THE PARTY									
	MAY 261		PEGISTBAR	door-1	gandelle	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

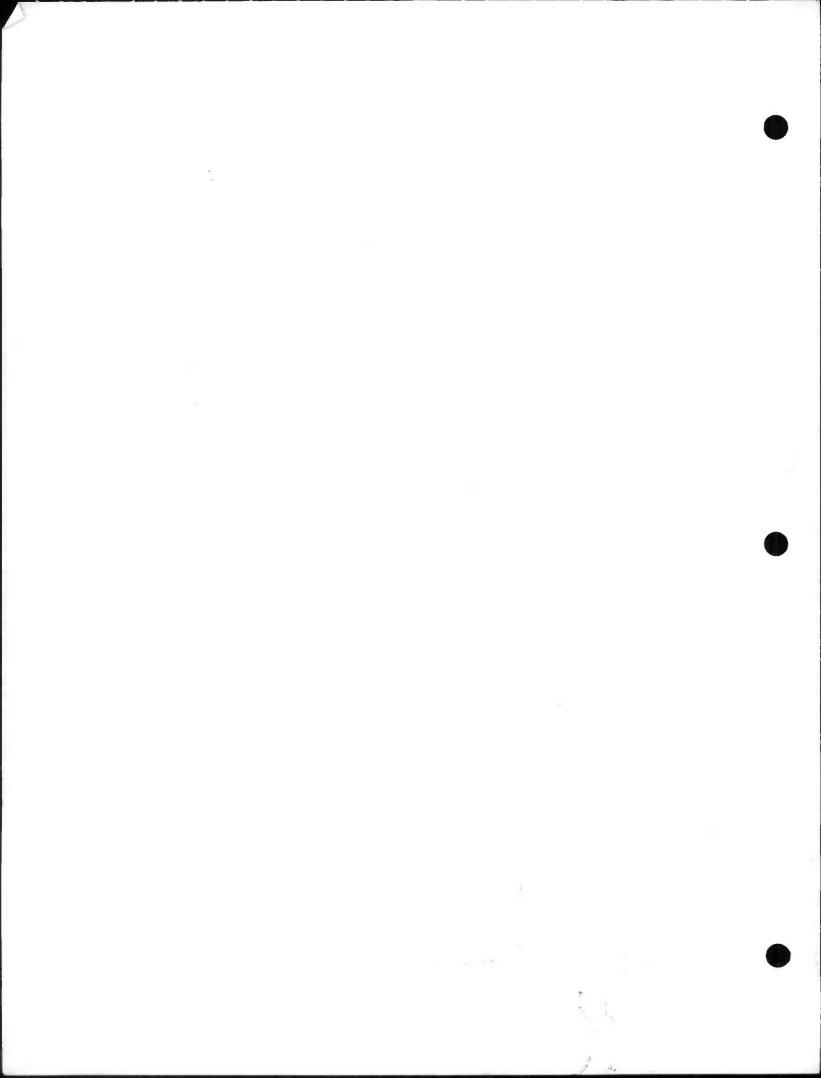


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICALE	OF	DEA	TH		REG. NO.			
		1. DECEDENT'S NAME (First, M	Ildre	d J. M	IILDRE	D JULIA	A CRO	WE			2. DATE OF MONTH	DEATH D	"18-	73 3.	8:05 AM
20		4. SOCIAL SECURITY NUMBER 023-14-7200		5. SEX 1 ☐ M 2 💯 F	6. AGE (In)	yrs. last birthday) YRS.	#F UNDER	DAYS	IF UNDER	MIN.		BIRTH	2	6. BIRTHPLE Country) CONNE	ACE (State or Foreign
2, 3 should	CTOR		HOSP1				96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY BETHESDA MONTO						TGOME		
	5	RESIDENCE OF DECE													
mit. Pages	- DIRE	MARYLAND	MC	NTGOMERY			Y, TOWN O	ΤР	ARK					1	d. INSIDE CITY LIMITS? YES 2 NO
in in in in in in in in in in in in in i	FUNERAL	4509 OXFOR	D SI	REET				10	H. ZIP CODE	2089	96			SA	T COUNTRY?
nding physici	PLETED BY	11. MARITAL STATUS 1 X Never Merried 2 M 3 Widowed 4 Divorce		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	☐ YES	2 XNO	H	yes, sp	CENDENT Opecify Cubas 3 2 X NO	F HISPAN n, Maxica Specify	IIC ORIGIN? (n, Puerto Rici :	Specify Yes en, atc.)	or No-	Specify:	American Indian, Inita, atc.
al or affer for use a		15. DECED (Specify only h Elementery/Secondary (0-12				(Give kind of	OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					ND OF BUS	SINESS/IND	USTRY	
he hospit detached described		1.2 17. FATHER'S NAME (First, Midde	tle (aut)			SECRETA	ARY		lite men				OVERN	MENT	
8 8 M	BE C	MATTHEW	J.	CROWE					ANN		ME (First, Mick	RIVI			
retained 5 should notified	6	19a. INFORMANT'S NAME (Type	19b. MAILING	ADORESS	(Street	and Number	or Rural F	Route Number,	City or Town	n, State, Zip	Code)				
De of	F	ELEANOR C.		ISSICK						, GA		_			
Mut I		ELEANOR C. McKISSICK 20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commeter), crematory or other piece) GATE OF HEAVEN CEMETERY 5/21 SILVER SPRING. MD													
death. funeral di		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.													
the fune the fune took		500 UNIVERSITY BLVD., W., SIL. SP., MD 2090													
completely lited in by ial, cremation, or remi		23. PART I. Enter the dise shock, or has IMMEDIATE CAUSE (Final disease or condition resulting in death)	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Interval Between Onset and Death Onset and												
eath certificate be executed attending physician and commat Hygiene prior to buriat, y, or other traumatic ev	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Capacitum Granumits DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):													
he death control the attendid Mental Hy	CER	d.													
the the the the the the the the the the		PART II. Other algnificant			death but	not reaulting	in the und	lariyin	g cause g	iven in i	Part I. 24	e. WAS AN			RE AUTOPSY FINDINGS ALABLE PRIOR TO
requires that been signed by of Health an shows any	EDICAL	Dan	- Parti	edomen							_ 1	☐ YES 2	□ NO	OF	MPLETION OF CAUSE DEATH?
has been so Dept. of H	N: M										_] ''	YES 2 NO
N: The ficate his State D	SICIA	25. WAS CASE REFERRED TO MEXAMINER? 1 □ YES 2 FR.NO	MEDICAL	HOSPITAL:	5510.4-41		OTHER	:			ck only one)				
PHYSICIAN: The this certificate with the State	PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF (Month, De	INJURY	28b. TIM		28c. IN.	JURY AT ORK?	eldence	6 Other (S 28d. DESCR		JURY OCC	URED	
ATTENDING PHYSICIAN: The ECTOR: After this certificate his after death with the State D 28 is marked, or Item	ВУ	1 Natural 5 Per 2 Accident Inv	nding restigation			At home, term,	M	1 🔲	YES 2	NO NO	201 1 0 0 1 7				
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	ETED	4 Homicide det	uid not be termined	building,	atc. (Specify)	A TOTAL METH,	Areat, recto	ry, orne			City or 7	own, State)	na Number	or Rural Route	Number,
	COMPLET			CIAN: To the best of											
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: It	E CO	29L SIGRITURE AND TITLE OF	-	R: On the beals of as	0	nd/or investigatio	n, in my op	inion, o	29c. LICE			d placa, and			onth, Day, Year)
TO THE DE FILED INPORT	TO BE	Lamb	7/2	When	10	5				36			▶ 5		3
	-	SO WN UB	-	Soldbar		_		OICA	AL CE	NTER	DRIV	E, #2	12.	ROCKV	ILLE, MD
		31. DATE FILED (Mapin, Day, You MAY 2.0		32. REGISTRA	R'S SIGNATU	IRE									
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PRE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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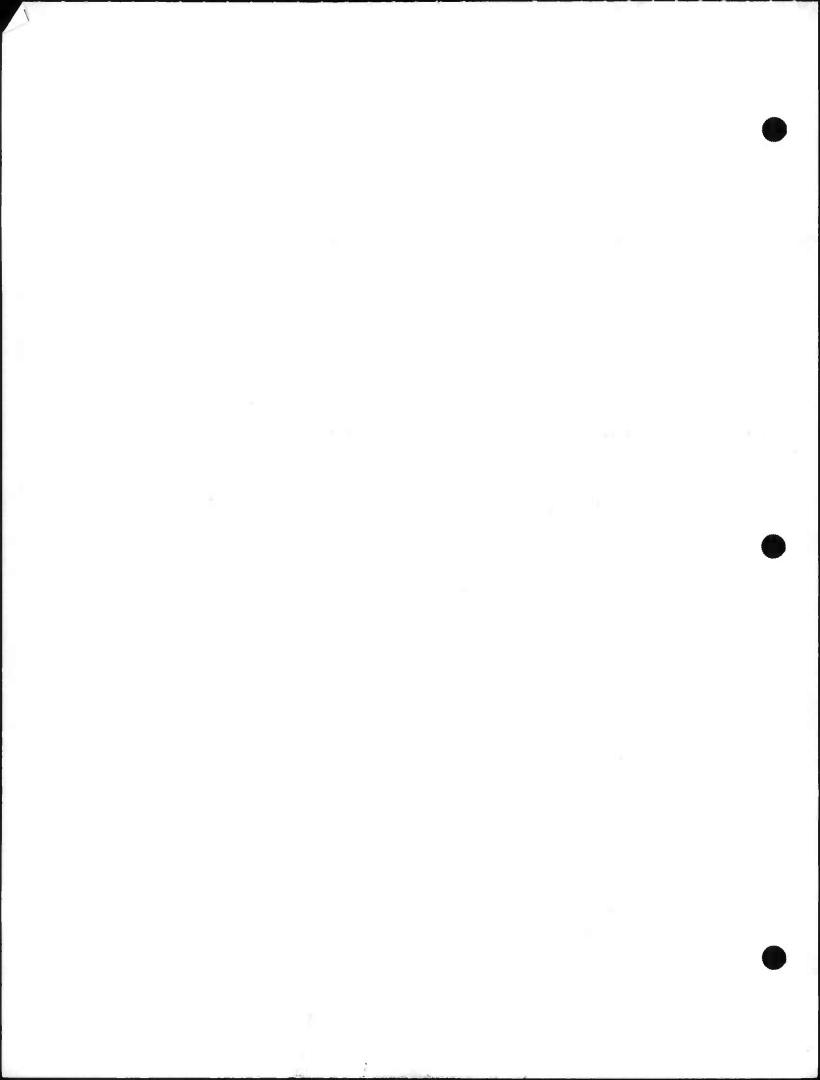
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proceeding the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral state death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	RTMENT	OF H	EALTH	AND	MENT	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH		
3	Marg	aret H. Cla	rk						May	19, 1	AY 993	YEAR	9:30 P M		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	770	S. BIRTI	IPLACE (State or Foreign		
	579-70-7248	1 🗆 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)	918	Count	nada		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATION	ON OF D		,.	_		NTY OF DEATH		
DIRECTOR	15002 Westholm Court Silver Spring Montgomer												nery		
H.	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?		
	Maryland Mon	tgomery			5		er Sp		g		40. 017		1 - YES 2 1 NO		
FUNERAL	15002 Westholm Co	ourt				1,00	2090				1		d States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIG	IN? (Specify Ye	or No-	14. RACI	- American Indian,		
7	1 Never Married 2 Married	FORCES? 1 Y	ES 2 MN R DATES	10		If yes, sp	ecify Cuba 2x17-NO	n, Maxica	in, Puerto	Rican, atc.)		Spec	, While, etc.		
BY	3 Widowed 4 Divorced						XX	ороси	,.			Whi	•		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N st of workin	ıa	16	Sb. KIND OF BU	SINESS/INI				
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	illo.	Do NOT u	se retired.)	oomig mo	st of working	9							
M	12	-	Ho	omema	aker					Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									, Middle, Maiden	Sumame)				
BE	John Morrow						Ada	Br	ock1	<u>e</u> hurst					
ē l	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)			
-	John E. Clark									ver Sp	ring	, MD	20906		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 □ Cremation 3 □ Ram 4 □ Donation 6 □ Other (Specify)	noval from State	20b. PLACE A cometery, cre Arline	matery or o	of DISPOS	SITION (Na	ma ol 5/	25/9	93 DA	Arlington, Virginia					
	21. SIGNATURE OF FUNERAL SERVICE LI		ALTING	TOIL	Nat1	NAME AN	D ADDRES	SS OF FA	CILITYD	Arı	Ingto	on, \	ey Funeral		
	Micheles	2. Kutto	мос	0348	Ho	ome/I	≀ock≀	rille	e, I	nc., 3	00 W.	. Mor	rey Funeral itgomery Ave		
~	23. PART I. Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metastat:	ic Bro	ONCOC	genic								Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Radiation Pneumonitis DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):														
4	PART II. Other significant condition	ns contributing to deet	h but not r	esulting	in the un	derlying	cause ç	ilven in	Part i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDIC										1 TYES 2	NXNO		OF DEATH?		
ž													1 TYES 2 NO		
ÿ															
ਠੇ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only	one)					
λS.	1 TES 2XXNO	1 Inpatient 2 ER/C	Oulpatient 3	□ DOA			5XXRa	sidence	6 🗆 Ott	er (Specify)					
H	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea		26b. TIM	E OF	28c. INJ	JRY AT		28d. DI	EŞCRIBE HOW I	NJURY OC	CURED			
à l	1 X Natural 5 Pending 2 Accident Investigation				М	1 🗆 Y	ES 2 [NO							
ا ۵	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU- building, atc. (S	JRY — At hor Specify)	me, farm,	street, fact	ory, office				CATION (Street of yor Town, State)		or Aural F	loute Number,		
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
	29h, SIGNATURE AND TITLE OF CERTIFIE					I	29c. LICE						(Month, Day, Year)		
8	7) 17mo					-				100), 1993		
임	10	O COMPLETED CAUSE OF	DEATH (ITEM	1 27) (Type	Print)		VT	42-(8000	102	Me	ay Z	7, 1993		
	31. DATE FILED (Month, Day, Year)	Walt	er Re	eed A	rmy	Medi	cal	Cent	ter,	Washi	ngton	, DC	20307		
	MAY 24 1993	Frena Davids	m-Nanc	عالما											



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAN			CI	:KIII	CALE	: Ur	DEAL	П	REG. NO.			
	1. DECEDENT'S NAME (Flist) Mary Copp	1000								2. DATE OF DEATH MONTH DE MONTH A	2 10	25%	3. TIME OF DEATH 1:20 A M
- 31	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les							2 /		
1	218-56-84		1 □ M 2 ဩ F	85	YRS.	MONTHS	DAYS	# UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb 22,	1.907	a. BIRTH Countr Ita	PLACE (State or Foreign y)
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY.	TOWN C	R LOCATIO	ON OF DEA			9c. COUNTY OF DEATH	
<u>د</u> ا	714 Downs		,					Spr					
DIRECTOR	RESIDENCE OF DEC					01	TVCI	. JPI	TIIR		Montgomery		
Ä	10e. STATE	10b. COUNTY	,		10c. CITY	r, TOWN O	R LOCAT	ION					10d. INSIDE CITY
- I	MD	Silver Spring			LIMITS?								
7	10e. STREET AND NUMBER	10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	714 Downs Dr					20904				l '	JSA		
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1	WAS DEC			C ORIGIN? (Specify Yee			- American Indian,
	1 Never Married 2	Merried		YES 2 X		1 1	yee, ap-	ecify Cube	n, Mexican, Specify:	Puerto Ricen, etc.)	0, 10-	Black	, White, etc.
B	3 X Widowed 4 ☐ Divo	rced	123, 0172 7	AN ON DATES		- '	☐ TES	2 ANU	Specify:			Spech	White
	15. DEC	EDENT'S EDUC y highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO)N		16b. KIND OF BUS	INESS/INC	DUSTRY	
ᄪ	Elementary/Secondary (0		College (1-4 or 5 -	(G.	ve kind of w Do NOT us	ronk done d e retired.)	luring mo	st of workin	g				
린	6				ısewi	fe				Own Ho	ome		
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTH	IER'S NAM	E (First, Middle, Malden	Surname)		
BE C	Augusto C	olaiac	como					A	gath	a Coluzzi			
	19e. INFORMANT'S NAME (7)	ype/Print)		191	. MAILING	ADDRESS	(Street e			oute Number, City or Town	n, State, Zip	Code)	
2	Agnes Mar	cellin	10							yton, Ohio			
	20e. METNOD OF DISPOSIT	ION		20b. PLACE					,	DATE 20c. LOG		_	wn State
	1 N Buriel 2 Cremetio 4 Donation 5 Other	(Specify)	oval from State	cemetery, cre	metory or of	her place)	en (Cemet	erv	05/26/93 9			
	21. SIGNATURE OF TONERA	L BENVICE LIG	ENSEY /	2					S OF FACI	LITY			
	Maria	X.	Fron 1							•			neral Home
\rightarrow	() orwo	1).0	Number			11	800	New	Hamp	shire Ave	, Sil	ver	Spring, MD
		eert fellure. I	omplications that List only one cau	t coused the de se on each line	eth. Do n	Dt enter	the mo	de of dyl	ng, such	es cerdiec or respir	retory em	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin disease or condition												Onset and Death
	resulting in death)	7	DUE TO	OP AS A CONCE	HENCE OF	<u> </u>							1000
_													
CERTIFICATION	Sequentially list conditi	ons,	DUE TO	(OR AS A CONSEC	UENCE OF);	100	10					3700
X	csuse. Enter UNDERLYI	NG				CIA NOEN						8425	
Ĕ	CAUSE (Discess or Inju that initiated events	y) '	DUE TO	(OR AS A CONSEC	UENCE OF):							
토	resulting in deeth) LAS	T .											
EDICAL	PART II. Other significe	nt conditions	contributing to	deeth but not n	esulting in	n the un	derlying	ceuse g	Iven In P	art I. 24s. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음Ⅱ						_	_			1 YES 2			COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
ž													
종	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DE	EATN (Chec	k only one)			
Š	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nurs		5 🗆 Re	eldence 8	Other (Specify)			
PHYSICIAN: M	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIME		28c. INJI		1	28d. DESCRIBE NOW IN	JURY OCC	CURED	
BY		Pending Investigation	(, rour)	11434	M		ES 2	NO				
	3 Suicide S	Could not be	28e. PLACE O	F INJURY — At hor	ne, farm, s	treet, facto	ry, office		- 1	2St. LOCATION (Street e	nd Number	or Rural R	oute Number,
COMPLETED	4 Nomicide	determined		oto: (-p-on/)						City or Town, State)			
ו ב	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	th occurre	d at the tir	ne date	and place	and due to	the cause(e) end men	nor on elek	and .	
<u> </u>													end menner ee stated.
	29b. SIGNATURE AND TITLE												The State of the S
BE	& Tomber	a	Schon	T NO				796. LICE	NSE NUMB	ER			(Month, Day, Year) 4 - 9 3
임	30. NAME AND ADDRESS OF				1 27) /None	Print)		ν	100	es		V - J	1-12
·								-	#025	01		V.	20015
	31. DATE FILED (Month, Day,	Your)	32. REGISTRA	R'S SIGNATURE			LII A	ve,	11 033	, Chevy Ch	ase,	MD	20812
	MAY 2	7 1993		Savidson-A	andell								1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the

un attendents, Page 6 may be retained by the hospital or attending physician.

liner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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The second secon

YEAR

93

3. TIME OF DEATH 515

B. BIRTNPLACE (State or Foreign Country)

REG. NO.

24

2. DATE OF DEATH

MONTH

IF UNDER 24 HRS.

HOURS

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

83

4. SOCIAL SECURITY NUMBER

770

1

7. DATE OF BIFTH (Month, Day, Year) 3-29-1908 Washington, D. C. duild be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GH DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10d. INSIDE CITY 19 N30 (a 1 Se 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1029 Windmill Lane 20905 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 0 Legal Secretary Unobtainable 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) notified at Unobtainable BE Unobtainable 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Flowers C. 1029 Windmill Lane SilverSpring, Maryland 20905 must be 20s, METHOD OF DISPOSITION
1 🔯 Buriel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Fort Lincoln Cemetery 5+27-9B Brentwood, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL APRICE-DICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 20904 11800 NewHampshireAveSilverSpring, M.D. signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Drus 6 event, resulting in death) DUE TO (OR A A CONSEQUENCE OF): traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2. 100 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with th Item 28 Is marked, u 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If Item 2 29a. CERTIFIER (Check only one) 1 MEERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER HE HE BE 24 N 12010 223 2 WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) K 32. REGISTRAPIS SIGNATURE PONDEDO **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

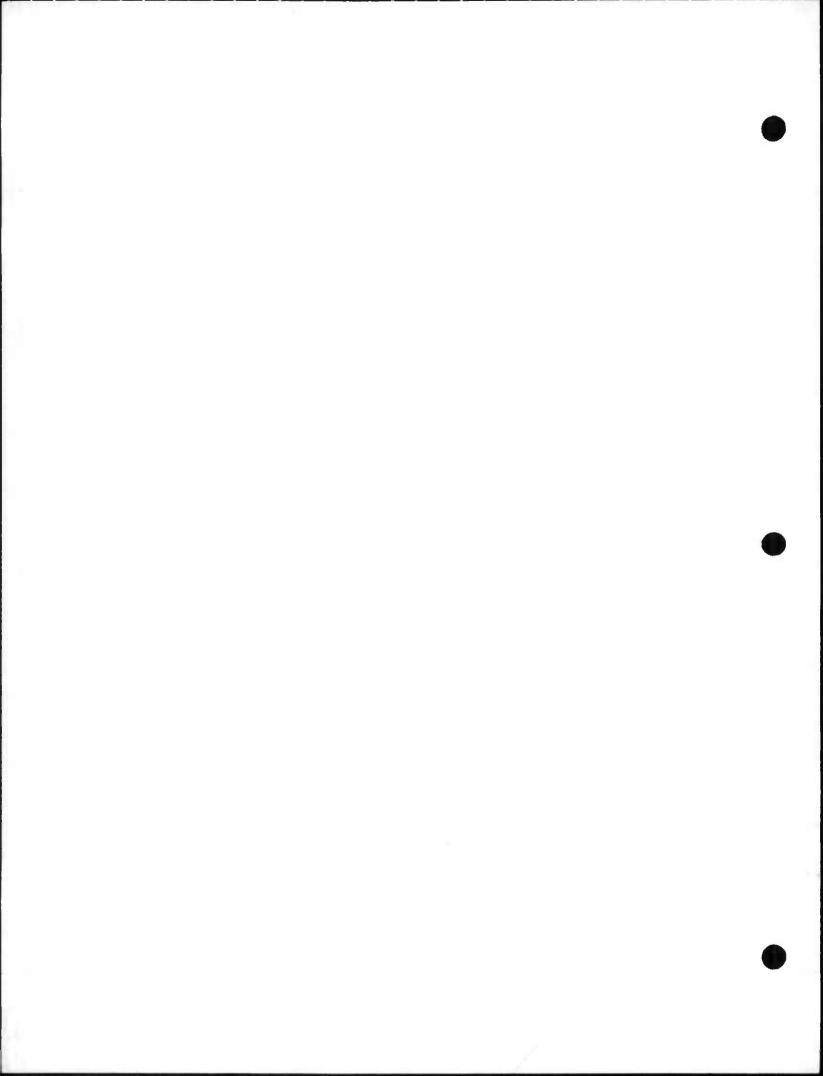
DAYS

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6. AGE (In yrs. lest birthday)

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or executed which the region of the second	sician and completely fill	rior to burial, cremation, or re-
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6-mm, be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, edges should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	John J. Cunning	jham, Jr.			May 24,		9:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HR	MALLETT CONTRACTOR	8.	BIRTHPLACE (State or Foreign Country)
	036-07-1995	11 M 2 □ F	77 YRS.	ONTHS DAYS HOURS MIN	May 20,		hode Island
	9e. FACILITY NAME (If not institution, give s	treet end number)	1	b. CITY, TOWN OR LOCATION OF		9c. COUNTY	OF OEATH
DIRECTOR	11712 Castlewoo	od Court		Potomac		Mon	tgomery
REC	10e. STATE 10b. COUNTY	r	10c. CITY,	TOWN OR LOCATION	-		10d. INSIDE CITY
		ntgomery	Po	tomac			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NE	11712 Castlewood			20854			ted States
F	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS It yes, specify Cuben, Mer	ican, Puerto Rican, stc.)	s or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Sp	iclfy:		Specify:
	15. DECEDENT'S EDU	World War I	16a. DECEDENT'S U	BUAL OCCUPATION	16b. KIND OF BL	SINESS/INDI IS	White
H	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of wo	k done during most of working	Total Kind Or Se	OINESS/INDOS	ini
립	10		Sales	man	Liqu	or Sto	re
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malder		
BE C	John Cunningh	am, Sr.		Suz	ette Debr	anski	
10 B	19e, INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DORESS (Street and Number or Ru	ral Route Number, City or Tox	vn, State, Zip Coo	de)
۲	Jill C. Cunningha	ım	11712	Castlewood Co	urt, Potoma	c, Mary	yland 20854
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☑ Cremation 3 ☐ Rem			DISPOSITION (Name of		OCATION — City	or Town, State
	4 Donation 5 Other (Specify)	Mo	ntgomery	Crematorium,	Ind. Bet	hesda,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	n- 11 . V	M00831	RODETT A. PU	mphrey Fune	ral Hon	ne/ 557 Wisconsin
	*Darbarayo 11/0	MullingOso	whence	Bethesda-Che Avenue, Beth	vy Chase, I esda. Marvl	nc. 75	557 Wisconsin 0814-3501
	23. PART I. Enter the diseases, Dr	complications that cause	d the deeth. Do no				, Approximate
	IMMEDIATE CAUSE (Final	List Dnly one ceuse on e	ech line.				Interval Between Onset and Death
	disease or condition resulting in death)	Carcinom	a of Pros	tate			5 Years
	,		CONSEQUENCE OF):				J Tears
Z	Sequentially list conditions,	b					
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
일	CAUSE (Disease or Injury	C. DUE TO (OR AS (CONSEQUENCE OF:				-
CERTIFICATION	that initiated events resulting in deeth) LAST	302 10 (011 710 7	OUNGEODENCE OF J.				į l
		d					
4	PART ii. Other significant condition	a contributing to deeth b	out not resulting in	the underlying ceuse given	In Part I, 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	Arterioscleroti	c Heart Dise	ase- 10 Y	ears	1 _ YES	2 🔀 NO	COMPLETION OF CAUSE OF OEATH?
ME							1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH	(Check only one)		
1×S	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Outp	patient 3 DOA 4	□ Nursing Home 5 💢 Residen			
	1 🔀 Natural 5 🗌 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	Y WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
BY	2 Accident Investigation	284 BLACE OF IN HIE	A	1 1 123 2 HO			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	- At nome, term, stri	et, factory, office	28f. LOCATION (Street City or Town, State	end Number or F	Rural Route Number,
COMPLETED	29e. CERTIFIER		-				
₩ W	(Check only K CERTIFTING PHYSI			at the time, date and place, end o			
8	2.4		n end/or investigation,	In my opinion, death occured at	the time, date and place, e	nd due to the ca	euse(s) and manner ee stated.
BE	29b. SIGNATURAL WIRD TITLE OF CERTIFIES	7.1.	1.0	29c. LICENSE I		29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND A ODRESS OF PERSON WH	THERE	ATH OTHER TO T	D1381	8	May	25, 1993
	Gary P. Fisher,				C'acc Mar	backy	20015
	31. DATE FILEO (Month, Dey, Year)			Avenue, Chevy	caase, Mai	утани	20815
	MAY 28 1993	Julia Davidson	n-Pandell				
	11111 11 11 11 11 11		-				

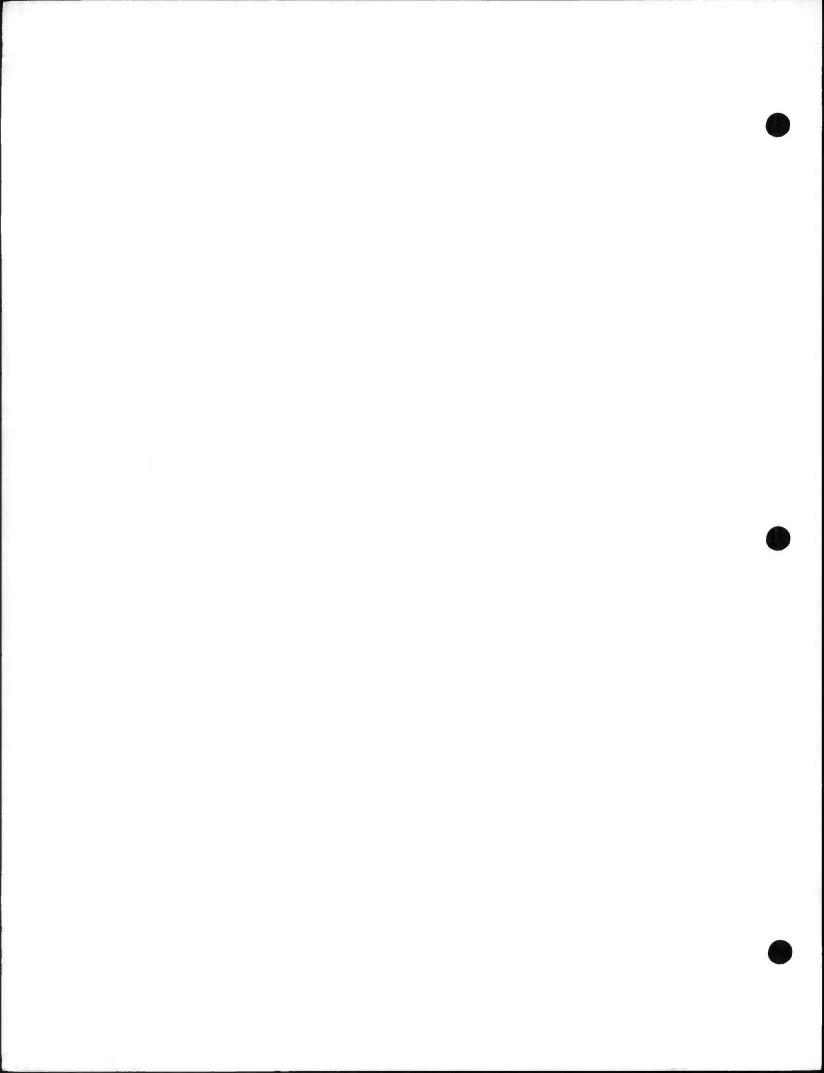
BALTIMORE, MARYLAND 21215-0020

	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the unequal with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate	d within 72 hours after death with the State Dept. of Health and Mental Hygiene presentations.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumake event.
j)	TO THE	THE C	pe filed	MPOR
- LL	/	Party.	-	-	Prints

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND M	IENTAL HYGIEN	E J	0 10091
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	L.		MPBEL		2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 052-36-1482	1 🕸 2 🗆 F 47	s. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	05 24 7. DATE OF BIRTH (Month, Day, Year) May 22, 19	177	3 11:40 A M BIRTHPLACE (State or Foreign Country) New York
TOR	99. FACILITY NAME (If not institution, give 850 HUNGERFOR RESIDENCE OF DECEDENT		9		OR LOCATION OF DEA		9c. COUNTY	OF DEATH GOMERY
DIRECTOR	Maryland Mon	ntgomery	10c. CITY, 1	Gaitl	non nersburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 15742 Cherry B			20070				of what country?
BY	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. ⊠NO	If yes, sp	ENDENT OF HISPANIC Inclify Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work life. Do NOT use in Senior	k done during mo etired.)	st of working	16b. KIND OF BUS	Amtra	
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert L. Cam				18. MOTHER'S NAME	E (First, Middle, Maiden : t Collyer		
TO E	19a. INFORMANT'S NAME (Type/Print) Carole J. Car	mpbell				ute Number, City or Town		· ·
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata cemeter MOT	ACE AND DATE OF I y, cremetory or other 1 tgomery	Cremat	orium, I	nc. Bet	hesda	or Town, Siete
	21. SIGNATURE OF FUNERAL SERVICE LI	1 1	100198	Robert 300 V Rocky	A. Pumpl A. Pumpl Vest Monto	μπ hrey Funer gomery Ave	al Hor	me/Rockville,
	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that ceused the List only one ceuse on each a. WTRA ORAL SOURCE TO (OR AS A CO	line.	enter the mo	de of dying, such	as cerdiec or reapli	ratory srreet	, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO. DUE TO (OR AS A CO. d.						
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	ne contributing to deeth but r	not resulting in t	he underlying	ceuse given in Pa	24s. WAS AN / PERFORI	MED?	24b, WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☑ YES 2 □ NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier	nt 3 🗆 DOA 4	THER:	ACE OF DEATH (Check	**	CENE	
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 05-24-1993	28b. TIME O INJURY 10:05	28c. INJ WO 1 1 1 Y	JRY AT 2 RK? ES 2 XNO	SELF-IN-	FLICT	TEBUND SHOT
ETED.	3 X Suicide 8 Could not be determined		OFFICE			850 HUNG	ERFO	Rural Route Number. ERY, MD RD DR./MONTGOI
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the beat of my knowledge ER: On the beats of examination and						iuse(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE ON ALL 30. NAME AND ADDRESS OF PERSON WITH	Whicht M	D		O.C.M.E	ER		GNED (Month, Day, Year) - 25 – 1993
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT, M.D. 111 Penn Street, Baltimore, Maryland 21201							

Julia Sandon-Andall

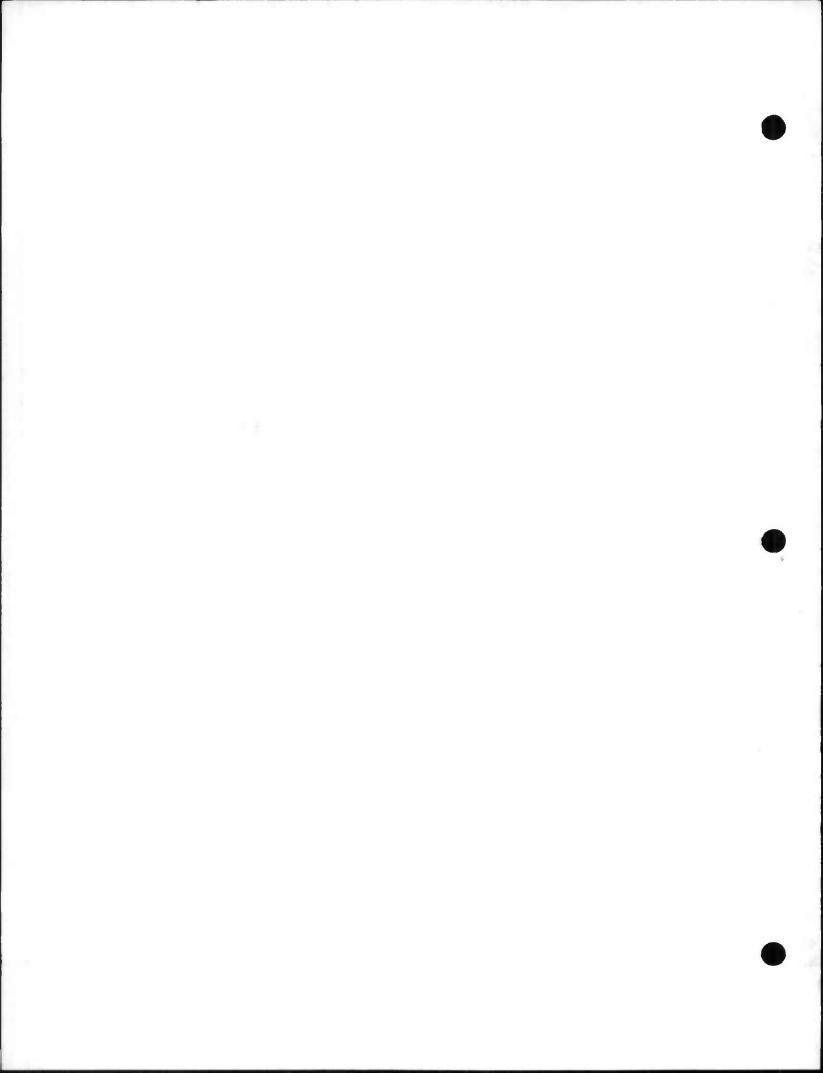
MAY 28 1993



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BALTIMORE, MARYLAND 21215-0020	or death. Page 6 may be retained by the hospital or attending physician.	describe the best signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the series of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PRINCIPAL TRANSPINES that the death certificate be executed within 2% nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this character has been signed by the attending physician and completely filled in by the best find within 72 hours after death with the base Lies, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shaws any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT			ITAL HYGIENE REG. NO.		10032
- 18	1. DECEDENT'S NAME (First, Middle, Last) LENORA CROW	INER LEI	ORA L. CR	OWNER	1.0	DATE OF DEATH DAY	GYEAR	3. TIME OF DEATH
	219-30-2562 1	SEX 6. AGE (In yrs.				PATE OF BIRTH Month, Day, 1641)	Count	NPLACE (State or Foreign ny) YLAND
TOR	9a. FACILITY NAME (# not institution, give atreet ANNE ARUNDEL MEDICA RESIDENCE OF DECEMENT			NAPOL	OCATION OF DEATH	, ,	9c. COUNTY OF C	ARUNDEL
DIRECTOR	10a. STATE 10b. COUNTY	ARUNDEL	SHADY S					10d, INSIDE CITY LIMITS? 1 YES 2 NG
FUNERAL	100. STREET AND NUMBER 1411 CEDAR HURST RO	OAD		101. ZIP CODE 10g. CITIZ 20764				WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		WAS DECENO If yes, specify 1 YES 2	PENT OF HISPANIC O Cuben, Mexican, Pu	RiGIN? (Specify Yes o erto Rican, etc.)	Spec	E — American Indian, k, Whita, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use nettred.)								
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) OCTIF TURNER, SR.			16.	GERTRUDE	First, Middle, Meiden St. SCOTT	iumame)	
TO B	190. INFORMANT'S NAME (Typo/Print) GEORGE E. CROWNER		196. MAILING ADDRES	S (Street and A	fumber or Rural Route ST RD. SF	Number, City or Town, IADY SIDE	State, Zip Code) , MD . 20	764
	20s. METHOD OF DISPOSITION 1X□Surial 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	from State completry,	CEAND DATE OF OISPOS	CHURC		/29/93	ATION — City of Te SHADY SI	DE, MD.
	Harry /	7 Lees	e F	REESE &	& SONS MO	RTUARY,	MD. 214	101
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one couse on each is	UDUA					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	akill	oury SI	a) 2UN	MWISK	2 Year
MEDICAL	PART II. Other aignificant conditions c	contributing to death but no	ot resulting in the u	nderlying ce	use given in Part	i. 24s. WAS AN A PERFORM 1 YES 2 [IED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:	3 DOA OTHE	R:	OF OEATH (Check o	/3-1 /A		
ву РН	27. MANNER OF ĎEATH 1 Natural 5 Pending 2 Recident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M			. DESCRIBE NOW IN.	JURY OCCUREO	
ETED.	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Route Number,
COMPLET	2 HEDICAL EXAMINER: C	N: To the best of my knowledge,						a) end menner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	Cotobe a	M)	296	D(636	4	29d, DATE SIGNEE	Thomas One. You
	31. DATE FILEO (Month, Day, Year)	OMPLETED CAUSE OF DEATH (I	IGATE !	\$0 \$	+300	Amy	HPPUS !	4011401
	MAY 2 8 1993	Julia Davidson-R	indelle					



mificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

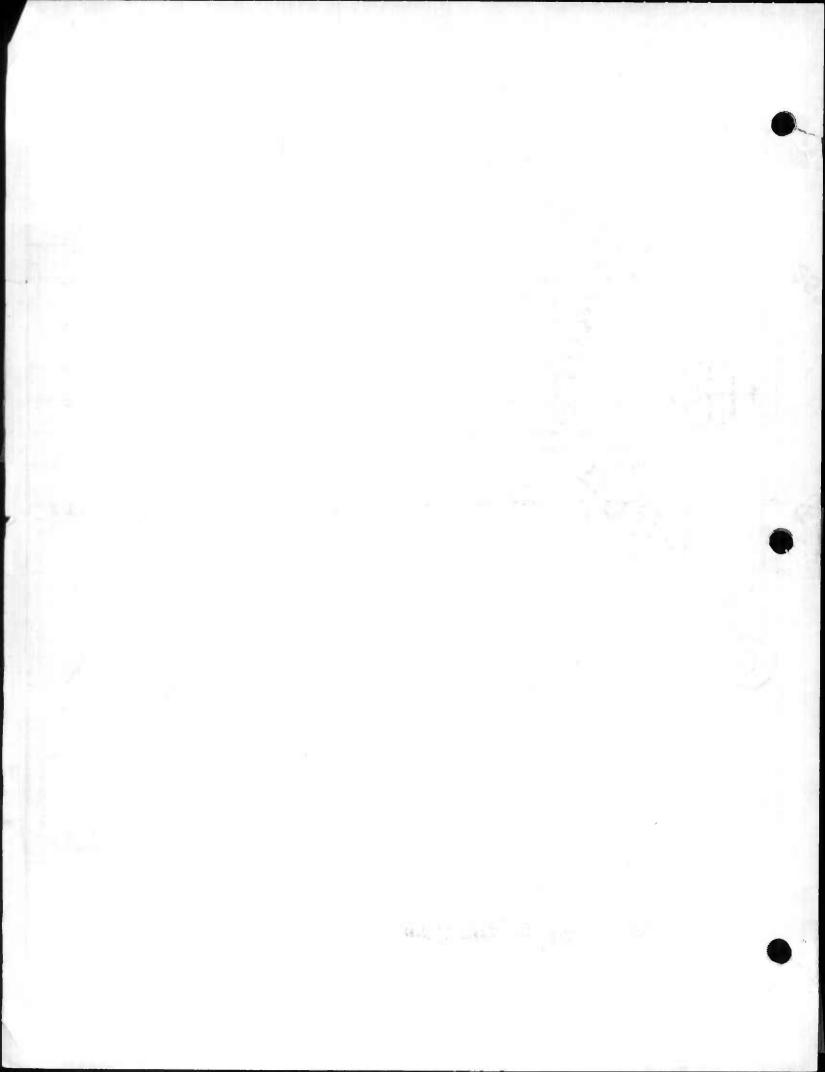
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

incompletely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be prior to burlal, cremation, or removal.

If the prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The several state of TO THE FUNERAL DIRECTOR: After this cartificate has been some be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: It liem 28 is marked, or Item 23 shows and

STATE (OF	MARYLAND	DEP/	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTI	FICATE	O	F DEAT	TH		BEG NO

FOR STATE REGISTRAR		CEF	RTIFICAT	L OI DL	AIR		REG. NO.			
DECEDENT'S NAME (First, Middle, Last)						2. DATE (OF DEATH	Y	YEAR	3. TIME OF DEATH
Marjorie		Ann	Cus	ster			18-93	9	TEAN	12:15 g
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi			IDER 24 HRS.	7. DATE C	F BIRTH Day, Ybar)		8. BIRTH Count	HPLACE (State or Foreigns)
505-40-6890	1 - M 2 XF	56	YRS. MONTHS	DAYS HOUR	IS MIN.		4-37		Ne.	•
De. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OR LOC	ATION OF DE	ATH		9c. COUN		
2705 Post Oak Ct	•		Anı	Annapolis				Anne Arundel		
RESIDENCE OF DECEDENT										
IOa. STATE 10b. COUNT			10c. CITY, TOWN	4						10d. INSIDE CITY LIMITS?
	e Arundel		Annap							1 - YES 2 NO
100. STREET AND NUMBER				10f. ZIP C						WHAT COUNTRY?
2705 Poskt Oak C	12. WAS DECEDENT EVER IN U.S. A				1401			U.S		
I1. MARITAL STATUS I Never Married 2 Married I Divorced		YES 2 NO		I. WAS DECENDEN If yes, specify C 1 — YES 2 X	uban, Mexica	n, Puerto R		or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc. sity: White
15. DECEDENT'S EDI		16s. DECE	DENT'S USUAL O	OCCUPATION		16b.	KIND OF BUS	SINESS/IND	USTRY	WILLCE
(Specify only highest grad	completed) College (1-4 or 5+)	Mile D	kind of work done o NOT use retired.,	e during most of w	orking					
, and the same of			1 Estate	e Agent			Re:alk	Es	tate	9
17. FATHER'S NAME (First, Middle, Last)					OTHER'S NA	ME (First, M	liddle, Malden			
Charles	D	ickerson			Edna			S	wans	són
19a. INFORMANT'S NAME (Type/Print)			MAILING ADDRES	SS (Street and Nur	mber or Rural F	Route Numb	er, City or Town	n, State, Zip	Code)	
Edwin M. Custer	, Jr.	2	705 Pos	t Oak C	t. Anr	napó1	is MD	2140	1	
20s. METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF DISPO	OSITION (Name of		DATE	_	CATION -		own, State
1 M Buriel 2 ☐ Cremation 3 ☐ Rer 8 ☐ Donation 6 ☐ Other (Specify)	noval from Stata		atory or other plece	tional	Cem.	5/2	4 Ari	lingt	on,	Va.
110	CENSEE		22	2. NAME AND ADI			.1			ie Hwy.
23. PAFF I Enter the diseases, or shock, or hasnt feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ban complications that	e on each line.	B th. Do not ente	RAME AND ADD	Fune:	ral H	ome Se	evern	a Pa	Approximate interval Betwoen and D
shock, or hasrt fellure. IMMEDIATE CAUSE (Final disease or condition	Complications that List only one caus s	e on each line.	Bh. Do not ente	RAME AND ADD	Fune:	ral H	ome Se	evern	a Pa	Approximate interval Betwo
shock, or hasrt feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Compilications that List only one caus s	OR AS A CONSECU	BENCE OF):	RAME AND ADI	Funer dying, suc	ral H	ome Se	AUTOPSY MED?	na Pa	Approximate interval Betwo
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	Compilications that List only one caus s	OR AS A CONSECU	BENCE OF):	arranco er the mode of	Funer dying, such	Part I.	OME Selector respi	AUTOPSY MED?	na Pa	Approximate interval Betwoen and D 18 mg
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. I JOHN SIGNIFICANT CONDITIONS CAUSE (CAUSE) CAUSE (Compilications that List only one cause s	OR AS A CONSECU	BENCE OF): SENCE OF): SENCE OF): SENCE OF): SOUTHER OF OTHER OTHER OF OTHER OTHER OF OTHER O	2. NAME AND ADI	Funer dying, such	Part I.	Ome Selec or respi	AUTOPSY MED?	na Pa	Approximate interval Betwoen and D 18 mg
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions. 1	Compilications that List only one cause s	OR AS A CONSECU	BUILD IN THE LEGISLA OF HER LEGISLA	2. NAME AND ADI	Funer dying, suc	Part I.	24a. WAS AN PERFOR	AUTOPSY MMED?	a Parest,	Approximate interval Betwoen and D 18 mg
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shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	Complications that List only one causes. DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (1) A. DUE TO (1) DUE TO (OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU death but not ret ER/Outpatient 3 INJURY (y 'bar')	BUILD OF: BUILD OF:	26. PLACE CER: lursing Home 6 26. INJURY A WORK? 1 YES	Funer dying, such	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24	Approximate interval Betwoen and D 18 mg. 18
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	Compilications that List only one cause s	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU death but not rea	BUILD OF: BUILD OF:	26. PLACE CER: lursing Home 6 26. INJURY A WORK? 1 YES	Funer dying, such	Part I. Part I. 28d. DES	24a. WAS AN PERFOR	AUTOPSY MED?	24	Approximate interval Betwoen and D 18 mg
shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation 3 Suicide 6 Could not be determined	Complications that List only one cause S. DUE TO (DUE	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU DR AS A CONSEOU ER/Outpetlent 3 ER/Outpetlent 3	BUILD IN THE CONTROL OF STREET OF ST	2. NAME AND ADI	Funer dying, such	Part I. Part I. 28d. DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24l	Approximate interval Betwoen and D 18 mg. 18
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shock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions. 25. WAS CASE REFERIRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation significant conditions in the property one of the property of the prope	Complications that List only one caus S. DUE TO (DUE	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU death but not red ER/Outpetient 3 EN/Outpetient 3	BENCE OF): SENCE	2. NAME AND ADI	Funer dying, suc	Part I. Part I. 28d. DES to the cause of three, data	24a. WAS AN PERFOR 1 YES 2	AUTOPSY AMED? NJURY OC and Number and dus to the	cured or Rural	Approximate interval Betwonset and D Approximate interval Betwonset and D IS mo B. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Route Number,
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement of the defit certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNEFAL DIRECTOR: After this certificate bas been and by the attending physician and completely filled in by the funeral director, page 5 should be detached.	De med within 72 nouts arec death with the State Lept. or noting in weitlig into the profit of building of emphal. IMPORTANT: If item 28 is marked, or item 23 shown any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	CI	n-L						2. DATE OF I	DEATH 993	NY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HMS.	7. DATE OF E	HRTH		8. BIRTHP	PLACE (State or Foreign
	216-48-9039		1 🗆 M 2 💢 F	94	YRS.	MONTHS	DAYS	HOURS	MIN.	4-13-1	899		Mary.	
Œ		9a. FACILITY NAME (If not institution, give street end number) 6 Georgetown Court						nnapo		ATH			NTY OF DE	
1 6	RESIDENCE OF DEC	EDENT												
DIRECTOR	Maryland	Anne	a Arundel		10c. CIT	Anr	apo.							10d. INSIDE CITY LIMITS? X 1 YES 2 NO
FUNERAL	6 Georgetov	m Cou	rt				101	ZIP COD	2140)3		10g. CIT	U.S.	HAT COUNTRY? A.
B≼	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 XA WAR OR DATES	MED IO		If yes, sp	ENDENT Cooling	n, Mexica	IC ORIGIN? (Sin, Puerto Ricer	pecify Yes I, etc.)	or No-	Black, Specify	— American Indian, White, etc.
9	15, DEC	EDENT'S EDU	CATION completed)	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON set of weeking		16b. KIN	D OF BUS	INESS/IN		Castan
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	We kind of vi Do NOT us Homen			IST OF WORKS	·v		Hon	ne		
	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NAI	ME (First, Middle	e, Malden S	Sumame)		
TO BE	190. INFORMANT'S NAME (I		: DSS	, 198	. MAILING	ADDRESS				Toute Number, C				MD 21403
	20a METHOD OF DISPOSIT	_		20b. PLACE	NDDATE	OF DISPOS	ITION /Na	me of		DATE	20c LOC	CATION -	City or Ton	m Stete
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Ĭ	30. NAME AND ADDRESS OF	FERSON WH	O COMPLETED CAUS	SE OF DEATH (ITER	4 27) (Type,	Print)	c I	21	600	D Pi	le	les	ive:	ange?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH May 28, 1993 LANCE. NATHANTEL 10:00 AM. CORBIN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland 215-09-2716 DAYS HOURS 1 M 2 | F 79 VDC Mar. 10,1914 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 421 S. Main Street Bel Air Harford RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bel Air Maryland

100. STREET AND NUMBER Harford 1 VES 2 NO 101. ZIP CODE 21014 10g. CITIZEN OF WHAT COUNTRY? USA 421 S. Main Street 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.)
 \[\subseteq \text{YES 2X NO} \]
 Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2X NO 1 Never Married 2 Married 3 🔀 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Medical Dentist 5+ 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Nathan Pheiffer Corbin Elizabeth Ann Lantz 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2301 Fallston Road, Fallston, Md. 21047 Elizabeth C. Scarff 20a. METHOD OF DISPOSITION
1 ☆ Burial 2 ☐ Cremation 3 ☐ Re
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Zion Cemetery 6-1+93 Bel Air. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): chance Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICA MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investign 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, offica building. etc. (Specify) 3 Suicide

29e. CERTIFIER 1 Chack anh 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day)

31. DATE FILED (Month, Day, Year)

6 Could not be

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32. REGISTRAR'S SIGNATURE Fulia Davidson-Randalle

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261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

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TO BE COMPLETED BY ELINEBAL DIDEMOD
N: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAR	TMENT (OF HEALTH ANI	MENT	AL HYGIEN		3	16696			
1. DECEDENT'S N/sn. Middle, Last)	Constar		Spen		Chinn	2. DAT	E OF DEATH	793	YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 579-46-4976 99, FACILITY NAME (If not institution, give	5. SEX 1 M 2 F Street and number)	6. AGE/n	YRS.		TEAR IF UNDER 24 HRE HAYS HOURS MIN	Ma	e of Birth rith, Day, Year) rch 19		Country	exandria VA			
SOUTHERN MARYL	AND HOSI	PITAL (TR.	0	NOTU		· · · · · · · · · · · · · · · · · · ·	PRIN		SEORGES			
	N/A	<u></u>		Washir	ngton, D.(c				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
106. STREET AND NUMBER 2475 Virginia A		onuo N M							EN OF W	HAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 8	ZWO	If y	S DECENDENT OF HIS ps, specify Cuben, Mex YES 2 NO Spe	rican, Puerto	IN? (Specify Yes Rican, etc.)		14. RACE Black, Specify	- American Indian, White, etc.			
15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +		Give kind of wille. Do NOT use	rork done duri	JPATION ng most of working	16	b. KIND OF BUS	SINESS/INDI		astan			
12th 17. FATHER'S NAME (First, Middle, Last) Hugh D. Chinn,	N/A Sr.		Reside	ent Ma	18. MOTHER'S	NAME (First	Apar Middle, Meiden	Surname)	: Bui	lding			
19a. INFORMANT'S NAME (Type/Print) Craig S. Van Low	<i>7</i> e		19b. MAILING 101(ADDRESS (S	treet and Number or Rus	ral Route Nur	mber, City or Town	n, State, Zip	code) nd 20	20602			
1 Donation 5 Other (Specify)	22. NAME AND ADDRESS OF FACILITY Lee Funeral Hon									yland e, Inc.			
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
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27. MANNED OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF II	NJURY	OF 28	:. INJURY AT WORK?	_	er (Specify) SCRIBE HOW INJURY OCCURED							
2 Accident investigation 3 Sulcide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or fown, State) 28t. LOCATION (Street and Number or Rural Industry) 28t. LOCATION (Street and Number or Rural Industry) 28t. LOCATION (Street and Number or Rural Industry)									r Rural Ro	ute Number,			
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296. SIGNATURE AND TITLE OF CERTURER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER									29d. DATE SIGNED (Month, Day, Year)				
ALDELLA P. R. 231. DATE FILED (Month, Day, Year)	dreguez	du.	500	Rey	hum Cl	. Cp	Smy	mi	20	748			
MAY 1 1 1993		rs signature											

3. TIME OF DEATN

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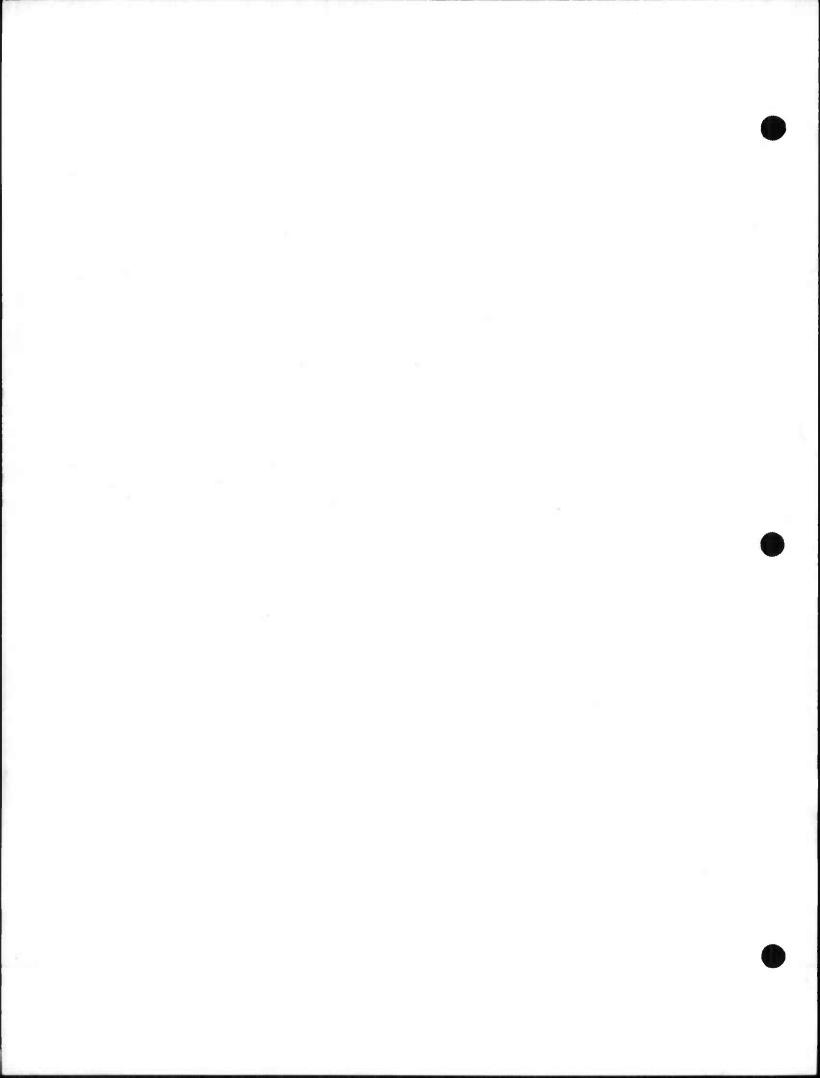
4. SOCIAL SECURITY NUMBER

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Cooke

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	To the same of
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Present dark with the Crass Dear of Health and Mental Maries to burial companies or seneral	N.

	1 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. lest birthday) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN		A RIRTNELA	VCE (State or Foreign
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pino		9a. FACILITY NAME (If not in		reet and number)		/ 1	ah Cr	TY TOWAL	OR LOCATI	ON OF DEA		50	, +)-		Wash.DC
Luis	Œ				T.T.		1,000			ON OF DEA	un		9c. COUN	TY OF DEATH	N
AND DE	유	Montgome	EDENT	eneral	Hosp	ltal		lne	V				Mont	gome	ry
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bern	A	10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CITIZ	EN OF WHAT	COUNTRY?
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-0020 ing physician. the burial-transit	5	11. MARITAL STATUS	0.	12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED	13	. WAS DEC	ENDENT O	F NISPANIO	C ORIGIN? (S	pecify Yes	or No—	14. RACE -	American Indian,
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IAR) rained to should	BE	19a. INFORMANT'S NAME (7)		Ove		105 MARIE	C ADDRE	CC /Charata			France				
MAR retained to 5 should notified	일	Garry Cook											n, State, Zip (Jode)	
		20a. METNOD OF DISPOSIT			20h D	LACEAND DAT				TTOXI	MS.3		CATION O	ity or Town,	200
OR BE GRA		1 X Burlel 2 Cremation 4 Donation 5 Other		oval from State	cemet	ery, cremetory of edar H	other pleci	9.1		E 1/	1				
Page I dire		21. SIGNATURE OF FUNERAL		EN000		euai n	22	2. NAME AN	D ADDRES	SS OF FACE	U-93 UTY I	Fund	uitland.Maryland neral Home,Inc. ry Road		
BALTIMORE, after death. Page 6 may by the funeral director, page moval. ical examiner must be		1911 B	-				6	633	Old A	Alexa	nder	Ferr	y Roa	d	IIIC.
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F 5 5 5	MEDICAL	PART II. Other eignifica	_			The state of the s	In the u	inderlying	A	4	art I. 24	PERFOR			RE AUTOPSY FINDINGS
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RECC requires een sign of Healt	ME	1-1521 late	pur,	Hypertu	15104	mother) re	-4 /k	नम्	cular				1 [YES 2 NO
AL RE e law requ has been Dept. of P	ä	Nyperteon	_	1.4					_						
The The	PHYSICIAN:	25. WAS CAME REFERRED TO EXAMINER?	b MEDICAL.	HOSPITAL:			OTHE		ACE OF D	EATH (Chec	k only one)				
SICIAN: The certificate h the State d, or item	YSI	1 TES 2 NO		1 Impatient 2		lent 3 DOA	4 🗆 No	rising Hom	• 5 □ Ra	sidenca 8	Other (Sp	ecfy)			
OF PHYSICI this cer with th	표	27. MANNER OF BEATH 1 Netural \$	Pending	Month, D			ME OF	28c. INJI WO	URY AT RK?		28d. DEŞCRII	BE HOW IN	JURY OCCU	IRED	
ON OF DING PHYS After this c death with s marked,	B		investigation				М		/ES 2 [] NO					
O S S S	0		Could not be determined	28a. PLACE O building,	F INJURY — atc. (Specify)	- At home, farm	, street, fa	ctory, office				N (Street as wn, State)	nd Number o	r Rural Route	Number,
IVIS RECTO IN 28	ETE			4											
DIV AL DR A AL DIREC 72 hours If Item	MPL			CIAN: To the best of											
	SO	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	amination a	Ad/or investigat	lan, in my	opinion, d	eath occur	ed at the tie	me, data and	placa, and	due to the	cause(s) and	I manner as steted.
THE HOSPI THE FUNEF filed within	ш	29b. SIGNATURE AND TITLE	OF CERTIFIER		o	2000	Jan		29c. LICE	NSE NUMB	ER		29d. DATE	SIGNED (Mor	rith, Day, Year)
6 6 8 ₹	0 8	John M.	Yack	ee, M.D	/	w m	e e		38 5	261			> 5	5/6/9	3
(N)	-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	E OF DEAT	H (ITEM 27) (7/1	e, Print)		~			- 00	200	1	
100	/	3801	Lutce	Mona!	1	the	K	12	Le	1129	MU	26	30PC	> X	RIU
		31. DATE FILED (Month, Dey,		32. REGISTRA	BIS SIGNAT	Pandel	2		A	(\				
		MAY 1 1	1993	June							ر				
DHE	11	2)													DHMH-18 Rev 1/8

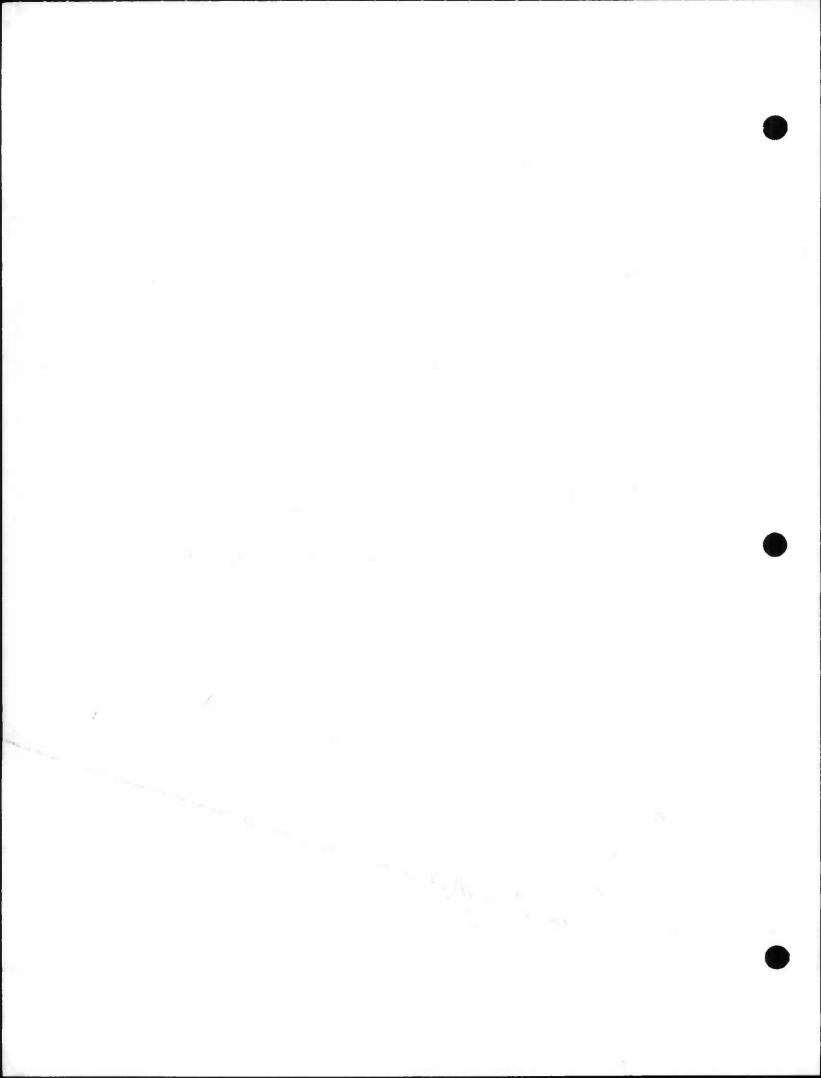


1 - STATE REGISTRAR		STATE OF I	MARYLAND C				EALTH AI		MENTA	L HYGIEN			
1. DECEDENT'S NAME (First	, Middle, Last)				TORTE		DEATT		2 DATE	OF DEATH			3. TIME OF DEATN
CHRISTOP		LI	EΕ	De	LAW	DER			MONT	H D		YEAR	2567 1 6471
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	ast hirthrian)	IF UNDER	VEAR	IE IMPER M	100	_05		5	93	8:20 PP
217743372	21774-3372 1⊠ M 2 □ F 33 YRS.					DAYS	AYS HOURS MIN. (Month, Day, Year) Country						
90. FACILITY NAME (If not in								\perp		27/1959			ryland
					17.00		E FRE			V		NTY OF D	
4905 SIXE					PR	INC.	E FRE	SUE	RIC	N.	CA	LVEI	ζ.1
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATI	ON						10d, INSIDE CITY
Maryland	Prince	e George	1 _S	R1a	densl	huro							LIMITS?
10s. STREET AND NUMBER		000280		Dit	delisi		ZIP CODE				10- CIT	TEN OF	1 X YES 2 NO
4115 54th P	1ace						0710						WHAI COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	IT EVED IN ILC A	PMEO	42.4							.A.	
1 Never Married 2 🔀		FORCES? 1	X YES 2	NO NO	1 11	yes, spe	city Cuben, N	fexican	, Puerto	f? (Specify Yes Ricen, etc.)	or No-	14. RAC Blec	E — Americen Indian, k, White, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES		1	YES	2 🔀 NO 🔞	Specify:				Spec	_{#y:} .casian
15. DEC	EOENT'S EOUC	ATION	16a. O	ECEDENT'S	USUAL OC	CUPATIO	N .		168	. KIND OF BUS	SINESS/INC		Castall
(Specify only Elementary/Secondary (0	y highest grade c	ompleted) College (1-4 or 5	- 6	Give kind of a fe. Do NOT us	work done di se retired.)	uring mos	t of working		"		J	3001111	
12	,		· .	eet M	eta1				He	atino	and	Δir	Conditioning
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTNER	'S NAM		Middle, Maiden		ATI	COUGITIONING
Gerald Lee	DeLaw	der								DeFre	,		
19e. INFORMANT'S NAME (7			1	9h MAILING	ADDRESS	(Street or				ber, City or Tow			
Carolyn Jean	n DeLaw	der								urg, M		0710	
20a. METHOD OF DISPOSITI	ION			AND DATE				Luu	OAT		CATION -		
1 ⊠ Buriet 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		al from State	cemetery, c	rematory or o	ther place)	mete	rv 5	/10	/93				
21. SIGNATURE OF FUNERA		NSEE	4	JIIICO.	22 N	AME AM	ADDRESS (DE EAC	HITY				Maryland
▶ O Per	.1	10	m -		Fra	nci	s Gasc	ch's	s So	ns Fun	eral	Hom	e, P.A.
tua	lles 7	r. /a-e	4		473	9 B	altimo	ore	Ave	.,Hyat	tsvi	11e,	MD 20781
23. PART I. Enter the di ahock, or he	seasas, or co eart fallura. Li	mplications the	t caused tha d ise on each lin	laath. Dor ie.	not antar t	tha mod	la of dylng,	such	as can	diac or respi	ratory ar	rast,	Approximata Interval Between
IMMEDIATE CAUSE (Fin	ıai	01	1				1	V	-0	L			Onset and Death
resulting in death)	→ a.	SH	DUQU			- Cod	d c	30	15	act			
		DUE TO	(OR AS A GONSE	EOUENCE OF	F):				•				
Sequentially list conditi	ons, f b.												
If any, leading to immed cause. Enter UNDERLYI		008 10	(OR AS A CONSE	EOUENCE OF	F):								
CAUSE (Disease or Inju		OUE TO	OR AS A COMO	-01151105 01									
that initiated events resulting in death) LAS	т	OUE TO	TO (OR AS A CONSEQUENCE OF):										
	d.												
PART II. Other significa	nt conditions	contributing to	death but not	resulting l	n the und	lerlying	cause giva	n In P	art I.	24a, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	1 YES 2	□ NO		OF DEATN?
									-				1 OVES 2 NO
25. WAS CASE REFERRED TO	MEORCAL												
EXAMINER?		HOSPITAL:			OTHER		CE OF DEAT	N (Chec	ck only or	e)			
1 X YES 2 NO		I Inpatient 2	100000				5 💢 Reside	_					
	Pending	28e. DATE OF (Month, D	ay, Year)	28b. TIM	URY	28c. INJU WOR	K7	- 1		CRIBE HOW II		_	
2 Accident Investigation 05/05/93 7:02PM 1 YES 2 XNO SUBJECT SHOT													
	Could not be determined	28e. PLACE O building,	F INJURY — At h atc. (Specify)		treet, tector	ry, office			281. LOC	ATION (Street e or Town, State) 5 SIX			
V 1				HOME					490	5 SI	KES	ROA)
29e. CERTIFIER (Check only	IFYING PNYSICI	AN: To the best of	my knowledge, d	leath occurre	d at the tim	ne, date e	nd place, end	d due to	o the cau	se(s) end men	ner as stat	ed.	
2 MEDI	CAL EXAMINER:	On the basis of e	xamination end/or	Investigatio	n, in my op	Inlon, de	ath occured a	at the ti	me, date	and place, en	d due to th	e ceuse(s) end manner es ateted.
29h SIGNATURE AND TITLE	OF CERTIFIE		1. 0			Т	29c. LICENSE	E NUMB	BER	1	29d DAT	F SIGNED	(Month, Day, Year)
11 ari	n L	orlo	MI						1.E.				6/93
30-NAME AND ADDRESS OF			SE OF OEATN (ITE	EM 27) (Type,	Print)		0.0	J . I'.				3,0	0,30
VILLARON	VLO	RE, N	111		n St	ree	t, Ba	alt	imo	ore, N	Mary	lan	d 21201
MAY 1 0 199	2	Jay Day do	R'S SHINATURE	22							٠.		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

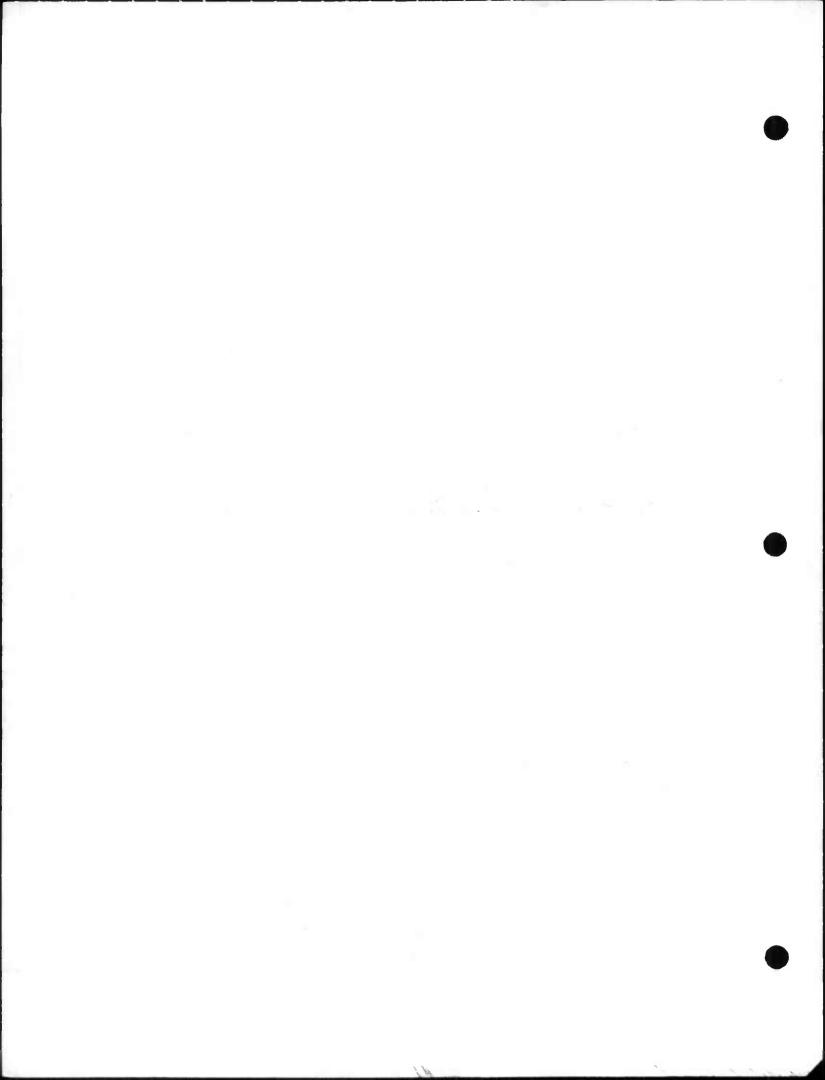
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	HEGISTHAH				ICALL	- 0.	ULA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E DF DEATH			3. TIME DF DEATH
- 7	Arthur	Calvin	Das	cnel	1				MON			YEAR	
	4. SOCIAL SECURITY NUMBER	5 SEX		_						y 24,	199		0900 M
			6. AGE (In yrs. le	asi birthday)	IF UNDER		IF UNDER		7. DATE	E OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
- 1	219-58-9564	1 🔯 M 2 🗌 F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	JÜÏ	LY 8, 1	949	Was	h.,D.C
1	9e. FACILITY NAME (If not institution, give a	treet and number)	1 -		Oh CITY	TOWAL C	OR LOCATI	011 05 05					
or I					90. CITT,	, IOWN C	H LOCALI	ON OF DE	EATH		9c. COUN	TY OF D	EATH
ō	Calvert Mem	orial H	ospita	al		Pr	ince	Fr	ede	rick	Ca	lve	rt
DIRECTOR	RESIDENCE OF DECEDENT												
#	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
5	Maryland Cal	vert		Li	usby								LIMITS?
4	10e, STREET AND NUMBER				J	_	. ZIP COD	_					
~		-T •				101					_		WHAT COUNTRY?
FUNERAL	321 McMichael	Drive					206	557			Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDEN			13. \	MAS DEC	ENDENT C	F HISPAN	VIC DRIGI	IN? (Specify Yes	or No.	14. BACE	- American Indian
	1 Never Married 2 . Married	FDRCES? 1	YES 2	ND	1 1	f yes, sp	ecity Cube	n, Mexica	in, Puarto	Rican, etc.)			— American Indian, c, White, etc.
BY	3 Widowed 4 Divorced	Vietn			'	☐ YES	2 TIND	Specify	y:		- 1	Specif	
	45 DECEDENTIA COM												casian
쁘	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. D	ECEDENT'S Give kind of a fe. Do NOT us	Work done of	CUPATIO)N st of workin	na	16	b. KIND OF BUS	INESS/INDU	ISTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #	le. Do NOT u	se retired.)								
<u>a</u>	12		- 1	Truc	ck D	riv	er			Tra	nspo	rta	tion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							HED'C NA	ME /Elect	Middle, Maiden		2. 000	702011
	IINIZATALAN										Surremen		
BE	UNKNOWN									ore			-/25-11-11-11-11-11-11-11-11-11-11-11-11-11
[일	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING						mber, City or Town			20615
F	Nancy Darnell			809	Br	oom	es]	[sla	and	Rd. B	room	es	Is. Md.
- 1	204. METHOO OF DISPOSITION	· ·	20h BI ACE	ANDDATE	NE DIORNO	THOM:		-	1	TE 20c. LO	CATION C	4	
- 4	1-13 Burial 2 Cremation 3 Ram	oval from Stata	cemetery, cr	rematory or o	ther place)				1				
- 4	4 Donation 5 Other (Specify)		Mary	Lanc			ans		15/	20 Cn	elte:	nna	m, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	00 1		22. (NAME AN	D ADDRES	SS OF FAC	CILITY P	P.O.B.	119.	45	Wilson Ct
- 8	D (UP In On	1 120	(1) I_{-}		Be	77	ศามาร ส	eral	Se	ervice	Pr	T	red. ,Md.
	Cultures	136	A /		- 1						-		1000, ,1100,
	23. PART I. Enter the diseeses, or a shock, or heert fellure.	complications that	ceused the d	eeth. Do r	not enter	the mo-	de of dyl	ing, auci	h es cer	rdiec or reapi	retory erre	et,	Approximate
	IMMEDIATE CAUSE (Fine)												interval Between Onset and Death
- 1				1									
- 1	disease or condition	1/.		1		1	11.1						Onset and Death
	disease or condition resulting in death)	o. Ven	frich	12		611	llat	110		<u></u>			Oriset and Death
		oue to	OR AS A CONSE	EOUENCE O	F):	611	llat	110	-	, ,			Onset and Death
N	resulting in death)	oue to	(OR AS A CONSE	EOUENCE OF	F):	611	llat	110	S1 41	lar D	listas	ç,l	Onset and Death
rion	resulting in death) Sequentially list conditions,	o. Veni	(OR AS A CONSE	EOUENCE OF	F):	bii Ca	llat	110	SM	la D	listas	ç,l	Onset and Death
CATION	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	o. Very our to b. Att	(OR AS A CONSE	EOUENCE OF	F):	bii Ca	llat dic	005	SIM	la O	listas	ç,l	Onset and Death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 to the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	i. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH	T	3. TIME OF DEATH	
	J. A sonal	Zino				MAY 1	DAM	YEAR		
	4. SOCIAL SECURITY NUMBER								7.00	_
				UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	TH bar)	8. BIRTHI Country	PLACE (State or Foreign	
	578-56-0300	1 💢 M 2 🗌 F	49 YRS.	10		March 2	4,1944	West	Virginia	
	9a. FACILITY NAME (If not institution, give s	street and number)	98	. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUN	TY OF DE	ATH	-
K	THE JOHNS HOPKI	NS HOSPITAL	I	RAITIMO	ORE CITY		DALT	IMOR	С	i
KI	RESIDENCE OF DECEDENT	NO HOOF ZITTLE		DALIZIN	DIVE CITT		I DAL I	IMUR	Σ	
Ĭ Ĭ	10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY	-
<u> </u>	Maryland Anne	Arundel	Annap	olic				- 1	LIMITS?	
5	10e. STREET AND NUMBER	THE GITTEET	Aimap						1 YES 2 NO	
¥.				101.	ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL DIRECTOR	2020 Research Dr	•			21401		U.S	3.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HISPAI			14. RACE	- American Indian,	1
-	1 Never Married 2 Married	FORCES? 1 YES			2 XNO Specif		lc.)	Black, Specify	White, atc.	
B≺	3 Widowed 4 KDivorced				TAKE OF SER	,.	1	Specin	white	
	15. OECEDENT'S EDU		16a. OECEDENT'S US	UAL OCCUPATIO	N.	16b, KIND (F BUSINESS/IND	LISTRY		4
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work	done during mos	st of working					ı
7	12	College (1-4 or 5+)	Painter			11 0	0			ı
Ξ			rainter				Governm	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, A	falden Surname)			1
BE	Ernest Paul Davis	S			Marjor	ie L. Ja	mes			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar	nd Number or Rural	Route Number, City	or Town, State, Zio	Code)		1
2	Christine A. Dav:	is							207/2	ı
	20a. METHOD OF DISPOSITION	A			rk St. C					4
}	ty⊟yBurial 2 ☐ Cremation 3 ☐ Rem	ioval from State	b. PLACE AND DATE OF D impetary, crematory or other	placa)	me of	DATE 20	Dc. LOCATION —	City or Tow	rn, Stata	ı
	4. Donation 6 Other (Specify)		washington	Nation	al Cemet	ery 5/1	9 Suitla	and,	MD	Ì
ŀ	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	0 4	22. NAME AN	D ADDRESS OF FA	CHITY				1
	1	// //	0/2.//	1200	0 1	riai sii	all s r	uner	al Home, In	١
	< raya	0/10	seel.	4308	Suitlan	d Rd. Su	itland,	MD	20746	
	23. PART i. Enter the diseases, or a shock, or heart failure.	List only one cause on	ed the death. Do not	enter the mod	de of dying, suc	h as cardisc or	reapiratory arre	eat,	Approximata	ı
	IMMEDIATE CAUSE (Firm		ouoit iiiio.						interval Batween Onset and Death	ł
1	disease or condition resulting in death)	· Liver for	iluce						24	ı
- 1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						- Cmars	4
_ 1	_			4.					ick .	ı
CERTIFICATION	Sequentially list conditions,	b. NOTT	A CONSEQUENCE OFT:	where	0				15 1002	1
F	If any, leading to immediate cause. Enter UNDERLYING	55E 10 (011 A5	A CONSCOUENCE OF):	,						ı
5	CAUSE (Disease or Injury	C								J
<u> </u>	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							ì
EH	Totalking in double EAST	d								ı
	PADT il Other significant condition									Į
PHYSICIAN: MEDICAL	PART il. Other significant condition	is contributing to death	but not reauting in t	he underlying	cause given in	Part i. 24a. W	AS AN AUTOPSY ERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	ı
용Ⅱ							ES 2 NO		COMPLETION OF CAUSE	ı
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5							rationing	.	1 TYES 2 NO	Į
¥ I	25. WAS CASE REFERRED TO MEDICAL					05 1	VEE			ı
ᅙ	EXAMINER?	HQSPITAL;	0	Z6. PL/	ACE OF DEATH (Ch	eck only one)				ł
₹S	1 TYES 2 NO	Inpatient 2 ER/Ou			5 🗆 Residence	6 Other (Specifi	y)			l
Ŧ.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOF	JRY AT	28d, OESCRIBE I	IOW INJURY OCC	URED		ł
	1 Natural 5 Pending 2 Accident Investigation	(Internal, Day, Iday)	Moon		ES 2 NO					۱
B	3 Cudeldo	28e. PLACE OF INJUR	Y — At home, term, stree	it factory office		281 LOCATION (Street and Number	or 0 1 0-	and Marshar	ł
	4 Homicide detarmined	building, atc. (Spi	ecify)	a, autory, onto		City or Town,	State)	or nurer no	dia number,	ı
<u></u>										ı
ᆲ	29a. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my know	wiedge, dasth occurred at	t the time, data	and placa, and dua	to the cause(s) an	d manner as state	id.		ı
COMPLETED		ER: On the basis of examinati							helete se rennem hos	ı
	29b. SIGNATURE AND TITLE OF CERTIFIER			101						l
BE	THE GOTTING	0.1			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)	I
2	- West	NM			147	177		2112	113	1
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D						•	-	I
	Scott Kroes	tal Tower	to 100	of Ho	pkins!	ratio 2 of	I. Rul	1412	MM 220	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			A. 41. 02	1494.10	7197	111,	41 1 200	1
	MAY 1 8 1003	2 1: Nois	dson-Randall							ı



	1 - STATE REGISTRAR	OF MARITAND	ERTIF	ICATE O	F DEATH	MENIAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH			3. TIME OF DEATH
	DELPHIA MOSEI	DALE DILW	ORTH				AY A A A A	YEAR	- M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	May 18	1993		9 · 10 A T
	213-48-0901	≥ D\≠	YRS.	MONTHS DAYS		(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give street and nu	87		Oh CITY TOWN	OR LOCATION OF D		1905	Wa	shington, D
DIRECTOR	Manor Care Nursing Ho			Large		PEATH		ince	George's
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOC	ATION.				THE STREET
H	Md. Prince	George's	100.011	Hyatts					10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	deor ge 3			101. ZIP CODE		Decili -		1 XYES 2 NO
FUNERAL				T.	IUI. ZIP CODE		10g. CI1	IZEN OF W	HAT COUNTRY?
N.	5821 Queens Chape	DECEDENT EVER IN U.S.	ABMED	140 0000	20781			U.S.	
	1 Never Married 2 Married FORCE	ES? 1 YES 2	Mo	If yes,	specify Cuban, Mexic	NIC ORIGIN? (Specify Ye en, Puerto Rican, etc.)	s or No —	14. RACE Black,	- American Indian, White, atc.
BY	3 X Widowed 4 Divorced	G, GIVE WAR OR DATES		1 🗆 Y	ES 2 NO Speci	fy:		Specify	White
0	15. DECEDENT'S EDUCATION	18a, (DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College ((Give kind of v	vork done durina i	nost of working	Tool Kill or bo	JINE 33/IN	DOSINI	
4	12	14 01 34)	T						1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Teach	er	18. MOTHER'S N	AME (First, Middle, Malden			
	Convers II Massalata	C							
H	Cearge H Mosedale		19b. MAILING	ADDRESS (Street	t and Number or Burel	in Grace D Route Number, City or Tow	ove	n Codel	
2	Diane L. Morales		50 Lal	kachara	Blvd	Vingeter	O-4	p C00m)	Canada K7N
	20L. METHOD OF DISPOSITION	20h PLAC		OF DISPOSITION (City or Tow	
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	cemetery, c	rematory or of	ther place)				1,000	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Metro	politi	ian Cre	matory	<u> </u>	xand	ria.	/a:
	DO. 0 1	2 100		Franc	is Gasch	5/20/93 Ale Fundamental Sons Fundamental	nera:	l Hom	e, P.A.
	Clarles +. 1.	sell 1		4739	Baltimor	e Ave., Hya	ttsv:	ille,	
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only to	ons that caused the	death. Do n	Dt enter the n	node of dying, suc	ch as cardiac or respi	iratory ar	reat,	Approximate
- 1	IMMEDIATE CAUSE (Final	one cause on ascn m	1	01	A				Interval Batween Onset and Death
	disease or condition reaulting in death)	ancer	at	Sta	nach	b			
		DUE TO (OR AS A CONS	EQUENCE OF	7:	٨	0			
Z		vanic ,	865	truci	jue ,	Kana o	Vir	200	0
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EQUENCE OF	7):			714		
2	CAUSE (Disease or injury	nalen				U			! !
쁜	that initiated events	DUE TO (OR AS A CONS	EOUENCE OF	j:		1 0.			
H	resulting in death) LAST	the zo sc	lex	Hic	hear	1 dise	as	0.	
	PART II. Other aignificant conditions contribu	iting to death but not	recuition i	n the conducted		David Lawrence			
PHYSICIAN: MEDICAL	TRI SKINI	iting to death but hot	-		- 1	PERFOR	MED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	- CAMPANO FO	del	acc	ire	OPSIX	UCL7 1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
X				_					1 TES 2 NO
ž									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:		28. OTHER:	PLACE OF DEATH (C)	neck only one)			
YS	1 YES 2 NO 1 Inpati	ent 2 🗆 ER/Outpatient	3 DOA		me 5 🗆 Rasidence	6 Other (Specify)			
표	(Month, Day, Year)	28b. TIMI	URY V	JURY AT A	28d. DESCRIBE HOW I	NJURY OC	CURED	
À	1 S Netural 5 Pending 2 Accident Investigation	MA	14		YEB 2 NO	~ (1/7	-	
	Codia not be	PLACE OF INJURY — At Pouliding, etc. (Specify)	nome, farm, s	treet, factory, off	Ice	28f. LOCATION (Street e City or Town, State)	and Number	r or Rural Ro	ute Number,
EI	4 Homicide determined		14	IA		74	+		
COMPLETED	29a. CERTIFIER (Check only	beat of my knowledge, o	Seath occurre	d at the time, de	te and place, and due	to the cause(a) and mar	nor so etc	ted	
N N	2 MEDICAL EXAMINED ON the In	of examination and/o	r Investigation	n, in my opinion,	death occured at the	time, date and place, an	d due to II	na ceuse(a)	and manner as stated
	290. SIGNATURE AND TITLE OF CERTIFIER	1000							
H	Xlc	Q			29c. LICENSE NUI	MBER			Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED ONTE OF DEATH	544 AT -	0/3	W1760	1	Ma	ay 18	, 1993
					n	W	20.	710 0	1 / 1
	Dr. Raman Tuli, M.D.		Stre	et, Mt.	Kainier	, Maryland	20	112-2	141
		EGISTRAR'S SIGNATURE	٠ n	00					
	MAY 0 0 1003	Lelia Davidson	-Handa	بلاك					

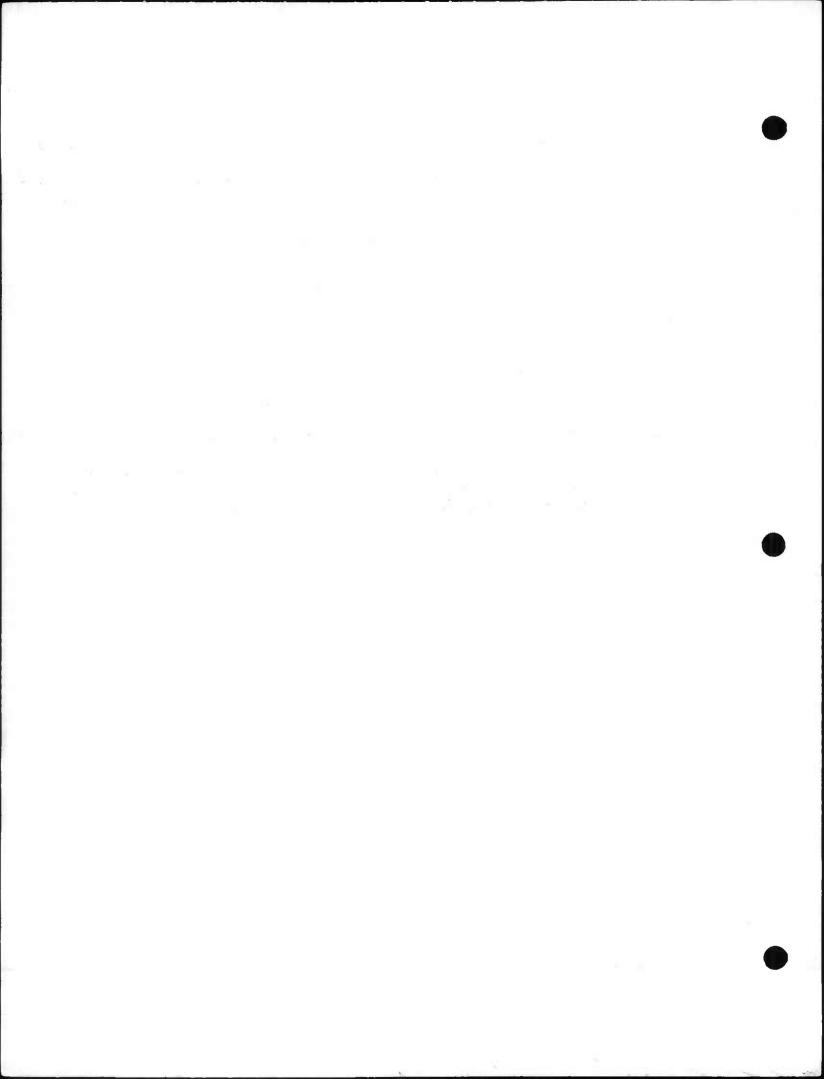


BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

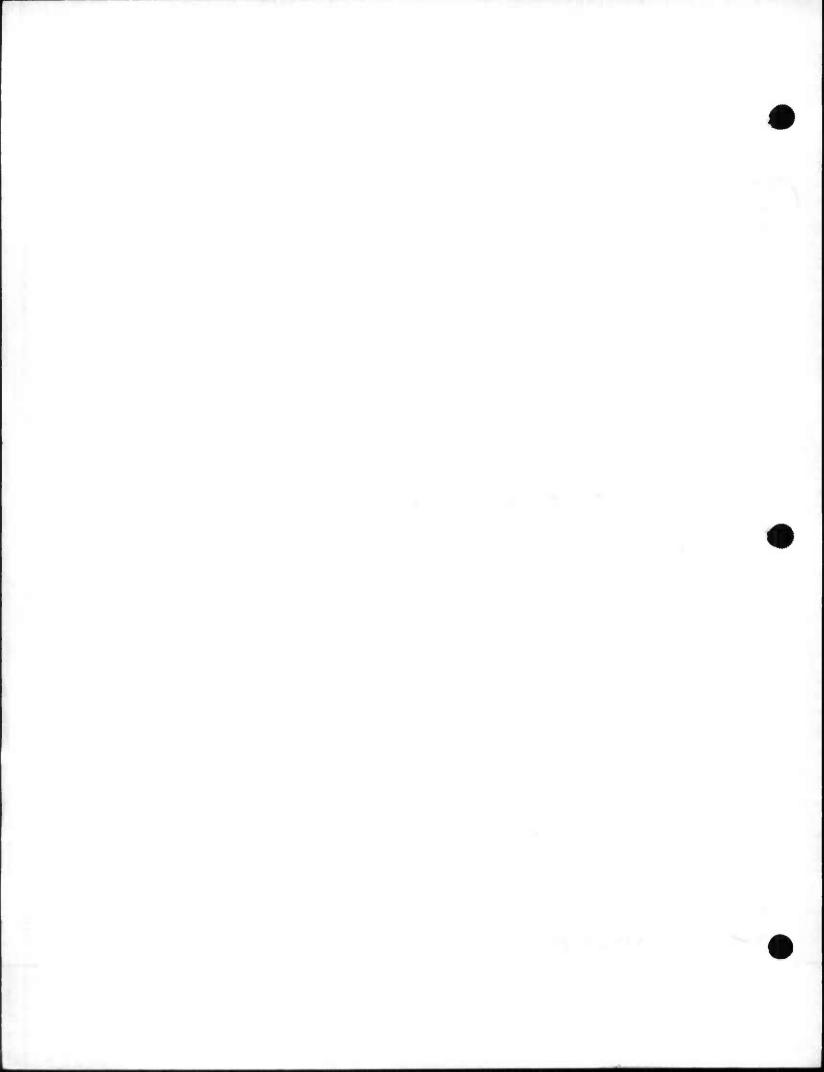


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

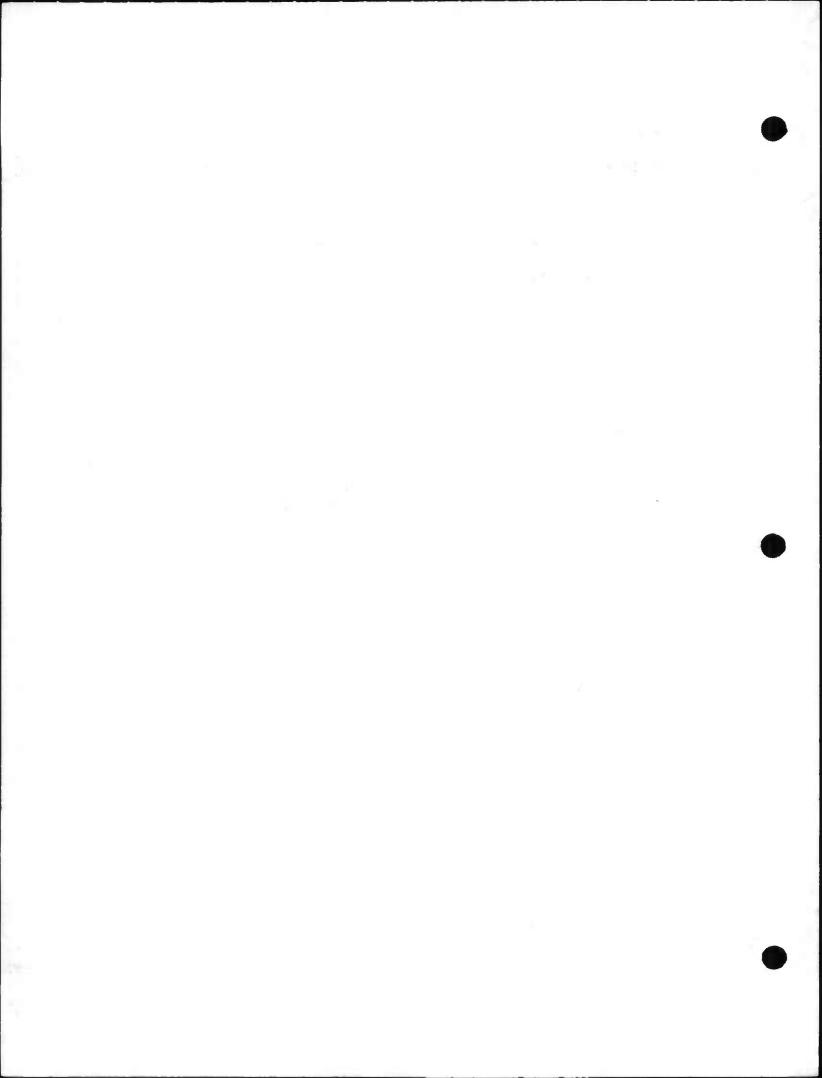
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be testained by the hospital or attending ph	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPIT	THE FUNER	IMPORTANT:	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH OF DEAT	AND ME	NTAL HYGIEN		<i>J</i> 0	1070) [_
	1. DECEDENT'S NAME (First, Middle Last					2.	DATE OF DEATH			3. TIME OF DEATH	
	VIRGINIA L	LEWLLYN DUT	TON				May 15,	1993	YEAR	6:51 A	M
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	R IF UNDER	24 HRS. 7.	DATE OF BIRTH	T	8. BIRTH	IPLACE (State or Foreig	202
	217-30-0616	1 □ M 2 🖾 F 59	YRS.	MONTHS DA	8 HOURS	MIN. M	(Month, Day, Ybar) erch 23,	1934	Countr	nington, I	-
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	N OR LOCATIO			9c. COUN			-
5	6302 Roanoke Ave	nue	·	River	dale					George's	
DIRECTOR	RESIDENCE OF DECEDENT							1111	iicc	ocorge 3	
E	10e. STATE 10b. COUN			Y, TOWN OR LO						10d. INSIDE CITY	
		ce George's	Ri	verda1	e					1 - YES 2 NO	
₹ I	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?	
FUNERAL	6302 Roanoke Ave				20737				S.A.		
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER II FORCES? 1 TYES		13. WAS	Specify Cubar	F HISPANIC (ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, , White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES		ES 2 NO	Specify:			Speci		
	15. DECEDENT'S ED	UCATION	16a. DECEOENT'S	IIBIIAL OCCUE	ATION		16b. KIND OF BUS			White	
	(Specify only highest grad	fe completed)	(Give kind of v	vork done during e retired.)	most of working	g	IGE. KIND OF BUS	SINE 35/IND	JSIHT		
7	12	College (1-4 or 5+)	Home Ma	ker			Own Ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	First, Middle, Malden				
BE C	Richard A. Pear	rson, Sr.					nia A.	Kern	5		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str			Number, City or Tow	n, State, Zip	Code)		
2	Thomas J. Dutton	, Jr.					rdale, Ma			20737	
	20a, METHOD OF DISPOSITION 1 S Burlal 2 Cremation 3 Ren	20b	PLACE AND DATE	FDISPOSITION	(Name of		DATE 20c. LO	CATION — C	ity or To	wn, Stata	
	4 Donation 5 D Other (Specify)	Re	netery, crematory or of esurrect							yland	
	21. SIGNATURE OF FUNERAL BERVICE L	CENTEE		22. NAM	AND AOORES	S OF FACILITY	Sons Fur	20201	Uom	o D A	
	1 10-6	XX	' /	4730	Rol+i	more .	Ave.,Hyat	terai	пош 11	MD 2078	1
	23. PART Entar the diseases, or	complications that caused	d the death. Do n							Approximata	, 1
	shock, or heart failure.	List only one cause on a	agh iina.	0				-	,,	interval Batw	
ł	IMMPOIATE CAUSE (Final disease or condition	Motas	tatic	Kn	-Oant	- /	ances	/		Onset and De	eath
l	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF		KOW		may	/		-	
z		6								į	
	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
<u>ই</u> ∥	CAUSE (Disease or injury	С.									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	Contains in cooling and	d									
AL O	PART il. Other algnificant conditio	ns contributing to death b	ut not resulting i	n the under!	ing cause g	iven in Pari			24b.	WERE AUTOPSY FINDIN	NGS
할							PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUS	E
							101232	4 NO		OF DEATH?	
-										i les I la	ı
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28	PLACE OF DE	ATH (Check o	only one)				\dashv
Sign	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 🗆 DOA	OTHER:	ome 5 K Rac	aldenca 8 🗆	Other (Specify)				
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c.	INJURY AT		I. DESCRIBE HOW IF	NJURY OCC	JRED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Your)	INS		WORK? YES 2	NO					
100	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, e	treet, factory, c	ffice	281	LOCATION (Street a City or Town, State)	nd Number o	or Rural R	oute Number,	\neg
	4 Homicide determined						Ony or lowit, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	ledge, death occurre	d at the time, o	ate and place,	and due to ti	ne cause(a) and man	ner as atate	d.		
O	one) 2 MEDICAL EXAMIN	ER: On the basis of exemination	n and/or investigation	n, in my opinio	, death occure	d at the time	, date end place, end	d due to the	ceuse(a)	and manner as stated	d.
	296. SIGNATURE AND TITLE OF CERTIFIE	7/			29c. LICE	NSE NUMBER		29d, DATE	SIGNED	(Month, Day, Year)	-
8	(Vaia C	Wan	M.	D.	D	418	28	•	(-/	1492	
٩	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	_	(10)	0 1 -		7	3/1/3	\dashv
	31. DATE FILED (Month, Day, Year)	2 HAN M	D. 7	5231	Veen	way	Center	dr. (-	Xel	ubelt 1	4
	MAY 1 9 199	33 Julia Dav	idson-Rand	ell_							



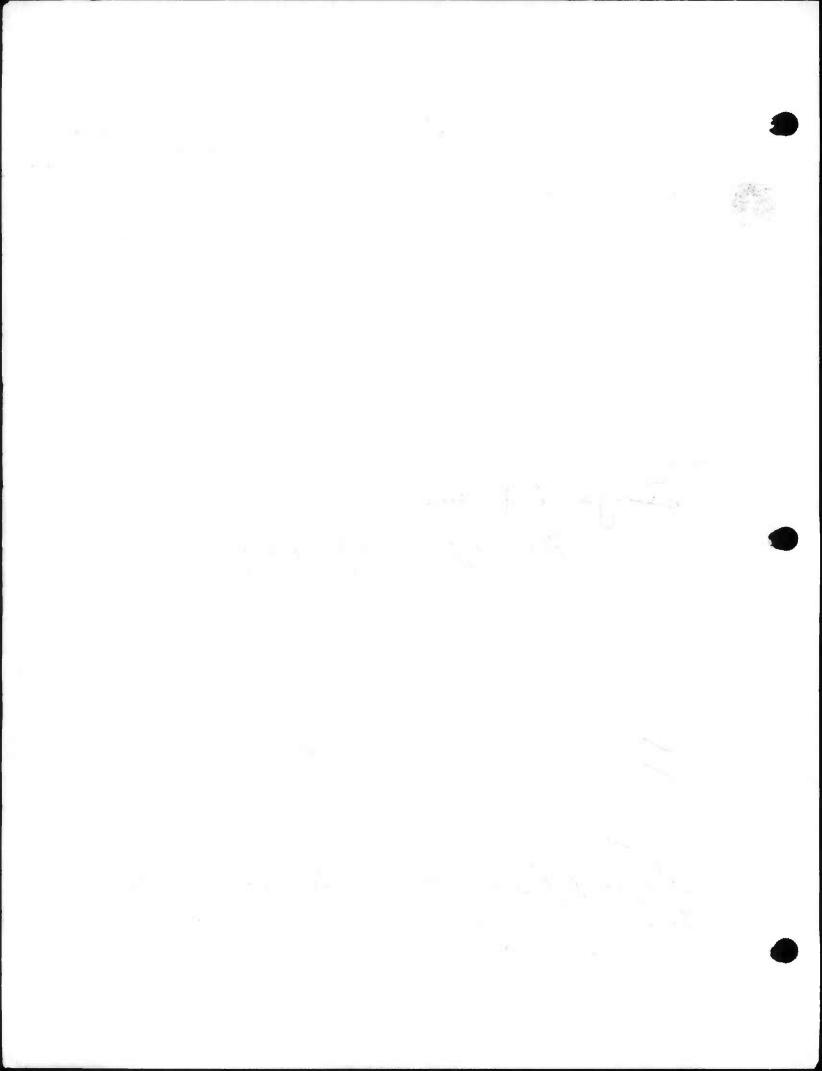
BALTIMORE, MARYLAND 21215-0020	hin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	/no THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Mic RUTH ESTI-		ſ	DAVIS						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	and the state of t									05 / 14	/19	93	5:10 P M
	4. SOCIAL SECURITY NUMBER	- 1	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	215-50-3952		1 M 2 XF	44	YRS.			Hoone		06/02/19	48		hington, DO
~	9a. FACILITY NAME (If not institu							OR LOCATION		ATH	9c. COU	NTY OF D	EATH
0	THE JOHNS	HOPKI	<u>NS HOSP</u>	ITAL		BAL	TIMO	RE C	ITY		BA	LTIM	ORE
DIRECTOR		b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	TION					10d, INSIDE CITY
H	Maryland	Mont	tgomery			lver							LIMITS?
	10e. STREET AND NUMBER		igomer y		1 31	IVCI		. ZIP CODI	E		18a, CIT	IZEN OF V	WHAT COUNTRY?
EH	111 Eastmoo	re Dr	ive					209	01		1	U.S.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	E — American Indien.
	1 Never Married 2 Mer		FORCES? 1	YES 2 X	NO		If yes, sp			n, Puerto Ricen, atc.)		Speci	k, White, atc.
В	3 Widowed 4 Divorced							302	,			-	White
COMPLETED	15. DECEDE (Specify only hig	Thesi grade co	TION ompleted)	(ECEDENT'S Give kind of	work done	CCUPATIO	ON ast of working	10	166. KIND OF BU	SINESS/IN	DUSTRY	
"	Elementary/Secondary (0-12)		College (1-4 or 5	+) "	e. Do NOT u	se retired.)							
Ž	12 17. FATHER'S NAME (First, Middle	1 11	5+	PS	ychia	atric	Nu	Y		Hospit			
	Wilbur C. D									ME (First, Middle, Malden	Surname)		
H	19a. INFORMANT'S NAME (Type)			T.	DE MAII INC	ADDRES	2 (0			Orake			
임	Ruth D. Da									Route Number, City or Tow		,	ula a al
					AND DATE		-		enue	, Hyattsv			
	26a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 6 Other (Spi	3 Remov	el from Stata	cemetery ci	rematory or p	(her place)	Crar	nator	· V 5	/18/93 Ale	Vanc	Licio	Winginia
	21. SIGNATURE OF FUNERAL SE		VSSE.	- I Meet	орон	22.	NAME AL	ID ADDRES	SS OF FAC	CRITY			
- 1	» V ~	1	NI		/								lome, P.A.
\dashv	22 DADT Street the diese	2 2		nen	d	4	739	Balt	imor	e Avenue,	Нуа	attsv	ille, MD
	23. PART . Enter the disease ahock, or heart	t fellure. Lis	st only one ceu	ise on each lin	e.	not enter	the mo	de of dyl	ng, such	n aa cerdlac or reepi	ratory er	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		A	0	. ,	0	1	_					Onset and Death
	resulting in death)	a.	Adult	10000	nton	Di	5 Tre	12 Pc	Tholo	one			1 month
_		_		Embol.	~~	r):							
0	Sequentially list conditions if any, leeding to immediate		DUE TO	(OR AS A CONSE	OUENCE O	F):							Months
CERTIFICATION	cause. Enter UNDERLYING		Endo	carditis									Months
Ĕ	CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):			-				MOTITIE
	resulting in death) LAST	d.											
	PART II. Other eignificent	conditione	contribution to	death but not	sociation.	le the re	ele ele ele			5.2.1 1			
MEDICAL	Cercbiovasul			deadii bui iiot	reediting	in the un	ideriying	1 cansa 8	jiven in	Part I. 24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	00.00,000		o total I							YES 2	□ NO		DF DEATH?
— n										-			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO ME	FDICAL					20 04	ACE OF O	FATH (OL-	1			
PHYSICIAN:	EXAMINER?	1	HOSPITAL:	ED (Outpettent	n 🗆 pos	OTHER	₹:			ck only one)			
¥∥	27. MANNER OF DEATH		28e. DATE OF		28b. TIM	7	28c. INJ		sidence	8 Other (Specify) 28d. DESCRIBE HOW II	N ILIBA OC	CUREO	
	Netural 5 Pen		(Month, D			URY M	WO	RK7	NO NO	ZOG. DESCRIBE NOW I	NOON! OU	CONEO	
B	2 Accident Inve	stigation	26e. PLACE O	F INJURY — AI h	ome, farm, :	street, fact				26f. LOCATION (Street a	nd Number	or Rumil F	Poute Number
Ĕ		rmined	building,	etc. (Specify)						City or Town, State)			
COMPLETED	29a. CERTIFIER	ING PHYSICIA	M: To the heat of	my knowledge d	anth annum	d at the s		and stars		to the cause(s) and men			
ĕ													e) end manner ae stated.
	29b. SIGNATURE AND TITLE OF								NSE NUM				
8	11/Boule	14 12						29C, LICE	NSE NUM	BEH	29d. OAT	E SIGNEO	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETEO CAUS	SE OF OEATH (ITE	M 27) (Type	Print)			_			111	110
	Michael F			M.P.			1 (1	1215	<	trut to	45 1	10.01	as Huspitel
/	31. DATE FILEO (Month, Day, Year))		PANTURE DANTOR	Randos	2	, 00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(124)	,5	7 1.03/1/
	MAY 1 9	1993	guna	KYKIN I KYON V-	1-10-0	_							



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ó	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it would after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remov	supportant: it is an 29 is morted or item 23 shows any injury or other fraumatic event the medical
4	rted	COU	19	-
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	execu	and	ng o	natio
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	1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF			ENTAL HYGIEN REG. NO		93	16701
	1. DECEDENT'S NAME (First, Middle, Last)		0				2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Esther	Elizabeth	Havi	Š				-9-		6A M
	Total Committee of the		(In yrs. last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	3. 4 20 7 300	1 🗌 M 2 💢 F	68 YRS.				Jan. 6, 19			ington, D.C
0	9a. FACILITY NAME (If not institution, give street 2066 Chadwick Ter			96. CITY, TOW			TH		INTY OF D	
힏	RESIDENCE OF DECEDENT	Tace		Temple	піті	S		Prin	се Б	eorges
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
1 1	Maryland Prince	Georges	Te	mple Hi	11s					1 TYES 2 NO
3AL	10e. STREET AND NUMBER				10f. ZIP COO					WHAT COUNTRY?
FUNERAL	2066 Chadwick To				2074				.S.A.	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{YES} \)	S 2XXNO	If yea,	specify Cubi	an, Mexican,	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-		E — American Indian, k, Whita, atc.
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	101	ES 2 💢 NO	Specify:			Speci	"y" Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a, DECEDENT'S	work done during		ina	16b, KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT u	se retired.)		•	D 1.			
MP	17. FATHER'S NAME (First, Middle, Last)		Cler	K	1 40 4400		Banki			
	William W. Brooki	na				nie	E (First, Middle, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	116	19b, MAILING	G ADDRESS (Street			oute Number, City or Tox	m, State, Zi	p Code)	
2	Karen Davis		2066	Chadwic	k Ter	r. Te	mple Hill	s, M	D 207	748
	20g. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Remove	val from State	Ob. PLACE OF DISPO	SITION (Name of	comotory, cro	metory or	20c. LC	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)	W	lashingto	n Natio	nal C	emete	ry 5/ 2 2/9	3 Su	itlar	nd,MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	龙	01	22. NAME	AND ADDRE	ESS OF FAC	Marshal	1's 1	Funei	ral Home,Inc
SAS .	Drya !	I Tel	ball	4308	Suit.	land	Rd. Suitl	and,	MD	20746
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	implications that cause ist only one cause on	ed the death. Do each line.	not enter the	mode of dy	ring, such	as cardiac or resp	iratory as	rreat,	Approximata interval Batween
		~								Onset and Death
- 1		Lead To A	4	A	4 .		146 40 4		1 1	100000 -25-10-20
1	disease or condition resulting in death)	Habekeh	ypestens	in ass	terio,	rele	when Wh	rol	(w)-	
event, ii	resulting in death)	Habeke L Ove TO OH A Ren	pertent	in ass	J de	rele	utu Va	rol	(w)-	
TION	Sequantially list conditions,	Due to (OR AS	pertent		J de	ple	este Va	rol	(w)-	
CATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	DF):	J de	ple	estes Va	rol	(w)-	
TIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS		DF):	J de	ple	este Va	rol	(4)-	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O	DF):	J de	ple	este Va	rol	(4)-	
: ö	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):			Part J. 24a, WAS AI			S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
CAL	Sequentially flat conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):			Part J. 24a, WAS AI	N AUTOPSY		D. WERE AUTOPSY FINDINGS
CAL	Sequentially flat conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):			Part I. 24a. WAS AF	N AUTOPSY		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	DUE TO (OR AS	A CONSEQUENCE O	PF): In the underly	ring cause	given in F	Part I. 24a. WAS AF PERFO	N AUTOPSY		S. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED?	DUE TO (OR AS DUE TO (OR AS Contributing to death	A CONSEQUENCE OF A CONS	In the underly 28 OTHER:	ring cause	given in F	Part I. 24a. WAS APPERFO 1 TYES	N AUTOPSY		S. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
YSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED?	DUE TO (OR AS DUE TO (OR AS COntributing to death HOSPITAL: 1 □ Inpetiant 2 □ ER/Ou 28a. DATE OF INJURY	A CONSEQUENCE C A CONSEQUENCE C but not resulting	OTHER: WE OF 28c.	PLACE OF INJURY AT	given in F	Part I. 24a. WAS AF PERFO	N AUTOPSY RMED? 2 AND	24k	S. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
YSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 S	DUE TO (OR AS DUE TO (OR AS COntributing to death HOSPITAL: Inpetient 2 ERVOL	A CONSEQUENCE C A CONSEQUENCE C but not resulting	OTHER: 4 O Number 1	PLACE OF	given in F	Part I. 24a, WAS APPERFO 1 TYES Ck only one)	N AUTOPSY RMED? 2 AND	24k	S. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED TO SEE TO	DUE TO (OR AS DUE TO (OR AS COntributing to death HOSPITAL: 1 □ Inpetiant 2 □ ER/Ou 28a. DATE OF INJURY	S A CONSEQUENCE C S A CONSEQUENCE C Dut not resulting utpetient 3 □ DOA Y 28b. Til R Y At home, farm,	OTHER: 4 ON Number 1 1	PLACE OF	given in F	Part I. 24a, WAS APPERFO 1 TYES Ck only one)	N AUTOPSY RMED? 2 NO INJURY OF and Number	24k	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	DUE TO (OR AS DUE TO (OR AS COntributing to death HOSPITAL: Impetient 2 = ER/Oc 20a. DATE OF INJURY (Month, Day, Year) 20a. PLACE OF INJURY	S A CONSEQUENCE C S A CONSEQUENCE C Dut not resulting utpetient 3 □ DOA Y 28b. Til R Y At home, farm,	OTHER: 4 ON Number 1 1	PLACE OF	given in F	Part I. 24a. WAS AI PERFO 1 TYES : Ck only one) B TOther (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	N AUTOPSY RMED? 2 NO INJURY OF and Number	24k	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINED? 1 PES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO death HOSPITAL: 1 Inpetient 2 ER/Ou 20a. DATE OF INJURY (Month, Dey, Year) 20a. PLACE OF INJURY building, etc. (S): 1. On the basis of axaminat	S A CONSEQUENCE OF A CO	OTHER: 4 Numing F ME OF 28c. JURY M 1 street, factory, of the time, of the	PLACE OF I	given in 8	Part I. 24a. WAS AI PERFO 1 YES 24 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and making, deta and place, a	INJURY O	24k	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,



E FUNERAL DIRECTOR: After this distribution of within 72 hours after death was RTANT: If item 28 is mark

TO THE HOSPITAL (TO THE FUNERAL CO FIED WITHIN 72 PM IMPORTANT: If 18

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31. DATE FILED (Month, Day, Year)

MAY 2 8 1993

WHO COMPLETED CAUSE OF

DEATH (ITEM 27) (Type, Print) 111

Salia Davidson-Randall

Penn

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NG PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit por sath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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within	for this certificate has been signed by the attending physician and completely filled in by the sath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ent,
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93 16705 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Lloyd Frank Doyle 05 1993 1050 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 🕅 M 2 🗌 F DAYS HOURS 217-58-5113 Jan. 11, 1948 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban
RESIDENCE OF DECEDENT Bethesda Hospita Montgomerv 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Montgomery Silver Spring 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 301-A Duxbury Lane 20905 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 N Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY nost of working Elementary/Seco ndary (0-12) College (1-4 or 5+) 12 Tree Surgeon Tree Trimming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Edward Doyle Mary Elmira Travers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Tracy Chandler 1 Frances Street, Laurel, MD 20723 20a, METHOD OF DISPOSITION
1 ☑ Burlai 2 ☐ Cremellon 3 ☐ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) George Washington Cem. 5/28/93 Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. ase 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition INJURIES MULTIPLE resulting in death) DUE TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 | NO 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ FR/Outpatient 3 ☐ DOA OTHER: 1 XYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Subject,
Precipitated from tree
281. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 1 Natural 5 Pending investigation М 25 1993 1015 1 TYES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) COMPLETED 8 Could not be 4 Homicide ioh 6803 Meadow Lane 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axi investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E

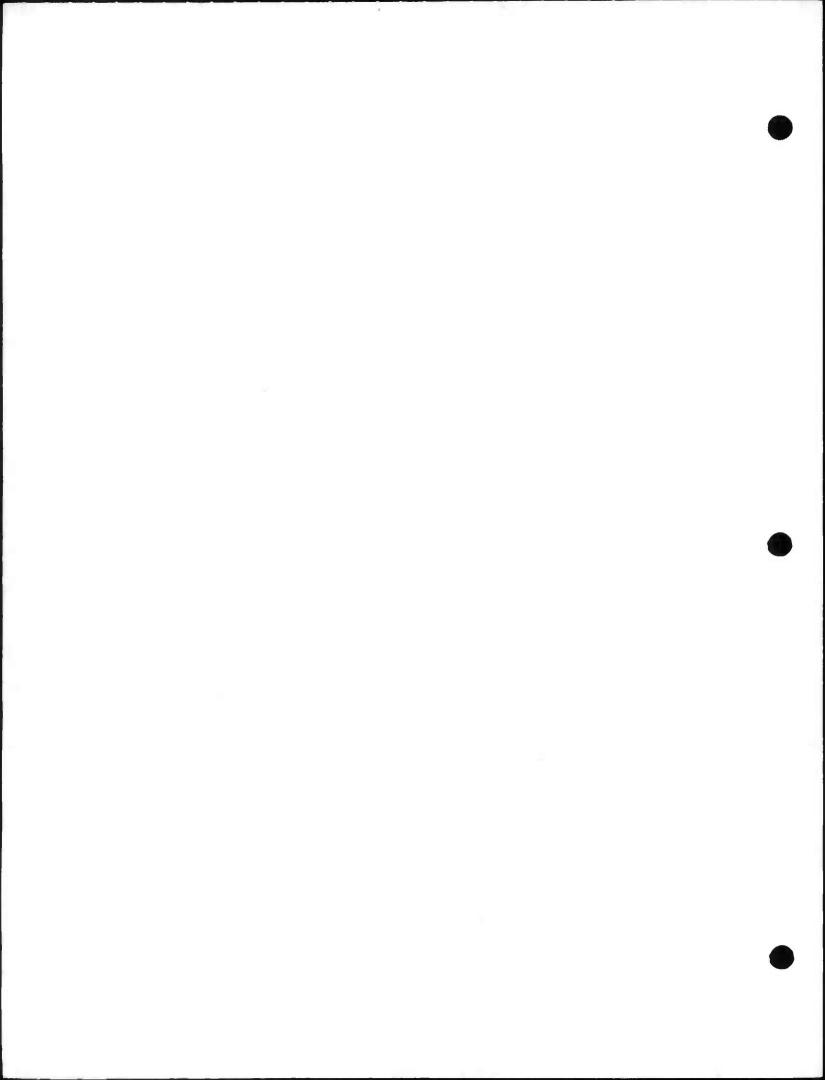
Street, Baltimore,

05

Maryland

26 1993

DHMH-16 Rev 1/89



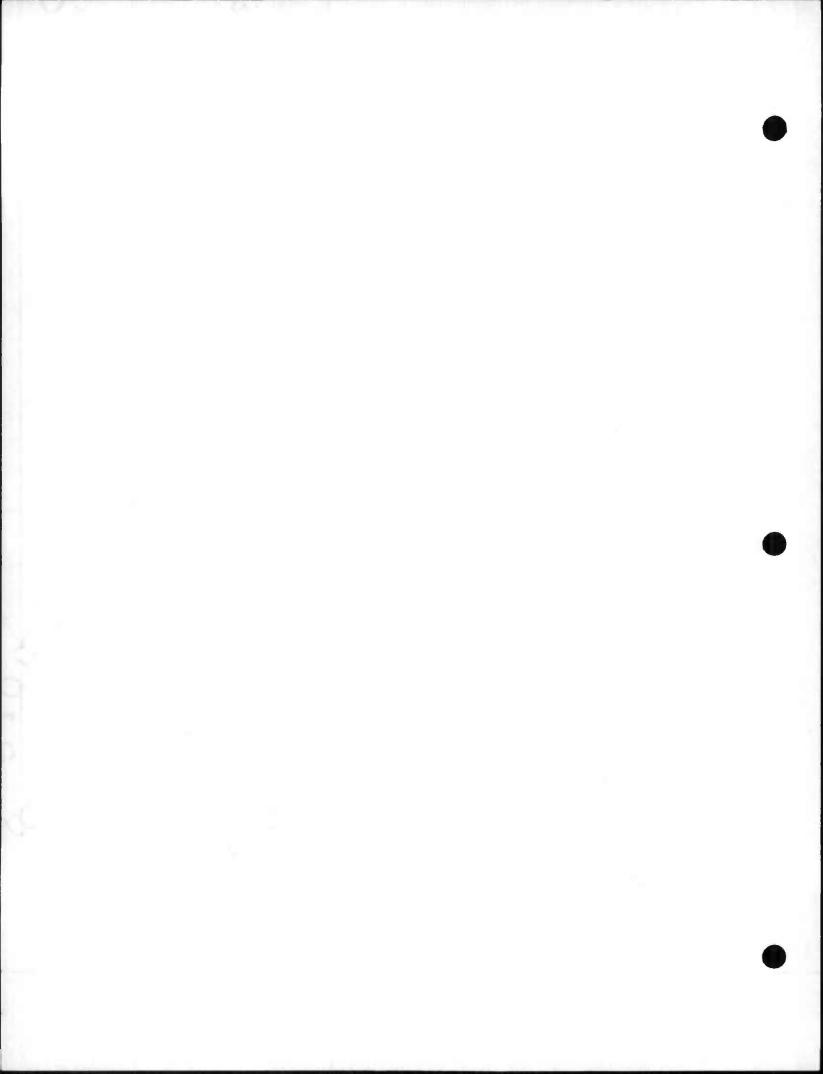
	TEGIOTIAN		<u></u>	511111	ICATE	UF	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BERNADETTE E. D	EAVER							2. DATE OF	DEATH DA	w20 1	9'9'3	3. TIME OF DEATH 6:15 p
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. les	t hirthrian)	IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE OF	BIOTLI		a BIDTA	IPLACE (State or Foreign
	155-09-4901	1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	- (Month, De	y. Year!-		Countr	γ)
- 1	Se. FACILITY NAME (If not institution, give at			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							W JERSEY		
œ		•							ATH		750		
DIRECTOR	Bethesda Naval H		Bethesda Montgo						merA				
E I	10e. STATE 10b. COUNTY		10c CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
E	2.000										LIMITS?		
31	MARYLAND PRINC	E GEORGES		TEMPLE HILLS					44. 047.021.02				1 TES 2 NO
FUNERAL	3063 BRINKLEY-RD,	3 201					20748						STATES
y				_	_							TIED	STATES
교	11, MARITAL STATUS 1 Never Married 2 Narried	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED VO	13.	MAS DEC	ENDENT C	F NISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE Black	- American Indian, t, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR				TYES	2 X NO	Specify:		.,,			WHITE
	15. DECEDENT'S EDUC	2471041	10.00										
2	(Specify only highest grade		16a. DE	ive kind of	work done	during mo	ON ost of workin	ng	16b. KJA	ID OF BUS	HNESS/IND	DUSTRY	
اج	Elementary/Secondary (0-12)	College (1-4 or 5 +)	100	DUSEV						T.T	1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			JODEV.	TIL						emake	er	
	EMIL GROPPE							LLIA	ME (First, Midd				
BE										rone			
٩	JAMES H. DEAVER		190	b. MAILING					oute Number, (City or Town	n, State, Zip	Code)	
- 1						-	10a.	_					
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remarks	over from State	20b. PLACE A	AND DATE	OF DISPOS	ITION (Ne	eme of 5-	-26-9	3 DATE			City or To	
	4 Donation 8 Other (Specify)		Arlir	ngtor	Nat	11 (Ceme t	ery		Arl	.ingt	on, V	'a
- 1	21. SIGNATURE OF FUHERAL SERVICE TIC	SASEE /	/		22.	NAME A	ND ADDRES	SS OF FAC	Lee	Fun	eral	Home	e,Inc.
	6633 Old Alexander Ferry Road Clinton, Md, 20735												
\neg	23. PART I. Enter the diseeses, or o	omplicationa that co	eused the de	eth. Do r						or respi	ratory an	rest	Approximate
	ahock, or heart fellure.	List only one ceuse	on each line							о. тоори	atory and	,	intervai Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. INTRACEREBRAL BLEEDING										Onset and Death		
	resulting in death)	n. INTRACERI											
_			THE H CONCE	DOLINOL O	, ,								
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	AS A CONSEC	DUENCE OF	F):								
¥.	if any, leading to immediate cause. Enter UNDERLYING												4
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST	4											
B B													
4	PART II. Other aignificent condition	a contributing to de	ath but not r	eauiting	in the un	deriyin	g cause g	given in F	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL									1.5	YES 2			COMPLETION OF CAUSE
											AY	100	OF DEATH? 1 YES 2 XNO
≥									_				TO TO
3	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Chec	ck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER	t:			Other (Sp	mc/h/)			
호	27. MANNER OF DEATH	28s. DATE OF INJ	IURY	28b. TIM	E OF	28c. INJ	URY AT	_	28d. DESCRI		JURY OC	CURED	
	Netural 5 Pending	(Month, Day,	Year)	INJ	URY M		PRK? YES 2	NO					
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At ho	me, farm, s	street, fact	ory, offic	•		281. LOCATIO	N (Street a	nd Number	or Rural R	Toute Number
COMPLETED	4 Homicide determined	building, etc.	. (Specify)							wn, State)			
"	29a. CERTIFIER		adequate in		3. 3-7.6				de la ce		- Mirch	u al	
F		CIAN: To the best of my											
8	one) 2 MEDICAL EXAMINE		imation and/or i	investigatio	n, in my o	рілюп, а	Heilith occur	ed at the t	lme, data and	place, and	d due to th	te cause(s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	1 1 01	1				29c. LICE	ENSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
P P	1.15.1117	Trely									1	21 M	1Ay 93
-	30. NAME AND ADDRESS OF PERSON WHO				Print)	NATI	ONAT.	NAV	AL MED	ICAL			
	PAUL B. MITCHELL		MC,USN						20889-				
	MAY 2 5 199	3 32. PEGISTINAS	PIGNATURE DOUGLOSON	-Rand	02								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED MAY 2 5 1993



0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

4910 Mass.

32 PRECISTRAN'S SIGNATURE JUNE DAY OSON MONDELL

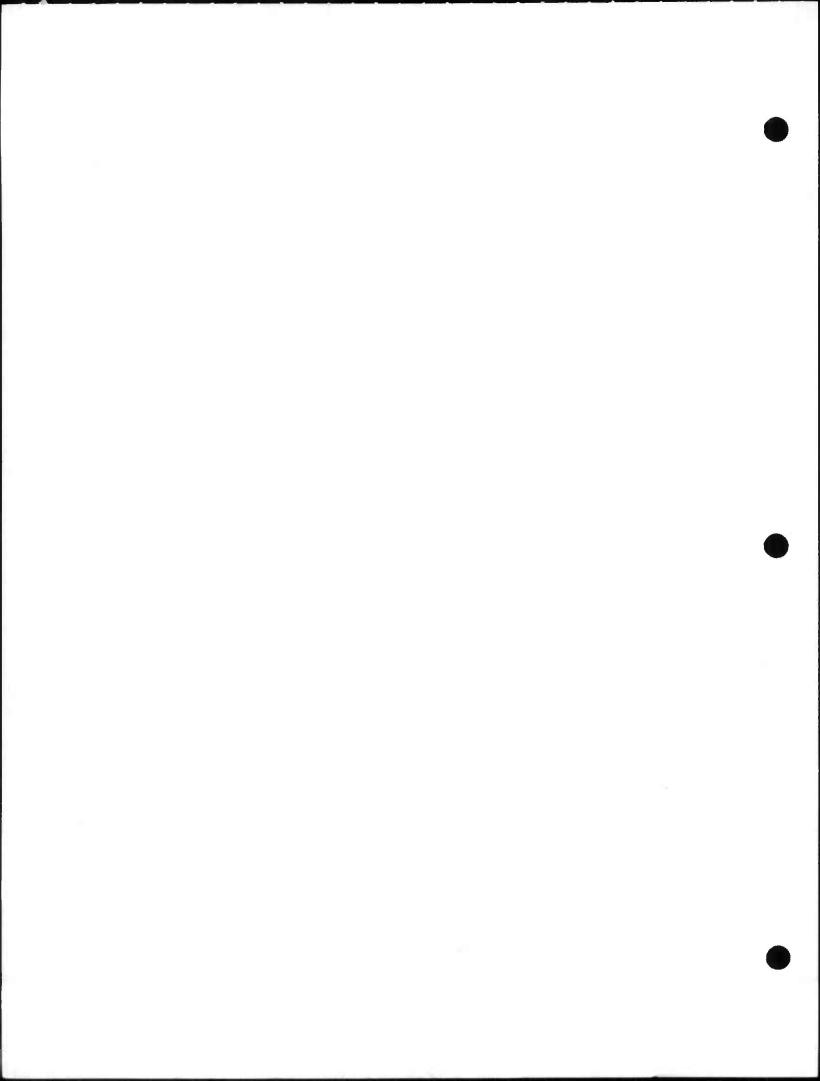
Ave, NW, Washington, D.C. 20016

Daniel V. Youn

31. DATE FILEO (Month, Day, Year)

MAY 25 1993

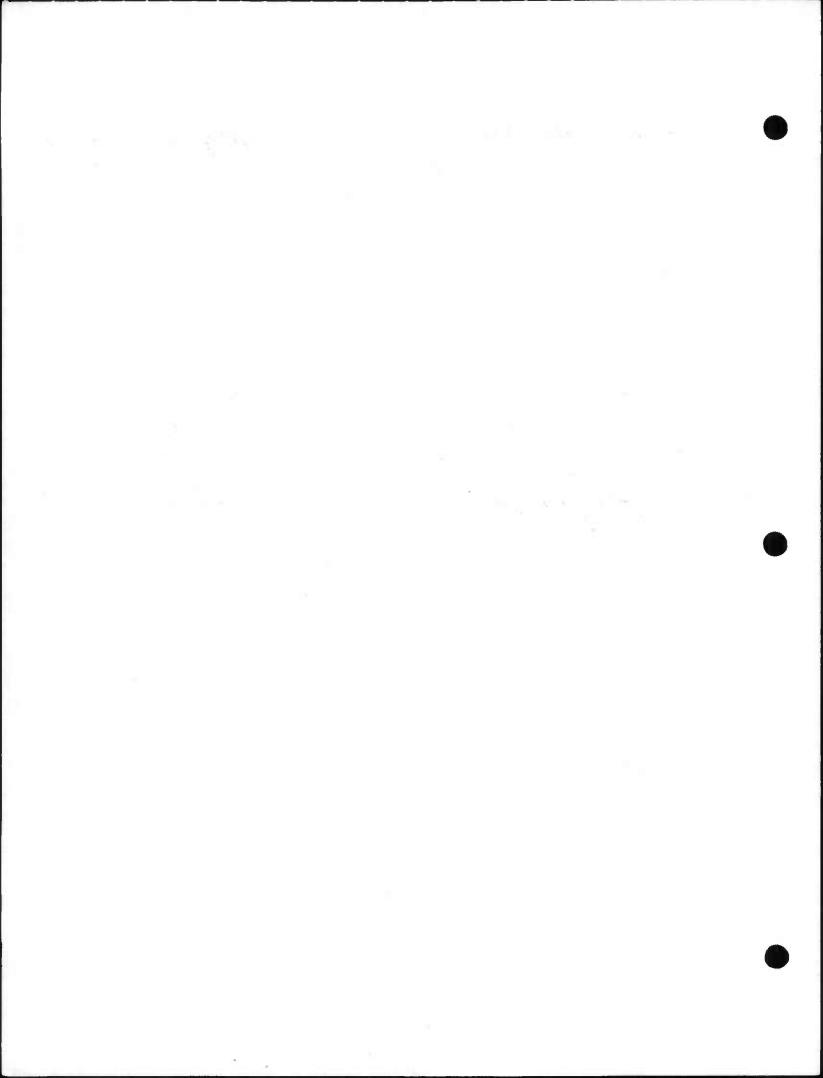
											(3	16707
	FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAR						YGIEN	E		10101
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	Mabel Mabel		Dut	t					Мау	20	, 199	3	4:45 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)		R t YEAR	IF UNDER		7. DATE OF	BIRTH		a. BIRTHPI	LACE (State or Foreign
	578-62-7003	1 🗌 M 2 💢 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	¥7°,1	896	COURT	io
	9a, FACILITY NAME (If not institution, give str	reet end number)			9b. CIT	Y, TOWN (OR LOCATIO	ON OF DE	EATH		9c. COUN	TY OF DEA	NTH
l R	Bethesda Nursing	& Retire	ement C	enter	C	hevv	Chas	se			Mo	ntgo	merv
DIRECTOR	RESIDENCE OF DECEDENT							, -				nego	шегу
1 1 1	100. STATE 10b. COUNTY					OR LOCAT						1	Od. INSIDE CITY
				Was	shin	gton	, D.C					1	YES 2 NO
I₹	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ		AT COUNTRY?
買	1500 Massachuset	ts Avenu	ie, N.W	•			200	005				USA	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. 4	ARMED	13.				VIC ORIGIN? (S		or No-	14. RACE -	- Americen Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Nover Married 4 Divorced	IF YES, GIVE W		JANO			2 NO		in, Puerto Rica y.	n, atc.)		Specify:	
							A						WILLE
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of	completed)	16a, (DECEDENT'S (Give kind of it)	USUAL (during mo	on st of working	g	16b. Kit	ND OF BUS	SINESS/INDI	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	·) "	Homer					1	Own 1	I7.a.m.a		
₹				пошет	паке	ľ				OWII .	поше		
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd				*
H	Adam Rumbaugh			<u></u>					ta Esh				
2	190. INFORMANT'S NAME (Type/Print)		1						Route Number,				
-	Wayne Rumbaugh 16821 S,W. 87th Court, Miami, FL 33151 20g. METHOD OF DISPOSITION 20g. METHOD OF DISPOSITION 20g. METHOD OF DISPOSITION (Name of State St												
	20s, METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b.PLACE	and date	of dispo	iona.	me of 1 Cem	1.	6/1	20c. LOC	cation - c	On,	v. State
	21. SIGNATURE OF FUNERAL SERVICE LICE	^		22	NAME AN	D ADDRES	SOF FA	QILITY CON	a T	20			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAQUITY Sons, I										atan	DC 20016	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate												
	ahock, or heart fallure. L	ist only one cau	se on aach lir	na.	iot anta	r tha mo	da or dyli	ng, suci	n as cardiac	or reaple	ratory arre	eat,	Approximata Intarval Batween
1 1	IMMEDIATE CAUSE (Fine)											Onset and Death	
	disease or condition											cokes	
	DUE TO (Off AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, b.	DUE TO	OR AS A CONS	eratic	V	a sciole	***	Disc	infl				475
AT	If any, leading to immediate cause. Enter UNDERLYING	502.10	(011 A3 A CONS	EODENCE OF	٠,٠								1
윤	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONS	EQUENCE OF	F):								
토	resulting in death) LAST												İ
빙	d												+
A.	PART II. Other significant conditions	contributing to	death but not	resulting	in the u	ndariying	cause gi	lven in	Part I. 24	PERFOR		24b. W	ERE AUTOPSY FINDINGS
EDICAL									10	YES 2		0	OMPLETION OF CAUSE F DEATH?
¥	(YES 2 NO
							-						
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ock only one)				
PHYSICIAN:		HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 DOA	OTHE		o 5 □ Rea	Idence	6 Other (Sc	ecify)			
員	27. MANNER OF DEATH	28e. DATE OF (Month, Di		28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCRI		JURY OCC	URED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(MONIN, DI	ny, rear)	160	URY M	1 🗌 Y	ES 2	NO					
	3 Suicide a Could not be	28e. PLACE Of	F INJURY — At h	ome, farm, s	street, fac	tory, office			281. LOCATIO	N (Street a	nd Number o	or Rural Rou	te Number,
COMPLETED	4 Homicide determined	bunung,	atc. (Specify)						City or To	wn, State)			
12	29a. CERTIFIER (Check only 1 CERTIFIED PHYSIC	IAN: To the best of	my knowledge o	leath occurre	d at the	lime, date	end place	and due	to the cause's) and =	Dat se state	d	
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	O'MI 2 MEDICAL EKAMINER	: QA the bedle of ex	application end/or	r Investigatio	n, in my	opinion, de	ath occure	d at the	time, date and	placa, and	due to the	causele) =	nd manner se stated
	296. SIGNATURE AND TITLE OF CERTIFIER	11 11	11				29c. LICEN						
BE	/Yan	1 1	1	M	5			4		/	29d. OATE	SIGNEO (M	Ionth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DATE	1/2600	F.	U		-/	57.	レーク			5/20	193



E, MARYLAND 21215-0020

B	1
	24 hours
50,	within
(687)	executed
6	8
O. B(ertificate
σ.	th c
ທົ	dea
Ö	the
3	that
RECC	requires
_	3W
Z	The
F VI	SICIAN:
0	F
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
<u>-</u>	S.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND DEATH	MENTAL HYGIEN	E 90	3 16708
	711-11-	BAUM				2. DATE OF DEATH	Z5 /	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-56-6805	1 🗆 M 2 💢 F	(In yrs. last birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF WITH (Month, Day, Year) MARCH 5,19		RUSSIA
TOR	9a. FACILITY NAME (If not institution, give st SUBURBAN HOSPIT RESIDENCE OF DECEDENT	10.0		9b. CITY, TOWN (ESDA	DEATH		Y OF DEATH TGOMERY
DIRECTOR	10a, STATE 10b, COUNTY			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
	MARYLAND MONT 10e. STREET AND NUMBER	GOMERY	RO	CKVILLE	. ZIP CODE		10a CITIZE	1 ¥ YES 2 □ NO
FUNERAL	1801 E. JEFFERS	ON STREET	#212		20852		,	ED STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	enDENT OF HISP/ ecify Cuban, Mexic 2 A NO Spec	NIC ORIGIN? (Specify Yea en, Puerto Rican, etc.) ily:	or No- 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BUS	INESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (t-4 or 5+)	OWNER			GROCE	RY ST	ORE
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden MOLINOFF	Sumame)	
) BE	MENDEL BURDETT 194. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	RACHEL nd Number or Rure	ROLLNOFF Route Number, City or Town	, State, Zip C	Code)
2	DR. ROBERT DECK	ELBAUM				HESDA, MARY		
	20e. METHOD OF USEPOSITION 1X Burial 2 Terminal 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE OF THE SHOLO					ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			DANZAN	ID ADDRESS OF F	ACILITY DBERG MEMOR	RIAL C	CHAPELS, INC.
	23. PART I Enter the distances, or c shock, or heart failure. I	omplications that caused	I the death. Do r	11170 F	COCKVILL ds of dying, su	E PIKE-ROCK ch as cardiac or respi	TATORY AFTER	t, MD. 20852
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on se	sch Ilns.	6	Ď.			Interval Between Onset and Death
7			CONSEQUENCE O	5:	12 12	19-1		14/1
CERTIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):	04.6.1			1.1260
IFIC	CAUSE (Disease or Injury that Initiated events		CONSEQUENCE OF	7):				(3/3
ERT	resulting in dasth) LAST	l						
AL.	PART II. Other significant conditions	contributing to death be	ut not resulting	n ths underlying	causs given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 _ YES 2	-	COMPLETION OF CAUSE OF DEATH?
						-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (C	heck only one)		
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28a. DATE OF INJURY	atient 3 DOA 28b. TIM	4 - Nursing Hom		6 Other (Specify) 28d. DESCRIBE HOW IF	LIURY OCCU	9FO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	RK? 'ES 2 NO			
ETED !	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, larm, a	street, factory, offici		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPL		CIAN: To the best of my knowled On the basis of examination						cause(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	20	1711	16	211/19493
								1
	31. DATE FILEO (Month, Day, Year) MAY 2 7 1993	32. SEGISTRAR'S SIGNA	n-Aandell					



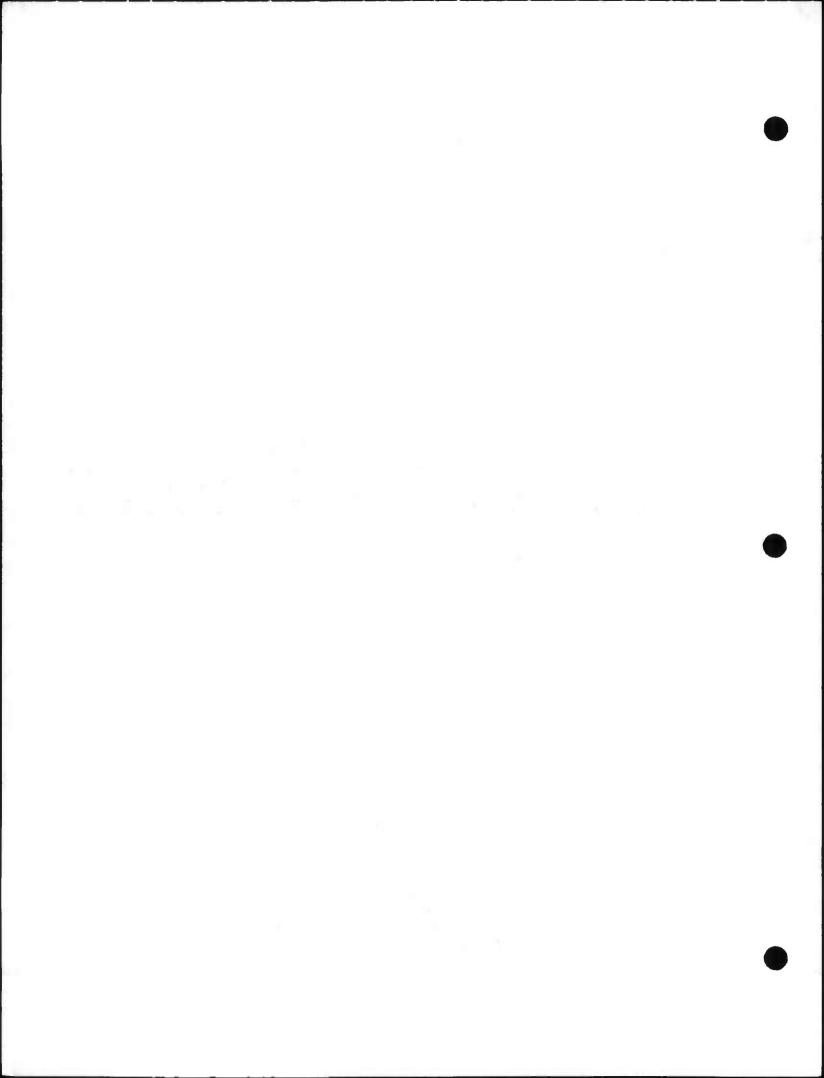
1		*	FOR STATE REGISTRA	
	1.	D	ECEDENT'S	P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERT	TIFICA	TE O	F DEATH	R	REG. NO.			
	- 8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
			Lois A.	Daue				MONTH 0,5	26		YEAR	0940 AH
	1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birth	day) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF I	RIPTH			LACE (State or Foreign
	- 3	219-12-4845	1 - M 2 7 F	68 Y	RS. MONT	THS DAYS	HOURS MIN.	(Month, De May 2		24 W	Country)	ngton, DC
3 should		9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOW	N OR LOCATION OF DI		,	9c. COUNT		3
<u>8</u>	ا <u>د</u>	19310 Clubhouse	Poad #215		-		thersburg			/	0.7	
1, 2,	片	RESIDENCE OF DECEDENT	Noad, #215			Gal	cherspare	-		Mont	gome	гу
Sec	DIRECTOR	10a. STATE 10b. COUNTY	1	100	CITY, TO	WN OR LO	CATION			-	1	Od. INSIDE CITY
2	ā	Maryland	Montgomery			Gai	thersburg	1			1	LIMITS?
permit. Pages	4	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE		AT COUNTRY?
nsit o	FUNERAL	19310 Clubhouse	Road, #215			- 1	20879			Unit	ed s	tates
physician. burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		13. WAS D	ECENDENT OF HISPAI	VIC ORIGIN? (S.	pecify Yes			
phys		1 Never Married 2 Married	FORCES? 1 YE		- 1	If yes,	specify Cuban, Maxica ES 2 ⊠ NO Specif	n, Puerto Ricar	ı, etc.)			American Indian, White, atc.
	B	3 Wildowed 4 Divorced	11 120, 0012 1211 011	OATES		1 🗆 1	ES Z IXI NO Specif	γ:			Specify: Whi	
or attending r use as the	03	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DECEDE				16b, KJN	ID OF BUS	SINESS/INDUS		
for a	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	OT use retir	one during ed.)	most of working					
10 B	릴	_	4	Di	etic	ian			FC	od Se	rvic	Α
ho ho	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middl			LVIC	
B # 24		Edwin	Oliver Daue				Car	oline	Froc	man		
notified	H	19a. INFORMANT'S NAME (Type/Print)	OTTVCT Dauc		LING ADD	RESS (Stree	et and Number or Rural				orie)	
	유	Marion Y. Daue										
may b		20a. METHOD OF DISPOSITION	2	ON DI ACEANON	Cher	cen (Circle, Ca	IMP HII		CATION — CH		
leath. Page 6 may be funeral director, page xaminer must be		1 Buriel 2 X Cremation 3 Rem					Name of 5/27/					
Page 6 Il directo		21. SIGNATURE OF FUNERAL SERVICE LIC		Montgom	ery (22 NAME	torium, I	nc.	Bet	nesda	, Ma	ryland
death. Pag tuneral di L examiner		m. 1) 1/	_		Uomo i	Dothoods	Ch com	ert	A. Pu	mphr	ey Funeral
0 2 0		Michele of	· Dulla	M0034	8	Wisco	Bethesda- nsin Ave.	Reth	Cnas	e, in	C.,	/55/ /=3501
ours after of in by the or removal.		23. PART I. Entar the diseasea, or o	omplications that caus	ed tha death.		nter tha r	node of dying, suc	h sa cardiac	or respi	ratory arres	at,	Approximata
		shock, or haart failure.	List only ona cause on	aach line.								interval Between Onset and Death
		disease or condition	MUNICA	27/1/		111	CARIN	. 1 ./				de and beath
nted within 24 r completely fille ial, cremation,	1 1	resulting in death)	DUE TO (OR AS	A CONSEQUEN	CE OFI:	110	FAICCI	ON	$\overline{}$			MUTE
8 9 8	-		ANTERING	C CP 17		AND	11/100	ed.	λ	1		11/25
ertificate be executing physician and cigiene prior to buria	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE	CE OF):	7/1/1	1004500	cuffe	W	WEIK	13	IN DOI
ficate be physician ne prior to	¥	If sny, leading to immediate cause. Enter UNDERLYING										į.
phy phy	ᇤ	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUEN	CE OF):							+
eath certi attending mal Hygie Y, or oth	E	resulting in death) LAST										
e death certificate the attending physical Mental Hygiene pri jury, or other ti			3.									-
事 年 至	DICAL	PART ii. Other significant condition	s contributing to death	but not reault	ing in the	underly	ing cause given in	Part I. 24a	PERFOR			ERE AUTOPSY FINDINGS
that th an	일							1	YES 2		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
sign Sign Heal	MEC							_ ``	3	20		F DEATH?
law requires as been sign Dept. of Heal 23 shows								_			'	123 2 10
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health inked, or Item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (Ch	eck anly one)		_		
OR ATTENDING PHYSICIAN: The DIRECTOR: Atter this certificate his bours after death with the State Diem 28 is marked, or Item	잃	EXAMINER? 1 T YES 2 NO	HOSPITAL:	stantiant 3 - D		HER:						
certifice the	¥	27. MANNER OF DEATH	28a. DATE OF INJURY		TIME OF	_	ome 5 X Residence	6 U Other (Sp 28d, DESCRII		I II III OOOII	DED.	
ing PHYS offer this of eath with marked,		1 🔯 Natural 5 🗌 Pending	(Month, Day, Year)		INJURY	,	WORK?	0				
After death	à	2 Accident Investigation	28a. PLACE OF INJUR	BY — At home for	TT. etra et				APS	~~	ON	
TTENDI TOR: A after d	8	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Sp	pecify)			18	281. LOCATIO City or To	wn, State)	and Number or	Hural Hou	te Number,
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	Li I	29a. CERTIFIER								71/6) .	
AL D AL D 72 ho	<u>4</u>	(Check only	CIAN: To the best of my kno									
JOSPITI UNER UNIT:	COMPLETE	2 MEDICAL EXAMINE	R: On the basis of examinat	ion and/or invest	gation, in	my opinion	, death occured at the	time, data and	place, and	d dua to the	cause(a) a	nd manner as stated.
H H H	BE (295. SIGNATURE AND TITLE OF CERTIFIER		11	2,		29c. LICENSE NUR	/BER		29d. DATE S	SIGNED (M	fonth, Day, Year)
To the hospital (To the Funeral of the fied within 72 h	8	-1111	red 1	///	//	,	AD07099			▶ Ma	y 27	, 1993
	90-	30THAME AND ADDRESS OF PERSON WHO	O COMPLKIED CRUSE OF I	PERH HEN EN	And Pright	1	X					
		Francis C. Mayle	, M.D., 102	15 Fern	wood	Road	Bethesd	a, Mar	vlan	d 209	815	
		31. DATE FILED (Month, Day, Year)								200		
		MAY 28 19	32. REGISTRAR'S SU	undson-As	ndell							
- 1												

BALTIMORE MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



8. BIRTHPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY

YEAR

1993

9c. COUNTY OF DEATH

Harford

3. TIME OF DEATH

10:50 p *

10a. STATE

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

213-01-0270

SOPHIE

9a. FACILITY NAME (If not institution, give street end number)
Bel Forest Nursing Home

nmn

1 M 2 X F

5. SEX

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Forest Hill

DAWSON

6. AGE (In yrs. last birthday)

84

2. DATE OF DEATH

7. DATE OF BIRTH 7 (Month, Day, Year) 1909

May

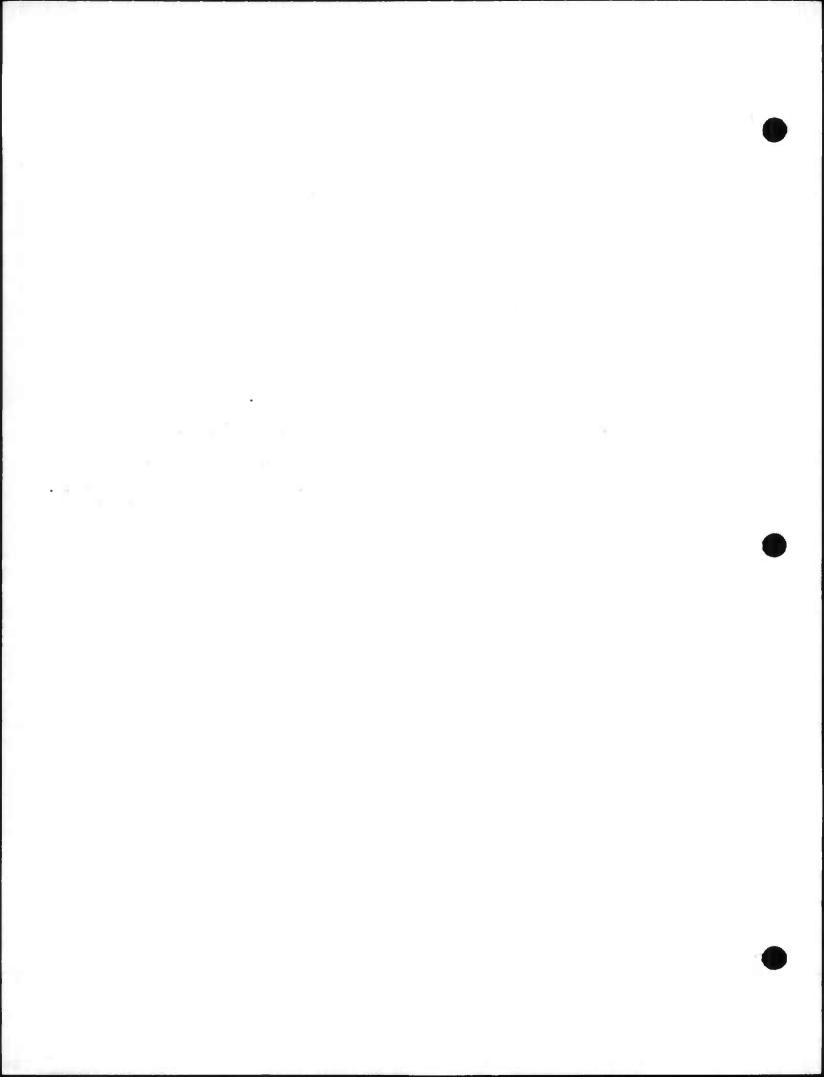
DAY

30

0

IRECTOR

5	Maryland	Harfor	rd		Fore	st H	.11				1 [LIMITS? ☐ YES 2 X NO
FUNERAL	10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
ÿ	1611 Denise						21050			USA	A	
B	11. MARITAL STATUS 1 Never Married 2 N N 3 Widowed 4 Divorc	farried	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2.20 W	MED O	If yes	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 X NO Speci	an, Puert	BIN? (Specify Yee o Rican, etc.)	or No- 14	RACE — Black, Wi Specify: Whit	American Indian, hite, etc.
		OENT'S EDUCAT		(GN	EDENT'S USI	done during	ATION most of working	_10	66. KINO OF BUS	SINESS/INDUS		
Ä	Elementary/Secondary (0-1	(2)	College (1-4 or 5+)	He. I	Do NOT use re	eired.) ome Ma				=		
COMPLETED	8 17. FATHER'S NAME (First, Mid	die, Last)			110	THE PAR	18. MOTHER'S N	AME /Elmi	Affection Affection	Summer		
BE C	Alfonse (Sherry				and the state of the state of		Branis			
2	194. INFORMANT'S NAME (Type Kenneth P.)						et and Number or Rural on Lane, E					
	20a, METHOD OF OISPOSITIO 1 X Burlel 2 Cremetton 4 Donation 5 Other (S	3 🗌 Remova	from State CO	metery, crem	ND OATE OF D natory or other ROSALV	place)		5-B-9		CATION — City		State Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LICEN		717	77	HOW &	AND ADDRESS OF F I'C K. MCC Cokesbur	omas	s III F	uneral	Hom	e. P.A.
	23. PART I. Enter the dis	eases, Dr CDm	plications that cause	d the dea	ith. Do not			_	•	_	•	Approximate
	IMMEDIATE CAUSE (Fine	art fallure. Lis	t only one cause on	each line.						Oction to the state		Interval Between Onset and Death
	disease or condition resulting in death) a. LIVEY CAUCKR											
N	DUE TO (OR AS A CONSEQUENCE OF):											
CATIC	If any, leading to immedicause. Enter UNDERLYIN	UENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	UENCE DF):										
	PART II. Other significant	t conditions c	ontributing to death	but not re	suiting in t	he underl	ring cause given in	Dart i	740 MMP AN	ALTTOROV	L nan wer	of Almondy Philade
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOP PERFORMED?								MED?	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE	
							. I L YES 2 L NO			DEATH?		
·ij												
Š	25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:		100	26 THER:	PLACE OF DEATH (C	heck only	one)			
14S	1 YES 2 NO	11	Inpatient 2 ER/Out 28a. DATE OF INJURY	patient 3	DOA 4	Nursing i	ome 5 Residence	7				
	1 Natural 5 P		(Month, Day, Year)		28b. TIME OF		WORK?	28d. D	ESCRIBE HOW II	NJURY OCCUR	ED	
Э ВУ	a Deutstein	vestigation ould not be	28e. PLACE OF INJUR	Y — At hom	ne, farm, stree			281, LO	CATION (Street o	nd Number or i	Rural Route	Number.
ETED		termined	building, atc. (Spe	ecify)				Cit	ty or Town, State)			
COMPLE			N: To the best of my known the basis of examination								ouse(e) and	d manner ee stated.
	29b. SIGNATURE AND TITLE O						29c. LICENSE NU		. 1			nth, Day, Year)
386	30. NAME AND ADDRESS OF I	Spe	My				7)39	388	5			4 5 5
2		PERSON WHO C	OMPLETED CAUSE OF DE	EATH (ITEM	27) (Type, Prir	1()						
j	ALTHED S 31. DATE FILED (Month, Day, Ye	PANK	OMPLETED CAUSE OF DE	DC.	LAIL	140	izel A		MD "	2101	7	
1	JUN 01'93	-, d	hia Davidson-	Pande	2							



3. TIME OF DEATH 5:30 A.

a. BIRTHPLACE (State or Foreign Washington, D.C.

2. DATE OF DEATH APPIL 26, 1993 YEAR

7. DATE OF BIRTH
9 (Month) Day, Year)

4. SOCIAL SECURITY NUMBER

579-62-3160

IF UNDER 1 YEAR

В.

Datcher

6. AGE (in yrs. lest birthday)

46 YRS.

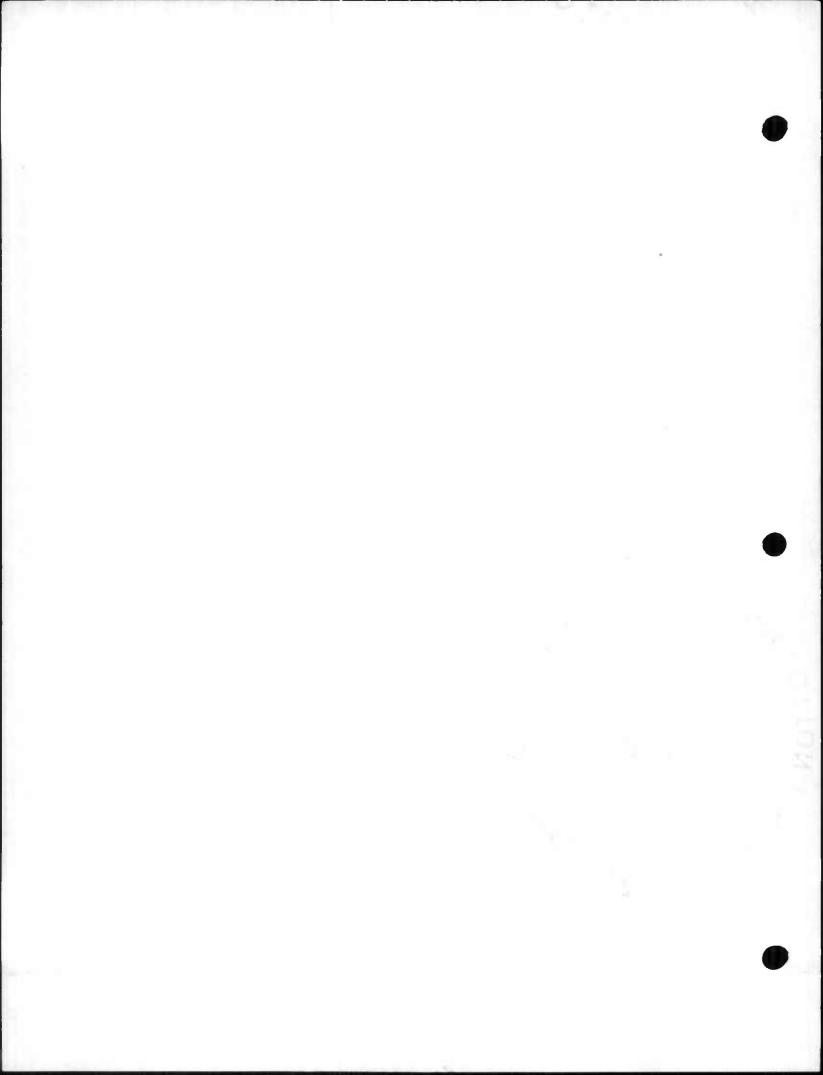
Josephine

5. SEX

1 M 2XX

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit on filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CTOR	909 Shady (ive		Ca	pit	ol Heigh	ts			nce Ge	eorge's
5	RESIDENCE OF DE	10b. COUNT	ν	100 0	TY, TOWN OR	LOCATI	1001				La	
DIREC	Maryland		e George's	100. C			1 Height	S				d. INSIDE CITY LIMITS? YES 2 NO
ERAL	909 Shad		Drive			101.	ZIP CODE	743			U.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 (3 Widowed 4 D	Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2. NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blac					14. RACE	American Indian, hita, etc.	
PLETED		ecepent's epu only highest grade (0-12)		16a. DECEDENT' (Give kind of the Do NOT) Superv	f work done dur use retired.)	UPATtO ring mos	N It of working		istric		DUSTRY	1
be notified at once. TO BE COMPL	17. FATHER'S NAME (FIST. Nathaniel	Broadi	e				18. MOTHER'S NA Mary	Smit	h			
TO E		A. Dat	cher (Husban	d) 909 S	Shady (Gle		Capi	tol He	ight	s, Md.	20743
Hest	20a. METHOD OF DISPOS 1 Burial 2 Crema 4 Donation 5 Ob	tion 3 [] Harris	Combinent F	D. PLACE AND DATE	Colmo C	e n e	tery	4/29	9/93 B	rent	city or Town,	Maryland
examiner	21. SIGNATURE OF EURES	5	ruggn		4.	339	ins Fune Hunt Pl	ace,	N.E.	Wash		20019
ry, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially flat condition, seeding to immicause. Enter UNDERICAUSE (Disease or in that initiated events	litions, necliste YING	c	ech ilne.	7.4 8† 0F):						reat,	Approximate interval Between Onset and Death
CERTI	resulting in death) LAST d.											
d, or Item 23 shows any injury, or other traumatic HYSICIAN: MEDICAL CERTIFICATION	PART II. Other algniff	cent condition	ns contributing to deeth i	out not resulting	in the unde	erlyIng	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			26. PL	ACE OF OEATH (Ch	eck only o	ne)			
YSI	1 TES 2 NO		1 Inpetient 2 ER/Out			g Home	5 Pesidence	6 🗆 Oth	er (Specify)			
	27. MANNER OF OEATH 1 Natural 5 2 Accident	Pending investigation	28s. OATE OF INJURY (Month, Day, Year)	28b, TJ	NJURY	Bc. INJL WOF 1 Y	RK?	28d. DE	SCRIBE HOW I	NJURY OC	CUREO	
TED I	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y At home, term.	, street, factory	y, office			CATION (Street a or Town, State)	nd Number	or Rural Rout	Number,
MPORTANT: If Item 28 is ma	One)		ICIAN: To the bast of my know ER: On the basis of examination									d menner se stated.
TO BE C	296. SIGNATURE AND TIT	D	~)				29c. LICENSE NUM 1856		DC		1 6	93
	David	J Per	10 COMPLETED CAUSE OF OR 10 Y J WWD 11C 32. REGISTRAR'S SIGN 3 YMAN JAM	Duck	e Stre	et	NW 4	Vas	heapto	n, D	C 20	010
1	31. DATE FILED (Month, De MAY 1	0 1990	32. HEGISTRAR'S SIGN	dson-Rand	ell							



1 - STATE REGISTRAR	STATE OF MA			OF DEATH		GIENE G. NO.	-
00 /// "	im	Ducke	11		2. DATE OF DE		YEAR 3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 579-05-4231 Da. FACILITY NAME (If not institution, g	XX M 2 G F	AGE (In yrs. last birthda 98 YRS	MONTHS 0	AYS HOURS MIN.	7. DATE OF BIR (Month, Day, 3-9-18	95	BIRTHPLACE (State or Foreign Country) MARYLAND
7708 PENNBR	OOK PL.			MER PARK	Till		TY OF DEATH
	RINCE GEOR		ANHAM	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
9939 GOODLUC				20706		USA	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 22 NO OR DATES	lf y	S DECENDENT OF HISPA PS, specify Cuban, Maxico YES 2 NO Specific	an, Puarto Rican, a	cify Yes or No—	14. RACE — American Indian, Black, While, alc. Specify: BLACK
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 4th	EDUCATION rade completed) College (1-4 or 5+)	(Give kind life. Do NO	of work done duri Tuse retired.)	ng most of working		OF BUSINESS/INDU	ISTRY
17. FATHER'S NAME (First, Middle, Lest, ALEX DUCKET'			DILLTI	18. MOTHER'S NA	AME (First, Middle, I	Maiden Sumame)	
19a. INFORMANT'S NAME (Type/Print) MARJORIE WIL	LIAMS			treet and Number or Rural LUCK ROA		or Town, State, Zip (
20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE COMMENTS OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMME	MEMOR	IAL PARK	5-6	ec. location — c	ER, MD
21. SIGNATURE OF FUNERAL SERVICE	C. Busc	ie					IS FUNERAL HOM Nover, Md 2078
23. PART I. Enter the disease, shock, or heart fallum IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Di State	on each line. AN A CONSEQUENCE	unos		th as cardlec or	reepiratory arre	Approximate interval Between Onset and Daeth
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	R AS A CONSEQUENCE					
PART II. Other significent condi	tions contributing to de	ath but not resultin	g In the unde	rlying ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH JET	Teck only one)		
1 FYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF IN. (Month, Day,		4 Nursing	LINJURY AT WORK?		how injury occu	JRED
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide detarmine	be 26a. PLACE OF III	JURY — At home, lern. (Specify)			281. LOCATION (City or Town,	Street and Number of, State)	or Rural Route Number,
	HYSICIAN: To the best of my						d. ceuse(s) and manner as stated.
286. SIGNATURE AND TITLE OF CERT	Knufu	MM		29c, LICENSE NUI	MBER L30	29d. DATE	SIGNEO (Month, Day, Year)
5 CO 9 FO	WHO COMPLETED CAUSE	F DEATH (ITEM 27) (Ty	pe, Print)	B. w. (-)	2010	ms	207118

grana Sandton Pendelle

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Za hours after death. Page 6 may be retained by the hospital or attending physician. In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

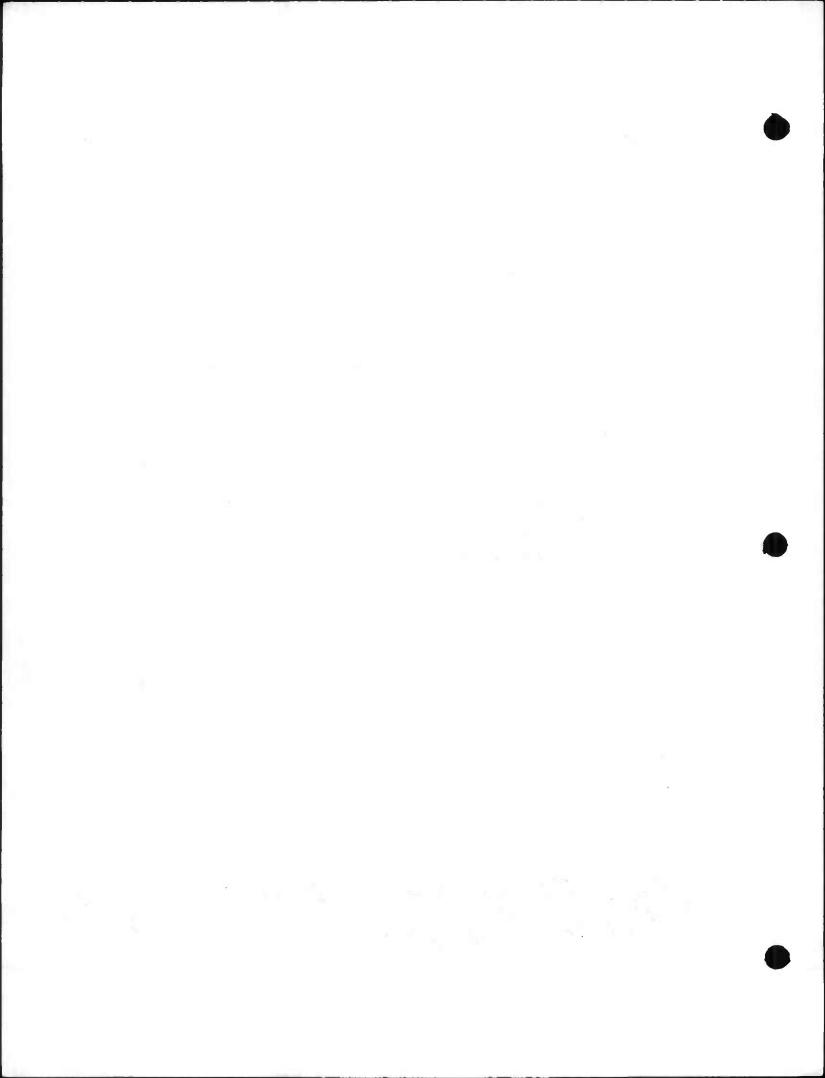
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day,

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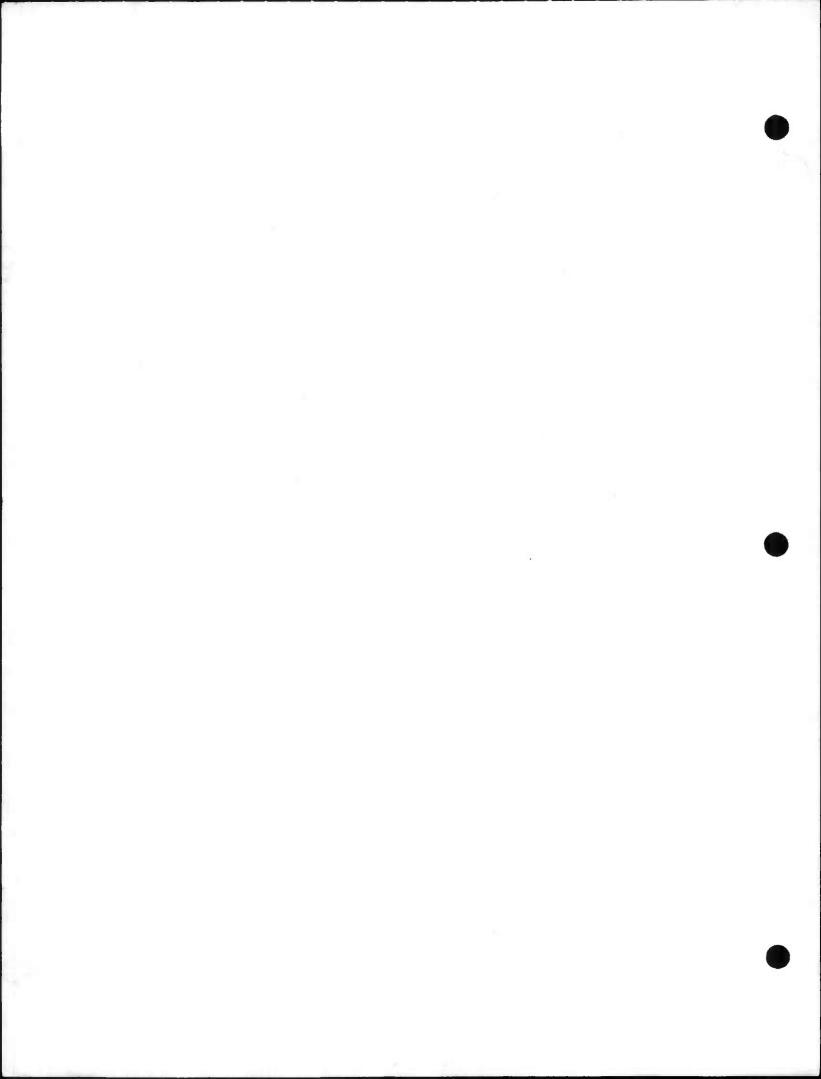


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BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P n, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

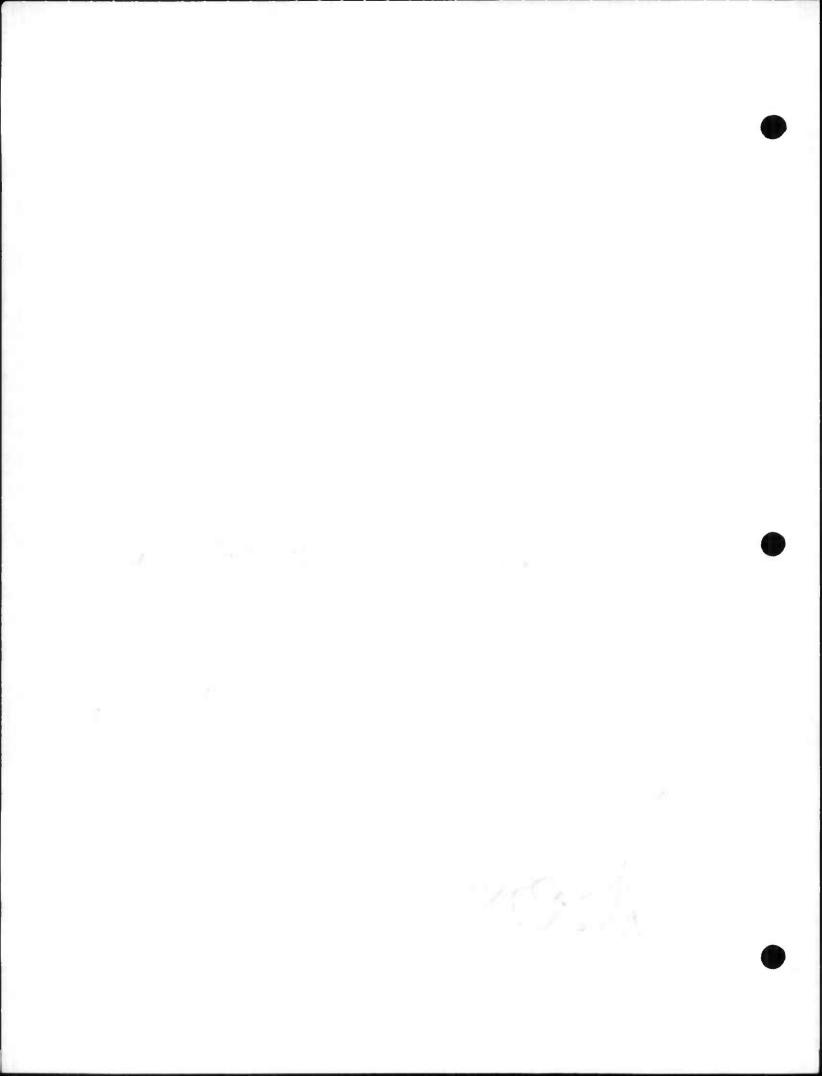
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	IEALTH AND I	MENTAL HYGIEN	_	3 16713		
1	1. DECEDENT'S NAME (First, Middle, Lest)		avis			2. DATE OF DEATH		1. TIME OF DEATH		
		5. SEX 6. AGE (In yrs. In 1 M 2 F 39		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/13/54	8. BIRTHPLACE (State or Foreign Country) WASHINGTON DC			
TOR	90. FACILITY NAME (If not institution, give stre Southern Ma RESIDENCE OF DECEDENT	er yland Has	spital 96.0	ITY, TOWN O	or LOCATION OF DE		orth Sc. COUNTY OF DEAT			
DIRECTOR	DC 100. STATE 100. COUNTY	NONE	10c. CITY, TOW WAS		ON DC			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 563 24th ST NE			101	20002		100	N OF WHAT COUNTRY? ED STATES		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	RMED	If yes, spe	ENDENT OF HISPAN ecity Cuben, Mexica 2 M NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	fee or No- 14. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	GIVE KIND OF WORK OF THE PROPERTY OF THE PROPE	done during most of working stired.)			BUSINESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Melden Surname)						
BE	OSCAR GARY 19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDRI	ESS (Street e	JUNNIE	OREE	n. State Zin Co	orie)		
임	JUNNIE MEDLOCK						20794	, vie		
	20a. METHOD OF DISPOSITION 1 (State) 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) HARMONY MEMORIAL PARK 5/15 LANDOVER MD									
	21. SIGNATURE OF FUNDIAL SERVICE LICE	1. Pope In.		2617	PA AVE	ÖPE FUNERA SE WASH D	C	20020		
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Tevninal Staff of Can Can of Utvers: with Melanger and Death									
NOI	disease or condition resulting in death) a. Tevnival Stry of Canter of Utvers: with Melaty, out to (or as a consequence of): Human Manume deficing Syntaxes b. Due to (or as a consequence of): If any, leading to immediate									
ICAT	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING Amem -								
CERTIFICATION	resulting in desth) LAST d. MGL NTUVION									
PHYSICIAN: MEDICAL	PART II. Other significant conditions	recuiting in the	P			AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (Che	ck only one)				
YSI	1 TYES 2 NO	HOSPITAL: I Inpatient 2 ER/Outpatient :			5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. tNJL WOF	RK?	28d. OEŞCRIBE HOW II	NJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fr	1 TES 2 NO			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		AN: To the best of my knowledge, di								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	16. 10. 6) m		29c. LICENSE NUM			IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE		Au	P (1)A(HINGTON	05	20072		
	31. DATE FILED (Month, Day, Year) MAY 1 4 1993	32. REGISTRAR'S SIGNATURE	-Andree		70113	, 0 / 00	7			



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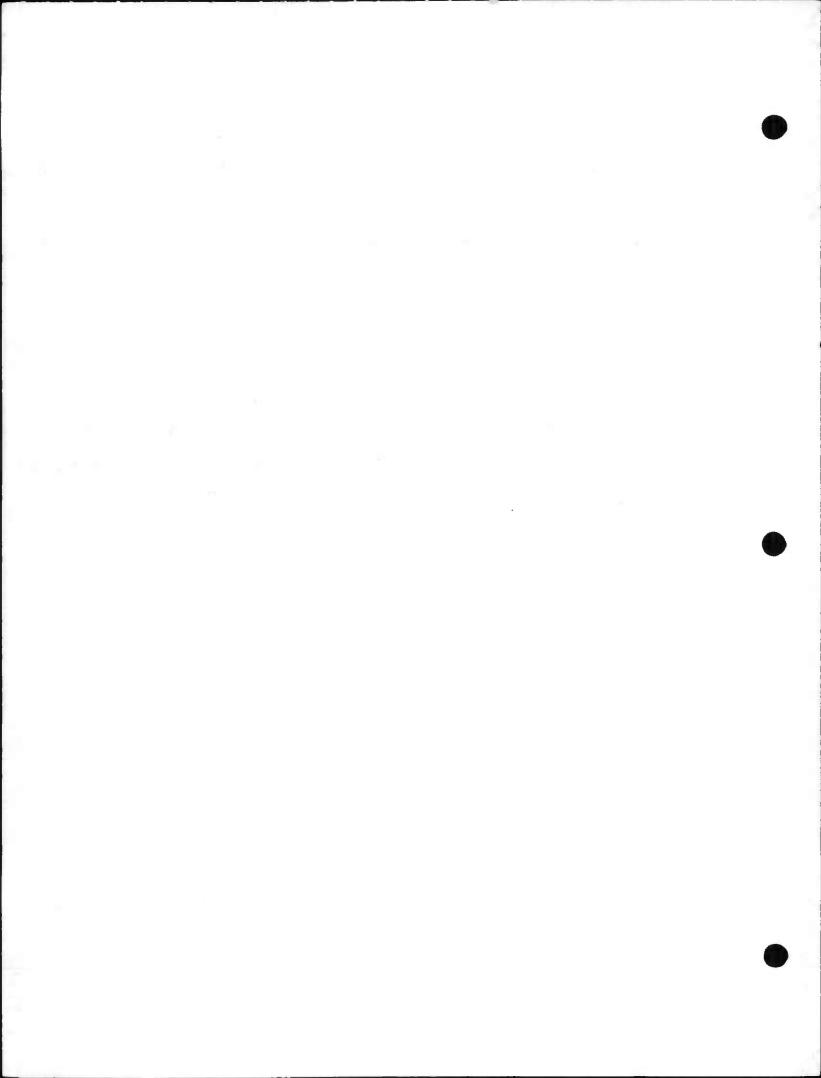
		FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND F DEATH	MENTA	L HYGIENI REG. NO.	E 9	3 16714	
		1. DECEDENT'S NAME (First, Middle, Last)	W. I				2. DATE	OF DEATH	v v	3. TIME OF DEATH	
	- 8	ALBERT (NA			OMBROS	SKI III	0.5	0		0 00 11	Pir.
STATE OF THE PARTY		4. SOCIAL SECURITY NUMBER 220-96-4431	1 💢 M 2 🗆 F 14	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	08	OF BIRT'N th, Day, Year)	8	Cheverly, MD)
THE STATE OF	DIRECTOR	98. FACILITY NAME (If not institution, give st ROCKY GAP PARK RESIDENCE OF DECEDENT	reet and number)			erland	EATN				Y
it. Pages		10a. STATE 10b. COUNTY	George's		y, town on Loc verdale	ATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
t permit.	FUNERAL	100. STREET AND NUMBER				IOF. ZIP CODE					_
020 physician. bunial-transit	JNE	5023 Riverdale R	.oad - Apt. #1		12 400 0	20737 ECENDENT OF NISPA					_
9 5 9	COMPLETED BY FL	1 X Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES ? IF YES, GIVE WAR OR DATE	2 X NO	If yes,	specify Cuban, Mexic ES 2 NO Speci	an, Puerto		or No	Black, White, etc. Specify: White	
		15. DECEDENT'S EDUC (Specify only highest grade	CATION 16 completed)	(Give kind of s	USUAL OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION O	TION most of working	16	. KIND OF BUS	INESS/INDUS	TRY	-
D 21		Elementary/Secondary (0-12)	College (1-4 or 5+)	Studer	se retired.)			Educa	tion		
YLAND 2. by the hospital of the detached for at once.	₩O.	17. FATHER'S NAME (First, Middle, Last)	10	18. MOTHER'S N	AME (First,			93 12:44 PM 6. BHRTNPLACE (State or Foreign Country) Cheverly, MD COUNTY OF DEATN ALLEGANY COUNTY 10d. INSIDE CITY LIMITS? 1X) YES 2 NO 9. CITIZEN OF WHAT COUNTRY? U.S.A. NO- 14. RACE — American Indian, Black, White, etc. Specify: White SS/INDUSTRY ON ame) 10 American Indian, Black, White, etc. Specify: White SS/INDUSTRY ON — City or Town, State The Wood, Maryland Interval Between Onset and Death Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximata Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERICAN COUNTY 1 Approximate Interval Between Onset and Death ONE AMERIC			
AYL d by 1 d be	BE	Albert (NMN) Dombroski, Jr.						III, Riverdale, MD 20737			
AE, MARYLAND ay be retained by the hospit page 5 should be detached the notified at once.	5	196. INFORMANT'S NAME (Types/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 5023 Riverdale Road Apt. III, Riverdale, MD 20737									7
e 6 m rector,		20b. PLACE AND DATE OF DISPOSITION (Name of Compation 3 Green event, cremetory or other place) 4 Green before, cremetory or other place) 4 Donation 5 Green event, cremetory or other place) 5 DATE 20c. LOCATION — City or Town, State 20c. HOCATION — City or Town, State Brentwood, Maryland									
ALTIMO death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF F	CILITY				
BALT after death. by the funeral moval. cal examin		· Cliarles 7	1		473	9 Baltimo	re A	venue	, Hya	ttsville, MD	٠.
in 24 hours at ely filled in by nation, or rem		shock, or heart fellure. List only one cause on each line.									
687 ecuted and com bunal, attle en	NO	Sequentially list conditions, Due to (on as a consequence of)									
BOX 68 cate be execut hysician and c e prior to buni er traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	2	MAEOUENCE OF);		_				
P.O. th certificand in Hygien or other	CERTIFIC	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
the death the death y the attend of Mental	AL C	PART II. Other aignificant condition	a contributing to death but	not resulting	in the underlyl	ng cause given in	Part I.	24a. WAS AN A			iS
VITAL RECORDS AN: The law requires that the 6 tificate has been signed by the . e State Dept. of Health and Mer r liem 23 shows any Injury	MEDIC							LE VES 2		COMPLETION OF CAUSE OF DEATH?	
AL he law has be Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only o	ne)		<u> </u>	_
VITA CIAN: The ortificate h	Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER:				OCKV	CAD DADK	_
OF PHYSICI this cert with the	PHYSICIAN:	27. MANNER OF DEATN	28s. DATE OF INJURY 5 - 8 - 19 9 3	28b. TIM	E OF 28c. III	NJURY AT YORK?	SUB	SCRUBE HOW IN	HURY OCCUP	FROM BOAT	
ONG PA	B	1 Netural 5 Pending 2 Accident Investigation		9:3		YES 2 NO	A	ND DRO	WNED		
S TEN SE	ETED	3 Sulcide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	ROCKY		lice	RO	CATION (Street a or Town, State) CKY GA	AP PA		
DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT BE filed within 72 hours a	COMPLET	(Check only one) 1 CERTIFYING PNYSK MEDICAL EXAMINED	CIAN: To the best of my knowledge: R: On the basis of examination and	ge, death occum nd/or investigatio	ed at the time, da in, in my opinion,	te end place, and due death occured at the	time, dat	use(s) and man	ner as stated.	ause(a) and menner as stated.	
HE HO HE FU ed wit	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)	_
5 5 8 8	0		TXX			O.C.M.	E.		5-	9-1993	
(II)			1 NB	lll Pe	,	eet, Ba	lti	more,	Mary	land 21201	l
		31. DATE FILED (Month, Day, Year) MAY 1 2 1993	32. REGISTRAR'S SIGNATU								

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		THE CHOTTENT			CHILICIC	MIEU	PUEAIR	REG. NO.		
	- 9	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
		EDITH E.	DONAHUE					05/10/19		8:30 P M
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las		F UNDER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
Comba.	- 1	578-16-3465	1 🗆 M 2 💢 F	98	YRS.	ONTHS DAY	B HOURS MIN.	(Month, Day, Year) 01/29/18		Philadelphia, PA
THE PARTY		9e. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOW	N OR LOCATION OF DI			Y OF DEATH
CE	8	15007 Newcomb	Lane			Bow	ie		1-1 3-321	ce George's
100	5	RESIDENCE OF DECEDENT				2011				ce deorge's
8	DIRECTOR	10a. STATE 10b. COUNT	-		10c. CITY, 1	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
ij.		Maryland Prin	ce George'	S	Bo	wie				1 X YES 2 NO
physician. burial-transit permit.	FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ansit	剪	15007 Newcomb	Lane				20716		U.S	.A.
physician burial-tra	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MEO	13. WAS 0	ECENDENT OF HISPAN specify Cuben, Mexica	IIC ORIGIN? (Specify Yes	or No-	I. RACE — American Indian, Black, White, etc.
	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR				ES 2 NO Specifi			Specify:
as as		15. DECEDENT'S EDI	<u> </u>							White
× -	1	(Specify only highest grad		(G	CEDENT'S US	k done during	TION most of working	16b. KIND OF BUS	SINESS/INDUS	STRY
d for	7	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	Do NOT use n			1		
he hospital detached fo	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		INS	avy Pr	rocure		U.S. C		ment
by the be deta		James Nicholson					1	ME (First, Middle, Meiden		
bed by bed by bed by by by by by by by by by by by by by	BE	19e. INFORMANT'S NAME (Type/Print)		T and		0.000		ice Hanson		
retained by the hospital of 5 should be detached for notified at once.	2	Rosalind V. Her	nandez					Route Number, City or Town		
		20g. METHOD OF DISPOSITION	nandez					Bowie, N		
leath. Page 6 may be funeral director, page xaminer must be		1 XBurial 2 Cremation 3 Ren	noval from State	cemetery cre	Thatory or other	place)	netery 5/	OATE 20c. LO		y or Town, State
Page al direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Fort	Lincol	n Cen	netery 5/	13/93 Br	entwo	od, Maryland
death. Pag e funeral dir J. examiner		. 100	T D N	o A		Fran	icis Gasch	n's Sons F	uneral	Home, PA
0 = 0		Murles	7.15ell	1 1/2	-	4739	Baltimore	e Avenue.	Hvatt	tsville. MD
hours after of in by the or removal		23. PART I. Enter the diseases, or ehock, or heart fallura.	complications that ca	oused the de	ath. Do not	entar the r	noda of dying, auc	h as cardiec or respi	ratory arres	t, Approximate
		IMMEDIATE CAUSE (Finel	/ Only one cause	on aacii iiia	: ^					interval Batwean Onset and Death
		disease or condition resulting in death)	. HI	1474	wig					
completely ial, cremati	- 4	,	DUE TO (OR	AS A CONSEC	DUENCE OF):	1	. /	2		
	z	Sequentially list conditions,	6 01	1010	14 /	417	214 /	150052		
8 0 6	Ĕ	if any, leading to immediate	DUE TO (OR	AS A CONSEC	DENCE OF):	/				
cate shysic e pric	2	CAUSE (Disease or Injury	c							
nding physical Hygiene p	Ë	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	OUENCE OF):					
5 0 -	CERTIFICATION		d							
Me Me	111	PART ii. Other eignificant condition	ne contributing to dec	eth but not n	eculting in t	the underly	ing ceuse given in	Part i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
that the ed by the and le	EDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
sign teal								1 YES 2	□ NO	OF DEATH?
been of she	Σ ;;							_		1 TYES 2 NO
V: The law required has been State Dept. of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF OEATH (Che	ack only one)		
	S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER	l/Outpatient 3		THER:	ome 5 🗆 Residence	8 Other (Specific)		
S certification the the	PHY	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME O	F 28c. I	NJURY AT	28d. DESCRIBE HOW IN	JURY OCCUP	REO
NG PHYS frer this cath with marked	BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,)	ear)	NJURY		YES 2 NO			
NDING I: Afte		3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At hor	me, farm, stre	et, factory, of	fica	281, LOCATION (Street e	nd Number or	Rural Route Number,
CTOR after	ш.	4 Nomicide determined	building, atc.	(Specify)				City or Town, State)		
DIRE DIRE hours	COMPLE	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my	knowledge de	th accumed a	al the time de	de and of our and dis-			
PITAL PAL PAL F. #	Ž									suse(e) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	_	29b. SIGNATURE AND TITLE OF CERTIFIE			- //	, ,				
표 표 등 6	8	Mode	Alpa	1111	//	-	29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)
₽₽₽	2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE O	F DEATH (ITE	27) (Time P	int)	11/26	385	- 5	1175
0					(cype, rm)				
(5)	H	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
0		MAY 1 2 1993	genia Davidse	n-Hande	le.					
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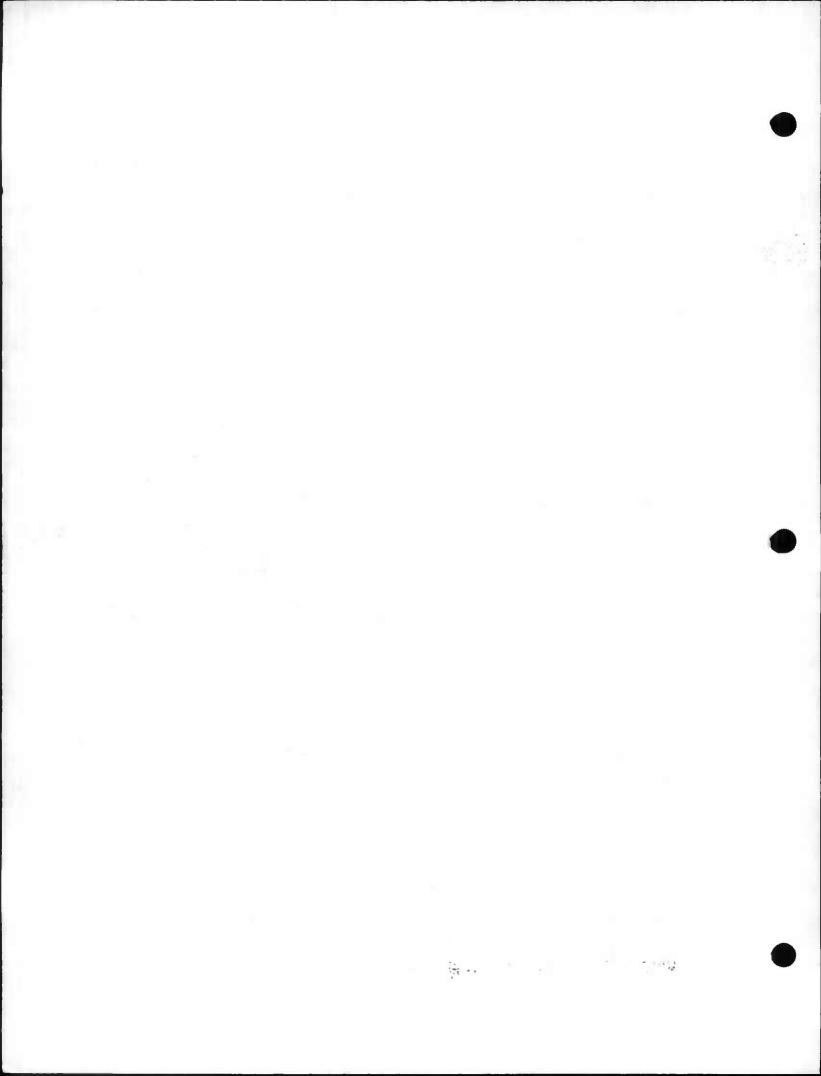


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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x viours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he during a hours after death with the State Dent of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTM ERTIFICA			MENTAL HYGIEN REG. NO	_	3 16716		
		J	e Manin			2. DATE OF DEATH DO MAY 23	, 1993			
DIRECTOR	191-24-9595	SEX 6. AGE (In yrs. les	YRS. MON			7. DATE OF BIRTN (Month, Day, Year) Dec. 28,	1907 B	BIRTHPLACE (State or Foreign Country) Belgium		
	9a. FACILITY NAME (If not institution, give street to go Joseph Gallaher RESIDENCE OF DECEDENT	9b.	Elkto	R LOCATION OF DE	ATH	Sc. COUNTY OF DEATH Cecil				
	100. STATE 100. COUNTY Maryland Cecil	10c. CITY, TO	WN OR LOCATI	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 9 Joseph Gallaher	Street			ZIP COOE 21921		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
8₹	11. MARITAL STATUS 12. 1	IMEO NO	If yes, spe	ENDENT OF HISPAN scify Cuban, Mexicar 2 NO Specify		or No- 14. RACE - American Indian, Black, White, etc. Specify: White				
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maidle, Maidle) Marxy Crook						16b. KIND OF BU	SINESS/INDUST	RY		
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	Leonard Lalo		b. MAILING ADD	ORESS (Street ar		Mary Grou		ie)		
2	James Legg 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 Chester Pike - Ridley Park, PA 19078									
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Holy Cross Cemetery 20c. LOCATION - City or Town, State Yeadon, Pennsylvania									
	21. SIGNATURE OF FUNERAL SERVICE LICENS	S. Hickory		103	West Sto	of Funera ckton Str 21921-552	eet	1.		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plicetions that caused the de only one cause on each line		enter the mo	de of dying, suci	h as cardlac or reap	iratory arrest	interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a									
	DUE TO (OR AS A CONSEQUENCE OF									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate									
FICA	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ERTI	resulting in death) LAST							X DA		
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NOWNETION OF CAUSE-OF DEATH?									
Ä								1 TYES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1									
	27. MANNER OF DEATH 1 Panding 5 Pending	26b. TIME OF	F 28c. INJ WO			Other (Specify) DESCRIBE NOW INJURY OCCURED				
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined.	ome, farm, stree	et, factory, office	•	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,			
COMPLETED	CONSCR CHITY	N: To the best of my knowledge, d	1					auso(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 0 6 1 8 1 5 / 2 4 / 9 3									
2	30 NAME AND ADDRESS OF PERSON WHO CO	OMBI ETER CAUCE OF REATH AT								

Joseph G. Lanzi, M.D. - 721 Bridge Street - Elkton, MD

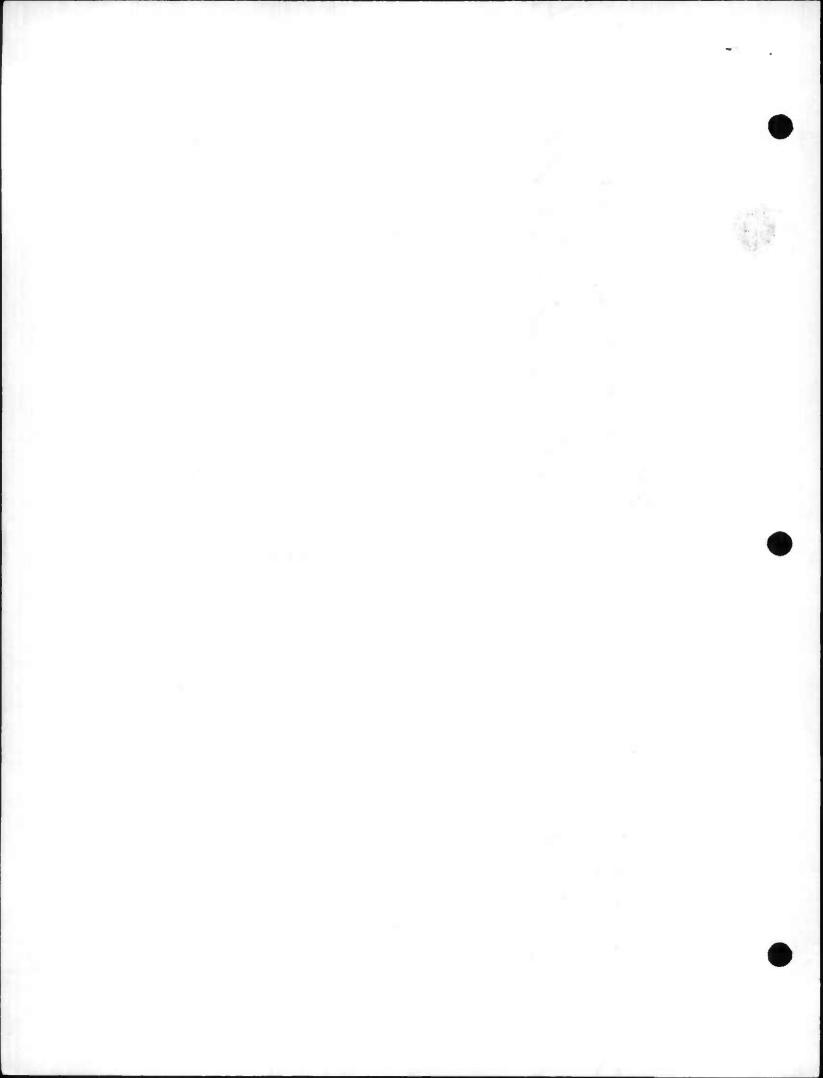
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit over a surface of the first with the State Deer of Health and Mental Hydinian prior in burial completely filled in by the funeral director, page 5 should be detached for use as the burial-transit over the filled in burial completely filled in burial complete	RTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL D
TO THE FUNERAL D
TO FINE MITTIN 72 ho
IMPORTANT: If Its

1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF GEATH
MONTH DAY YEAR
MAY 258519983 3. TIME OF OEATH ENGEL 7:15AM " MECOI FT-TZABETH 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MARYLAND DAYS HOURS 1 D MPEMALE 76 YRS. 215-07-2755 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FREDERICK DIRECTOR NORTHAMPTON MANOR N. HOME FREDERICK RESIDENCE OF DECEDENT 106. COUNTY CARROLL 10c CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 21771 U.S.A. 201 WATERSVILLE RD. NWAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—
 Management Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: SPWHITE BY 3 Midomed Mandaled COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY vdary (0-12) College (1-4 or 5+) Elementary/Seco DEPT. STORE CLERK 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HELEN LENORE SMITH JOSEPH UPTON ROHR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21206 BALTIMORE MD 5633 WHITBY RD. RICHARD D. ENGEL 20a. METHOD OF DISPOSITION BURIAL
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State FATRMOUNT CEMETERY LIBERTYTOWN, MD 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE D. D. HARTZLER & SONS 22. NAME AND ADDRESS OF FACILITY athorine LIBERTYTOWN, MD Ken 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SOURCE COPD (IND-STAGE) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL ANNI ARI E PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Home 5 | Residence 5 | Other (Specify) **EXAMINER?** 1 - YES 2 - NO 28a. DATE OF INJURY (Month, Day, Ybar) 26b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigat M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE-QF CENTRIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) BE D32171 12 5/42 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD L. 19 FREDERICK ST. GOUGH WALKERSVILLE, MD 21793 MAY 2 7 '93



93 16718

BALTIMORE, MARYLAND 21215-0020	icate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the prior to burial, cremation, or removal.
BALTI	4 hours after death. F	filled in by the funeral in, or removal.
BOX 68760,	icate be executed within a	physician and completely filled in by the ne prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

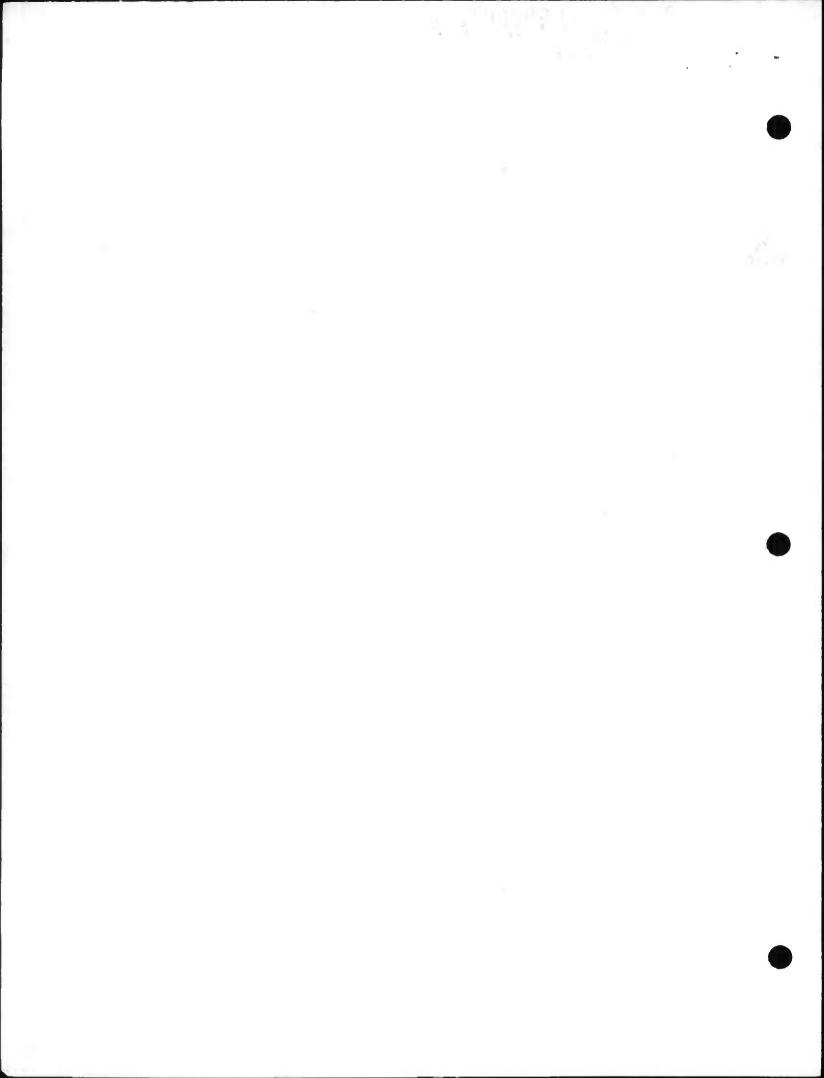
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTA	L HYGIEN	E	2 0	10710
1. DECEDENT'S NAME (First, Middle, Last)		4 1				OF DEATH			3. TIME OF DEATH
	NANCY AN	IN EVANS			Mon	ay 23,	1993	YEAR	8:55 A M
4. SOCIAL SECURITY NUMBER 183-34-0427	5. SEX 6. AGE (UNDER 1 YEAR WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH		Countr	
9a. FACILITY NAME (If not institution, give str			CITY TOWN C	R LOCATION OF D		2-28-42	9c. COUN		Pa.
Atlantic Gener		-		erlin	EAIR		-		ster
RESIDENCE OF DECEDENT									
Md. WOL	cester		own or Locat						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
116 Old Landing	Rd.			21842				USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN				14. BACE	— American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specifi		Rican, stc.)		Specif	White, etc.
15. DECEDENT'S EDUC	ATION								White
(Specify only highest grade of	completed)	(Give kind of work life. Do NOT use re	done during mo-	IN st of working	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Realto				Rea 1	Esta	ate	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME /Floor				
Frank Peternac				Barbai			sumeme)		
19a. INFORMANT'S NAME (Type/Print)		196. MAJLING ADI	DRESS (Street a	nd Number or Rural I			2 State 7in	Codel	
John A. Evans				ing Rd.		ean Cit			21842
20a. METHOD OF DISPOSITION 1 Spurial 2 Commation 3 Remove		PLACE AND DATE OF D etery, crematory or other	ISPOSITION (Na	me of	9/7	E 20c. LO	CATION — C	alty or To	wn, State
4 Donation 5 Other (Specify)	NSFF 4	Sunset	Memor:	lal Park	5/2	7 Be	<u>erlin</u>	, Md	
· Salm A	Illia			ch Funei		Home	Berl:	in,	M d.
23. PART Entar the diseases, Dr co	implications that coused	the death. Do not a	anter the mo	da of dying, auci	h aa can	diac or reapi	ratory arre	eat.	Approximata
shock, or heart failure. L. IMMEDIATE CAUSE (Finel	ist only one cause on e	ech line.							Interval Between Onset and Death
disease or condition resulting in death)	Ventricu	ılar Fibul	ation						Onset and Date
		CONSEQUENCE OF):							
Sequentially list anadishas (b.	Hypertensi	ve Cardio	vascula	ar Diseas	se				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or injury									
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
d.									
PART II. Other aignificant conditions	contributing to deeth be	ut not resulting in th	na underlying	ceuse given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
							Z,iio		OF DEATH? 1 YES 2 NO
					_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ock only or	16)			
1 YES 2 NO	1 Inputiont 2 ER/Outpo		THER: Nursing Home	5 Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	28d. DES	CRIBE HOW IN	JURY OCC	JAED	
1 Natural 5 Pending Investigation			M 1 🗆 Y						
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, street	t, factory, office			ATION (Street as or Town, State)	nd Number o	or Rural A	oute Number,
29a. CERTIFIER		10/ 10/20							
(Check only	AN: To the best of my knowle On the basis of examination	edge, death occurred at and/or investigation, in	the time, date	and place, end dua ath occured at the	to the cau	and place, and	ner as state	d. cause(a)	and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	-1			29c. LICENSE NUM					
Van a.	D'Orto	Ly.D.		D2894	47		▶ 5/	23/	(Month, Day, Year)
James A. D'Or				enital	D.	arlin	Ma		
31. DATE FILED (MONTH), DAY, R. 1993	ta, MD Atl	TURE GOTTE	CLUI IIC	phical	D	erlin,	mu.		
MIAT A G 1999	W	4							

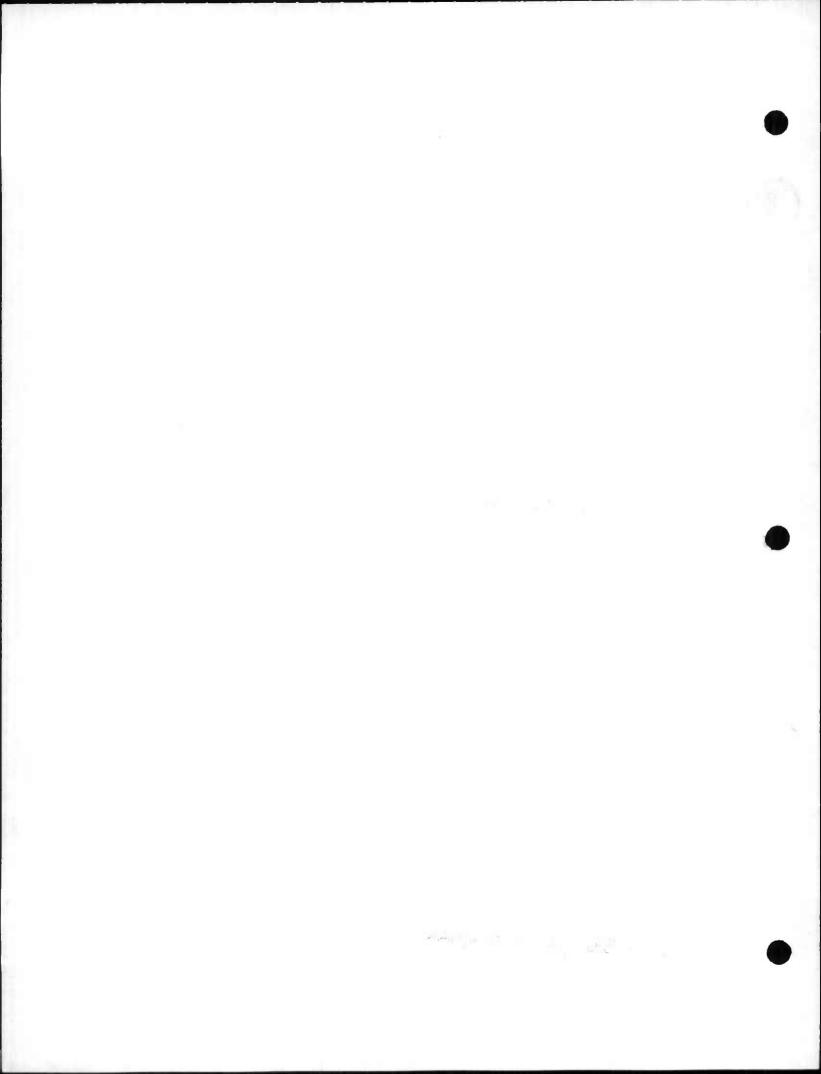
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thosy TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O.

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR		STATE OF I	MARYL	AND / CE	DEPAR ERTIÉ	TMENT	OF/	DEA.	AND	MEN	TAL HYGIEN REG. NO			10112
	1. DECEDENT'S NAME (First, Mid	ddle, Last)	KATHARI	INE	С. н	-	1	1	* 4		MI	ATE OF DEATH	993	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 222-05-3642		5. SEX	6. AGE	(In yrs. last		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. D/	ATE OF BIRTH forth, Day, Ybar) 24/1921		Country	in, Maryla
	9a. FACILITY NAME (If not institut	ition, give stre	et and number)				9b. CITY	, TOWN	OR LOCATI	ION OF DI	_	24/1721	9c. COUN		
DIRECTOR	12503 Tull I						Wha	1ley	svil.	le, l	Mar	yland	Worc	este:	r
REC	10a. STATE 108	b. COUNTY					Y, TOWN				_				10d. INSIDE CITY
	Maryland V	Worces	ster			Wi	aley	-			y1a	nd 2187			YES 2 NO
FUNERAL	12503 Tull Ro	oad							2187					EN OF WI	IAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Men		12. WAS DECEDEN FORCES? 1	T EVER IN	N U.S. ARA	MED	13.	WAS OEC	ENDENT (OF HISPAN	VIC OR	IGIN? (Specify Yes			- American Indian, White, etc.
B	3 Wildowed 4 Divorced		IF YES, GIVE V	WAR OR D	ATES	•			2 XNO			rto Ricen, etc.)		Specify	
TED	(Specify only high		TION ompleted)		16a. DEC	CEDENT'S	USUAL Or	CCUPATIO	ON est of workle	ng		16b. KIND OF BU	SINESS/INOL	STRY	
COMPLET	Elementary/Secondary (0-12) Unknown		College (1-4 or 5	+)					rato			Townsend	Ins.,M	illsb	oro, DE
	17. FATHER'S NAME (First, Middle, Luther Evan	. ,							18. MOTO	HER'S NA	ME (Fir	st, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/F				19b.	MAILING	AOORESS	(Street a				umber, City or Tow	n State 7in /	Coolel	
5	Diana Evans											ville,			21872
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 4 □ Donation 5 □ Other Com	3 Remove	el from State	cem	PLACE A	natory or of	her planet					ATE 20c. LO			
	21. SIGNATURE OF FUNERAL SE		uses,		ape	nem	22.	HAME VS	PAPPRE	SE REEN	<u>₽/</u> 8474	SERVIC	ankio:	ra, I	Delaware
	· Ch	ted	& Rea	1/m	4			FRAI	VKFO	RD. I	DEL	AWARE 1	ьэ, г. 9945	ID.	
	23. PART I. Enter the diseed ehock, or heert	ses, or con	mplicationa tha	t ceused	the dea	ith. Do n	ot enter	the mo	de of dyl	ing, auci	h aa c	ardiac or reapl	ratory arre	et,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)		Carel DUE TO			1)00	w	lo	L	H	w	ente	240,		Intervel Batween Onset and Daath
z			all	OLD)	CONSEC	Lence of): 2 (A)	i	5						
ATIO	Sequentially list conditions. If any, leading to immediate ceuse. Enter UNDERLYING	,	DUE TO	(OR AS A	CONSEC	UENCE OF):								
IFIC,	CAUSE (Disease or Injury that Initieted evente	c .	DUE TO	(OR AS A	CONSEQU	UENCE OF):								
CERTIFICATION	recuiting in death) LAST	d													
CAL	PART II. Other aignificant co	onditions	contributing to	death bu	ut not re	euiting i	tha un	derlying	Ceuae g	jiven In	Part I.	24e, WAS AN			ERE AUTOPSY FINDINGS
	Alzh	2/4	LERS	ν	15 2	AS	Σ					PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
: MED														1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?							26. PL	ACE OF DI	EATH (Che	ick only	one)			
YSIG	1 TYES 2 NO		IOSPITAL:	ER/Outp	ntient 3	DOA	OTHER 4 Nurs		5 X Re	aldence	6 🗆 O	ther (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pend		28a. DATE OF (Month, Da			28b. TIME		28c. INJU	RK?	1.00	28d. 0	DESCRIBE HOW II	JURY OCCU	RED	
D BY	2 Sulaida	d not be	28e. PLACE O	FINJURY	— At hom	e, farm, s	reet, facto		ES 2	NO	28f. L	OCATION (Street a	nd Number o	Rural Rou	ite Number
ETED	4 Homicide determination	rmined	Dull-dirig,	etc. (Speci	"7)						C	ity or Town, State)			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYIN	NG PHYSICIA	N. To the best of	my knowle	edge, deat	th occurre	d at the ti	me, date	end place,	end due	to the	cause(a) end man	ner se atated	١.	
	296. SIGNATURE AND TIXE OF C		OII THE BOOK OF SA	eminetion	and/or in	veatigation	, In my o	olnion, de				ete and place, and			nd manner as stated.
			1					- 1	29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (N	fonth, Day, Year)
0	-Met	lun	6 4						C1	000	000	207 OF	10	5-0	07-93
2	30. NAME AND ADDRESS OF PER JACK C - LO 31. DATE FILED (MONTH, DEL SAN) MAY 1 0 1993	EWIS	COMPLETED CAUSES, M. T.	E OF DEA	TH (ITEM	27) (Type, ULL.	Print)	ms.	ST.	5	90: ELE	ROT OF	F.0	5-0 E1	9975



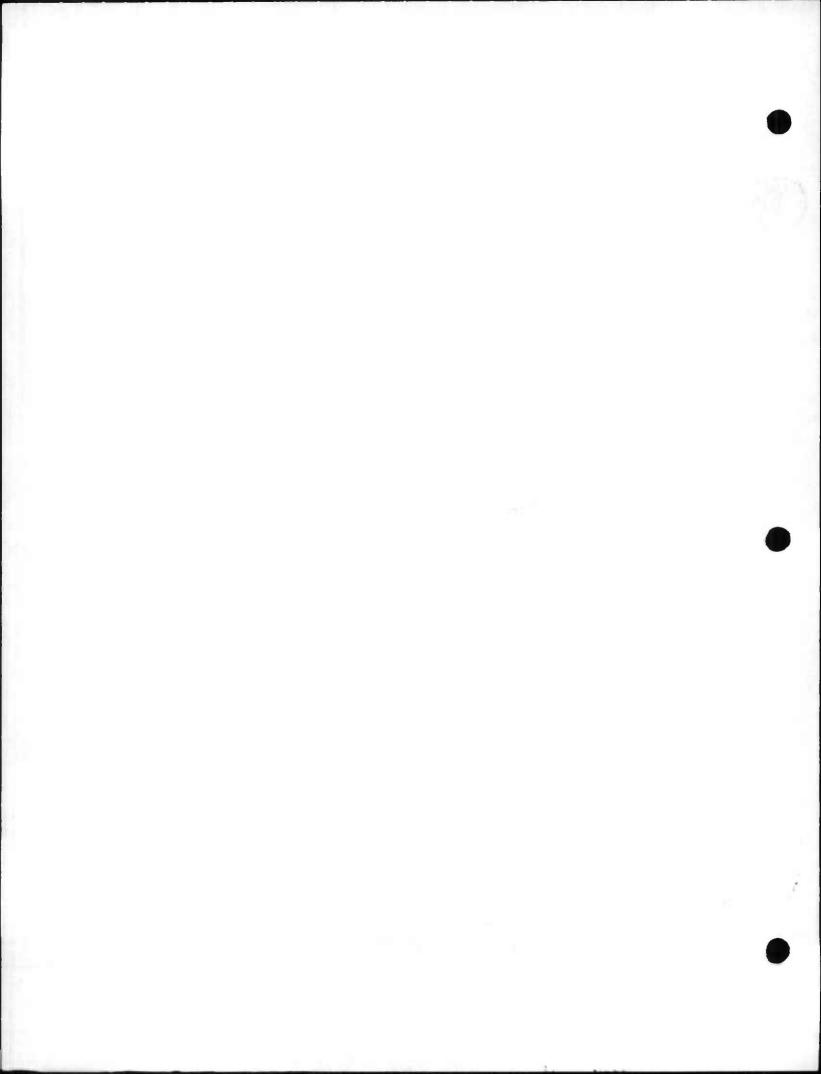
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FURFAL DIRECTOR's after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of health and Mental hyghen prior to burial, cremation, or removal. IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

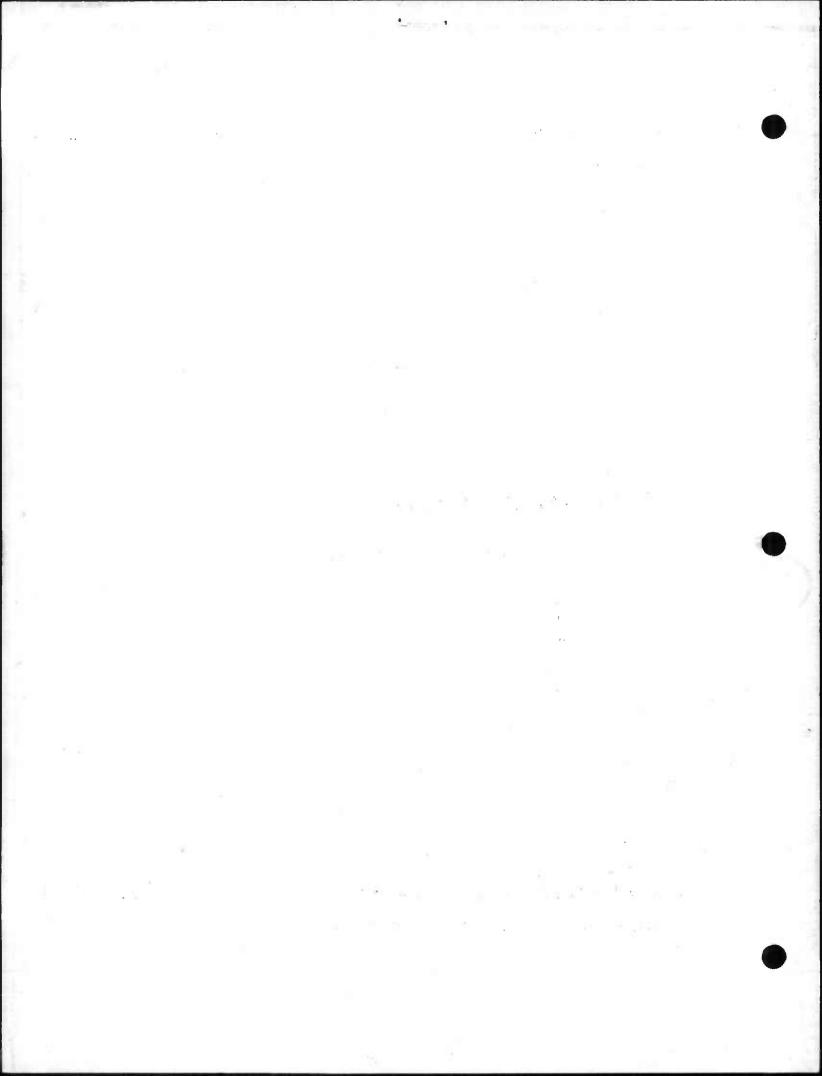
"**19**93

	FOR	STATE OF I	MARYLAND /	DEPAI	RTMENT (F HEAITH	LAND	MENTA	LHYCIE	9	3 1	6720
	1 - STATE REGISTRAR				ICATE			MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Les	" 5 Ul	off					2. DATE	OF DEATN	1 0	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER 1 Y	EARL IF UNDE	R 24 HRS.	7. DATE	OF BIRTN	10 1	BIDTNDI A	CE (State or Poreign
	238 56 8884	1 M 2 □ F	51	YRS.		YS HOURS	MIN.	(Monti	h, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, giv		1 21		9h CITY TO	WN OR LOCAT	ION OF D		1,19	1	NORTH	
DIRECTOR	WASHINGTON AI		HOSPIT	AL		MA PA						RY CO.
Ω.	10e. STATE 10b. COU				Y, TOWN OR L	OCATION					104	I. INSIDE CITY
5	D.C. NO	ONE		TAT ZA	SHING	ת אסיד	C					LIMITS?
	10e. STREET AND NUMBER	/I(<u>D</u>		MA	2111146	101, ZIP COI				100 CITIZ	EN OF WHAT	Y
FUNERAL	1260 DDVXXIII	CMD DDM 1										COUNTRIT
N.	1368 BRYANT		T EVER IN U.S. AF	MEN	T 40 MM	200 DECENDENT					SA	
	1 Never Married 2 Married	FORCES?	YES 2	NO	If yo	s, specify Cub	en, Mexica	en, Puerto	i? (Specify Ye Rican, etc.)	s or No—	Black, Wh	American Indian, hite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆	YES 2 NO	Specif	ly:		- 1	Specify:	BLACK
ED	15. DECEDENT'S E	DUCATION	16a DE	CEDENTS	USUAL OCCU	DATION		1465	KIND OF BI	ISINESS/INDU	OTEN	
E	(Specify only highest gra	ide completed)	(G	ive kind of Do NOT u	work done duri	ng most of work	ing	160	KIND OF BU	SINESS/INDU	SINT	
7	Elementary/Secondary (0-12)	College (1-4 or 5	*)	ROO					ROOFI	NG		
COMPLET	17. FATHER'S NAME (First, Middle, Last)											
_						18. MO	THER'S NA	ME (First, I	Middle, Meider	Surneme)		
BE	JOE EVERETTE	· · · · · · · · · · · · · · · · · · ·							ANTON			
5	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	reet and Numbe	or Aural	Route Numi	ber, City or Tov	vn, State, Zip (Code)	
	MAMMIE PRICE		1	368	BRYA	YT ST	. N.	Ε.				
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	moval from State	20b. PLACE a		OF DISPOSITIO	N (Name of		OAT	E 20c, L0	DCATION — C	ity or Town,	State
	4 Donaltica S Other (Specify)				PARK		N	(AY	18.10	193 T.Z	MDOV	ER MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22 NAI	PH W	ESS OF FA	CHUXC	FIME	DAT	23/0	1.11.7.11.7
- 3	+ 1 11 100	1/ 1/	00.								SVC	
- 1	23. PART I. Enter the diseases, o	r complications the		oth Da	51	7_11±	h ST	REE	r s f			
- 4	shock, or heart failur	e. List only one car	use on each line	eth, Do	not enter the	mode of dy	/ing, suc	h aa card	lisc or resp	elratory arre	at,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	9.3			v/ .						1	Onset and Deat
	disease or condition resulting in death)	a 10	nax.	XI	uu	1						
		DUE TO	OR AS A CONSE	DOENCE O	n:	100	1		_	1	1.0	0
Z	Companies the translations of	· aus	OUM/	W	nu 1	Ile	ul	Mas	182	ma	www	
F	Sequentially list conditions, if any, leading to immediate	DUE 70	(OR AS A CONSEC	DUENCE O	n:	0		1	0			
8	cause, Enter UNDERLYING CAUSE (Disesse or injury											
CERTIFICATION	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
E	resulting in death) LAST	4										
Ö	DART II On a starting of the start of the st											
4	PART II. Other significent conditi	ons contributing to	death but not r	esulting	in the under	lying ceuse	given in	Part i.	24e. WAS AM	AUTOPSY		RE AUTOPSY FINDINGS ILABLE PRIOR TO
MEDICA									1 TYES	5 /	COM	MPLETION OF CAUSE DEATH?
9										}		YES 2 NO
								_		6194		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL		÷		-	8. PLACE OF I	DEATH (Ch	eck only on	e)			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER:	Hama & 🗆 S		0 🗆 000				
HYSI	27. MANNER OF DEATN	28e. DATE OF		28b. TIN		Home 5 A	esidence			INJURY OCCU	IDED.	
0	1 Natural 5 Pending	(Month, C			IURY	WORK?	7 110	200. DES	CHIBE HOW	INJUNY OCCU	HEU	
BY	2 Accident Investigation		F INJURY — At ho	4			_ NO					
	3 Suicide 6 Could not b	• building,	etc. (Specify)	nine, recen,	street, rectory,	OTHER			or Town, State	end Number o	r Hural Houte	Number,
	DA CERTIFIER									16		
립	29a. CERTIFIER 1 CERTIFYING PNY											
COMPLET	one) 2 MEDICAL EXAMI	NER: On the besis of e	xamination end/or	Investigation	on, in my opini	on, death occu	red at the	time, date	end place, er	nd due to the	ceuse(s) and	menner ee ststed.
EC	296. SIGNATURE AND TITLE OF CERTIF	IER)	/			29c. LIC	ENSE NUI	MBER		29d. OATE	SIGNED (Mon	oth Day Year)
00	Yrello	a Hi	OWN	4			79	192	7	1	1/ 0	2
임	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CALL	SE OF DEATH (ITE	M 27) (5/04	Print)		1	10		15/	7	0

32. REGISTRAR'S SIGNATURE PROPOSEL



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 26 1993 Donald H. Edwards May 11:10 Am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 389-18-2450 1 M 2 | F March 14, 1921 Wisconsin director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VAMC Perry Point Perry Point Cecil RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Harford Aberdeen XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18 Grove Street 21001 USA nurs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2XXNO Specify: 3 🔀 Widowed 4 🗌 Divorced "White Korean COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp dery (0-12) College (1-4 or 5+) 12 0 U.S. Army Military notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William A. Edwards Mary Hoppe 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas C. Pryer 203 Edmund St. Aberdeen, Maryland 21001 9 20a. METHOD OF DISPOSITION
1 57 Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Arlington National Cemt. 6/4 Arlington, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Tarring-Cargo Funeral Home, P Aberdeen, Maryland 21001-3399 Kirsten n by the removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List brily one cause on each line. filled in by t Approximate Interval Betw ŏ IMMEDIATE CAUSE (Final **Onset and Death** I completely filled irial, cremation, o the disease or condition . Acute Myocardial Infarction resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician and com Health and Mental Hygiene prior to burial, MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO this certificate has been signed by a with the State Dept. of Health and arked, or Item 23 shows any I COMPLETION OF CAUSE 1X YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES 2 XNO 1 № Inpatient 2 □ ER/Outpatient 3 □ DOA 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO L DIRECTOR: After the hours after death v BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 60 28t. LOCATION (Street and Number or Flural Floute Number, City or Town, State) COMPLETED 6 Could not be Item 28 4 Nomicide 1X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination analysis stigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATI 29c. LICENSE NUMBER BE 뿚 THE 13 28 MD D40723 2 KARITHANOM V. ISAAC, M.D. VAMC PERRY POINT, MD 21902 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '93 01



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

John Edward Everhart, Jr.

5. SEX

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BALI	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
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4	uted	69
7	Desci	and
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death	atten
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3	Sau	signe
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5	DR.	DIR
_	SPITAL	NERAL
	오	3

		214-16-1099	XX M 2 □ F	75 YRS.	MONTHS DAYS	HOURS MIN.	May 10, 1	918 M	aryland
nous	_	9a. FACILITY N/:ME (If not institution, give a				OR LOCATION OF DEA	тн	9c. COUNTY	
7.	5	Regency Nursing He	ome		Fores	tville	-2	Princ	e George's
Sales	DIRECTOR	10s. STATE 10h. COUNT	Y	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
Ę			e George's	Co.	llege P		4		MX YES 2 □ NO
nsu had	FUNERAL	9014 Rhode Islan	nd Avenue	1 +1		20740			d States
Une Durial-tra	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XIX YES GIVE WAR OF 1940	8 2 NO	If yes,	ECENDENT OF HISPANIC specify Cuban, Mexican, ES 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
88 88	TED	15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S	USUAL OCCUPA work done during a se retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUS	тяу
760 M	COMPLETED	Elementary/Secondary (0-12) 10Years	College (1-4 or 5+)	Bus dri			D.C. Tr	ansit	
at once.		17. FATHER'S NAME (First, Middle, Last)	Cro			W	E (First, Middle, Malden		
	BE	John E. Everhart 19a. INFORMANT'S NAME (Type/Print)	, SI.	19b. MAILING	ADDRESS (Stree	Anne Anne and Number or Rural Ro			de)
notified	5	Florence C. Everi	hart		as #10				
a ten		20a, METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	ob. PLACE OF DISPO other place) ORT Line				THE PERSON NAMED IN	or Town, State d, Maryland
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. NAME Dona	and address of faci	LITY		
		Herald . V.	Digward	<u> </u>	4400	Powder Mi	11 Rd. Be	ltsvil	le, Md. 20705
if cremation, or removal event, the medical		23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (or As	each line.	for enter the n	node of dylng, such	as cardiac or reap	Iratory arreat	Approximeta Interval Batween Onset and Death
Mygiene prior to buris or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Coron	A CONSEQUENCE OF	wite	sy D.	isease		30 years
d Ment		PART II. Other significent condition	na contributing to death	but not reaulting	In the underly	Ing cause given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
of Health	: MEDICAL	Steep Apn Pulmenary	Places	e, gh	bstr	nctive	1 TYES 2	-	COMPLETION OF CAUSE OF DEATH?
State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERT	HOSPITAL:	, juece		PLACE OF DEATH (Chec	ck only one)		
the State	YSI	1 UYES 2 NO	1 - Inpetient 2 - ER/O			ome 5 - Residence 8			
r death with I	ву Рну	27. MANNER OF DEATH Netural 8 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year		JURY	WORK? VES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	RED
DIRECTOR: After this of hours after death with item 28 is marked,		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, pecify)	street, factory, of	fice	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
Within 72 hours after TANT: If Item 28 Is	COMPLETED	conton dray	ICIAN: To the best of my known						auso(a) and manner as stated.
to the Funerval be filed within 72 iMPORTANT: If	TO BE C	296 SIGNATURE AND TITLE OF CERTIFIE	aran, m1	2		DO 2 2	237	29d, DATE S	IGNED (Month, Dey/Year)
			on, mb 12	825 8/4	Fortdo	4. Ft. Wa	18h., m	d. 2	6744.
		MAY 1 9 199	32. SEGISTRABIS SIL	Son-Pandal	2				
									DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

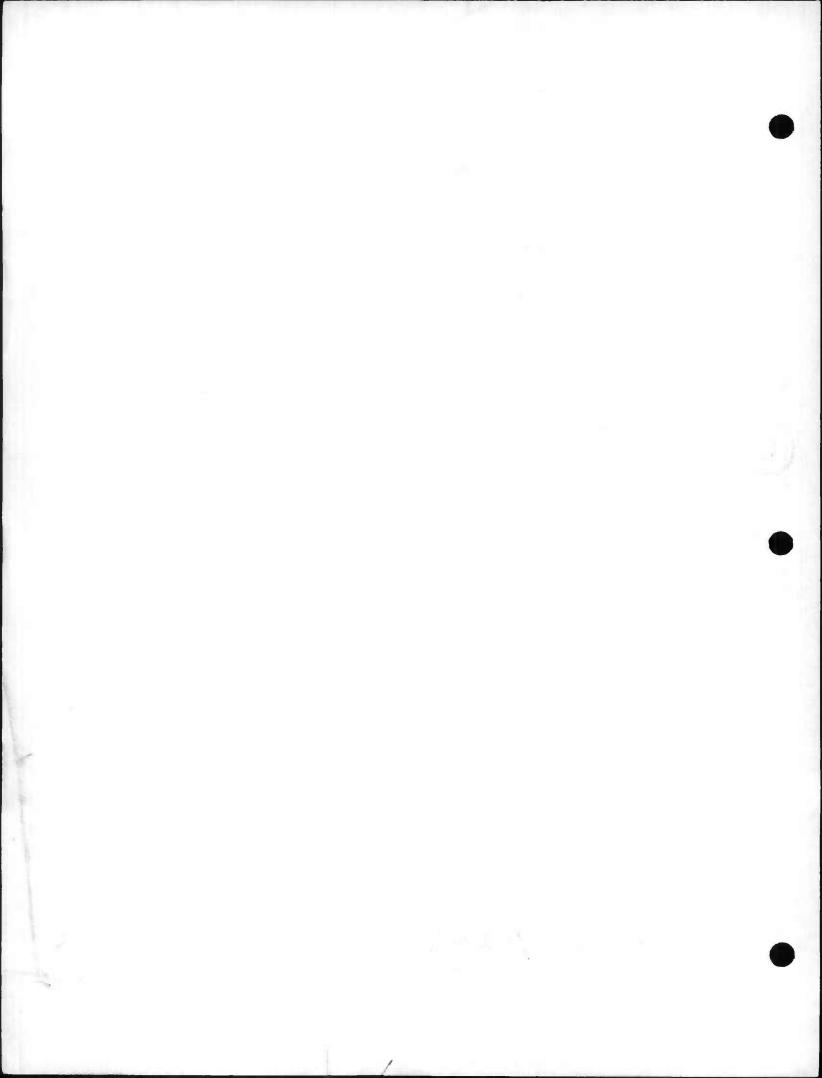
16722

8: 25 P.

3. TIME OF DEATH

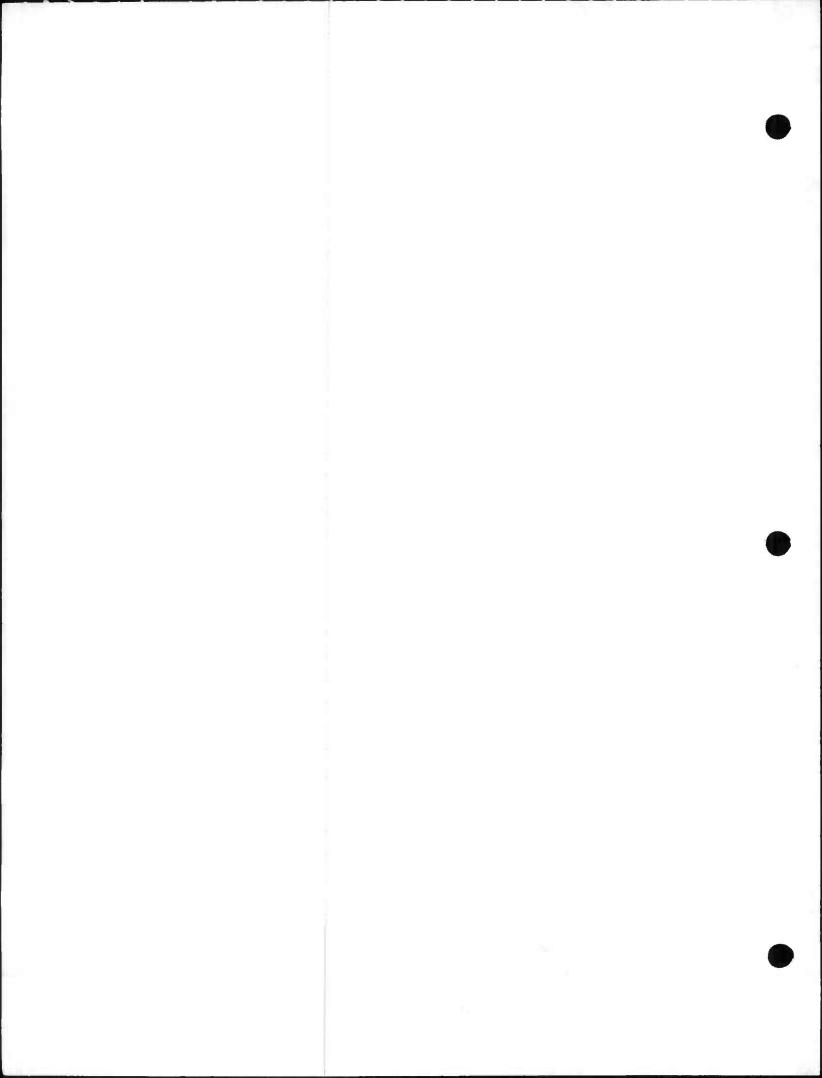
B. BIRTHPLACE (State or Foreign

2. DATE OF DEATH MONTH 16, 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two mounts are the interpretable of expended within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	une the many ophysician and completely filled in by the funeral director, page 5 should be detached in use as the burial-transit nermit pages	ane prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
par for dainn certific	of the attending p	th all the seal Hygiene	any Injury, or othe
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed	be filed within 72 hours after death with the State Dopt, or Health Internation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows a

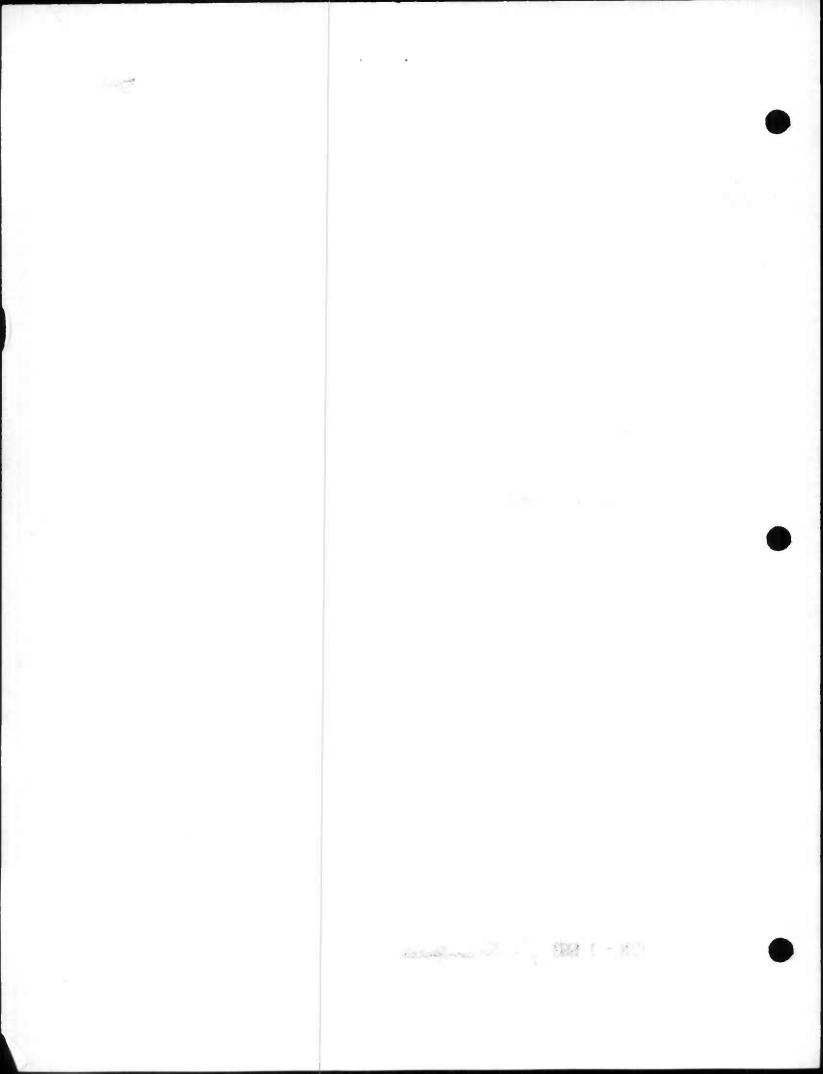
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLANI) / DEPAR	RTMENT OF	HEALTH F DEA	AND M	ENTAL HYGIEN		13	16/23
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	AV	VEAR	3. TIME OF DEATH
	MELVIN A 4. SOCIAL SECURITY NUMBER	1			EDWARDS			05 2	1	93	06:12 AM M
	215-07-7793	5. SEX 1 ∑XM 2 ☐ F	6. AGE (In yrs	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	B. COLL	7. DATE OF BIRTH (Month, Day, Year) JUNE 20 1	903	Countr	PLACE (State or Foreign y) ARYLAND
~	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DEAT	Н	9c. COU	VTY OF D	EATH
DIRECTOR	NORTH ARUNDEL HO		SSOCIA			BURN	NIE			A.A.	COUNTY
	MARYLAND AND	v NE ARUNDE	L		Y, TOWN OR LOC LEN BURN						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				1	of. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
Ä	7966 SOLLEY RD.					21061			1	S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Number 1 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED MP	ff yes,	CENDENT (pocify Cuba S 2 NO	in, Mexican,	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	14. RACE Black Speck BLA	— American Indian, , Whita, etc. fy: C.K
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a.	DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/IND		OK
	Elementary/Secondary (0-12)	College (1-4 or 5 +	.,	(Give kind of life. Do NOT us	work done during r se retired.)	nost of workin	ng				
COMPLETED				LABO	RER						
	17. FATHER'S NAME (First, Middle, Last) JAMES G. EDWARDS							(First, Middle, Melden	.,		
BE	19a. INFORMANT'S NAME (Type/Print)							. RICHAR			
2	LAURA EDWARDS		- 1					SURNIE, MI			
	20a. METHOD OF DISPOSITION		20b PLA		OF DISPOSITION (JULIA I		CATION —		Panta Panta
	1 XX Burief 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cametery,	S U.M.	ther place)		TERV	5/25/93			NIE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRE	SS OF FACIL	ITY		DOI	MIE, FID.
	Harry 1	J. Le	ese	-				RTUARY, I		0110	,
	23. PART i. Enter the diseases, or o	complications that	ceused the	deeth, Dp i	not enter the m	ode of dy	Ing, such e	NAPOLIS,	Iratory sm	<u> </u>	Approximete
}	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceu	se on eech l	lne.		0	/				interval Bstween Onset and Death
Ì	disesse or condition resulting in death)	. Co	erdi	DOVI	111	Xh	000	1,			1 clay
		DUE TO	(OR AS A CON	SEQUENCE O	F):	60	2.1	0.			A /
ō.	Sequentially list conditions, if any, leading to immediate	b DUE TO	(OR AS A CON	SEQUENCE OF	ALL F):	100	ari	des	la	28	agy
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	100	1 e fra	fro						day
	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CON	SECUTIVE O	F):						
CERTIFICATION	Tooling in death) Exo	d,									V
	PART II. Other significant condition	e contributing to	deeth but no	t resulting	in the underlyl	ng ceuse (lven in Pe			24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								_ /			1 TYES 2 10 NO
ä											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF D	EATN (Check	only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATN	1 28a, DATE OF		3 DOA		me 5 Re		Other (Specify)	N HIRW OOG	11000	
_	1 Natural 5 Pending Investigation	(Month, Da		INJ	URY W	ORK?		sd. DESCRIBE NOW I	NJUHT OCC	UMED	
D BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF	F INJURY — At	home, farm, s	street, factory, offi			M. LOCATION (Street a	and Number	or Rural R	oute Number,
	4 Nomicide determined	ounung, (arc. (Specify)					City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC DESCRIPTION OF TH										and manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER						NSE NUMBE				(Morith, Dwy, Year)
) BE	Lann	J. 1/011	Am	(11)	~	Do	26 3	17	> (=	12	1193
2	30. NAME AND ADDRESS OF PERSON WHO		1.1			1 00			.3	1	
	RANI S. KARIPIN				AL DRIV	E, BL	DG.B/	GLEN BURN	IE, N	1D 21	1061
	MAY 2 5 1993	Jana Jarid	A'S SIGNATURI	delle							



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - REGISTRAR		CERTIFIC		F DEATH	REG. N).		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
Andrew	Scott FI	KE			монтн 5 2	5 19	93	4:28 p M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	_	IF UNDER 1 YEA		7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign
212-35-8724	1 🔀 M 2 🗆 F 4	YRS.	ONTHS DAY	S HOURS MIN.	Sept. 14		Country	arvland
9a. FACILITY NAME (If not institution, give s	lreet and number)	10	Db. CITY, TOW	N OR LOCATION OF D		9c. COUN		7
Garrett County Me	emorial Hosn	ital	(akland			arre	
RESIDENCE OF DECEDENT		101		akland		1 6	alle	=
10e. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
VA Princ	ce William		Woodb	ridge				1 X YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?
13621 Lynn Street				2219	1		USA	(
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS I	DECENDENT OF HISPA	NIC ORIGIN? (Specify Y		14. RACE	- American Indian,
1 Never Married 2 Married	FORCES? 1 YES			specify Cuben, Maxico /ES 2 X NO Specif			Black Specii	, While, etc.
3 Widowed 4 Divorced				CA. III	,		Speci	White
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S US		ATION most of working	16b. KIND OF B	JSINESS/INDL	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	most or working				
-0-		Child			N	one		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
Terry Lee	Fike			Anita	Jane	te	Rh	nodes
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Stre	et and Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
Terry L. Fike		13621 1	Lynn S	t., Woodb	ridge, VA	2219	1	
20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION	(Name of		OCATION — C	ity or Tox	ern. State
1 🔀 Buriel 2 🗆 Cremation 3 🗆 Remo	rval from Stata	metery, crematory or other arrett Co	Mem.	Gardens	5/29 Oal			
21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA		· Lune,	1141	yrana
► R. M. 2 19	120				eral Home			
scalley 1 1	Wewell				d St., Oal			21550
23. PART I. Enter the diseases, or c ahock, or heart failure. I	omplications that cause	d the death. Do not	enter the	mode of dying, suc	h as cardiac or rea	piratory arre	st,	Approximata
IMMEDIATE CAUSE (Final	,,	out mid.						Interval Between Onset and Death
disease or condition resulting in death)	Multiple in	njuries, s	evere	- head,	pelvis, &	femura	S	Sudden
		A CONSEQUENCE OF):						budden
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or Injury	h							
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	I.							
PART II. Other significant conditions	s contributing to death i	out not requiting in	the condests	des sous atual to	Dist. 100 miles			
		out not readiting in	the underly	ing cause given in		RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					1 TYES	XXNO		COMPLETION OF CAUSE OF DEATH?
					!			1 _ YES 2 _ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)			
XX YES 2 NO	1 Inpatient 2X ER/Out		THER:	ome 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C		NJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCU	RED	1 . 1
1 Natural 5 Pending 2XX Accident Investigation	May 26, 19	203 2.20		YES 2 NO	front of	ran or	ino	highway in
3 Suicide a Could not be	28s. PLACE OF INJURY building, atc. (Spe	/ — At home farm stre		flea	28t. LOCATION (Street	and Number o		
4 Homicide determined	Highway	ony)			City or Town, State		2 80	uth/Oakland
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurred	at the time 4	ete and place and to				den oaktallu
	t: On the basis of exemination							and manner to the state of
296. SIGNATURE AND TITLE OF CERTIFIER	-/-	,	, opinion			uve to the	CEUS#(8)	end menner as stated.
11/1/	1.	1-	no	29c. LICENSE NUM	MBER	29d. OATE	SIGNEO	(Month, Day, Year)
TO NAME AND ADDRESS OF PERSON WILL	Telgs	Mon,	R.O.	D 0565	58	May	7 27	, 1993
30. NAME AND ADDRESS OF PERSON WHO								
Herbert H. Leight	on, M.D., 50	02 E. Oak	Street	, Oakland	l, Marylan	d 215	550	
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	IATURE						
JUN - 1 1993	The Davida	- Advertise						



	Contract of the last				1		-	-
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,	r other	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic e	3 shows	r Item 2	marked, o	iem 28 is	ANT: If I	IMPORT
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	Hygiene p	th and Mental	pt. of Heal	State De	eath with the	ours after d	vithin 72 h	be filed v
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel	nding phys	ed by the atte	been sign	ificate has	After this cert	DIRECTOR: A	-UNERAL (THE I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	certificate	that the death	w requires	AN: The Is	ING PHYSICI	OR ATTEND	HOSPITAL	THE I

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	O			
1. DECEDENT'S NAME (First, Middle, Last) JEANNETTE	FLYNN				2. DATE OF DEATH MONTH May 21.	1993	3. TIME OF OEATH 10:45PM		
4. SOCIAL SECURITY NUMBER 117 12 9631	6. SEX 6. AGE	(In yrs. last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 18,	100000	8. BIRTHPLACE (State or Foreign Couptry) New York		
9a. FACILITY NAME (If not institution, give to Lorien Nursing			96. CITY, TOWN	R LOCATION OF DE	EATH	9c. COUN	TY OF GEATH		
Lorien Nursing RESIDENCE OF DECEDENT 100. BTATE 100. COUNT Maryland How									
	ard		town or loca Fulton				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 8187 Murphy Road	DER 101. ZIP CODE 10						U.S.A.		
10e. STREET AND NUMBER 8187 Murphy Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Notice of the stat	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Y n, Puerto Rican, atc.)	ee or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			usual occupations done during me retired.)	ON ost of working	16b. KINO OF B	USINESS/INDU	USTRY		
17. FATHER'S NAME (First, Middle, Last)		HOE	iemaker						
James Mckeci	nnie				ME (First, Middle, Malde Balie Cl	ark			
19a. INFORMANT'S NAME (Type/Print) Mrs Kathleen Koel	nle			and Number or Rural load Fulto		Number, City or Town, State, Zip Code) Md. 20759			
2be. METHOD OF OISPOSITION 1	aoval from State	Metro Cre	ITION (Name of ce	metery, crematory or			ity or Town, State Lile Maryland		
21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE	he			e Funeral		Inc.		
resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significant condition	d	but not resulting i	n tha underlylr	g cause given in		AN AUTOPSY DRMED? 2 PNO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH					U 14				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (GA	eck only one!				
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	4 Hursing Hor E OF 28c. IN URY W	JURY AT DRK?	6 Other (Specify) 284. DESCRIBE HOW	Other (Specify) 204. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	IY — At home, farm, s		YES 2 NO	S 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of my kno						nd. e ceuse(e) end manner ee stated.		
3 Sulcide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	moles ma			29c. LICENSE NUI			BIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WITH REPORT S	Troum, I	EATH (ITEM 27) (Type,					17021045		
31. DATE FILED (Month, Day Year)	32 REGISTRAR'S SIG	NATURE			3/15	- 198 1A	, 10 41045		
	A CONTROL OF	re-pandall.					DHMH-16 Rev		

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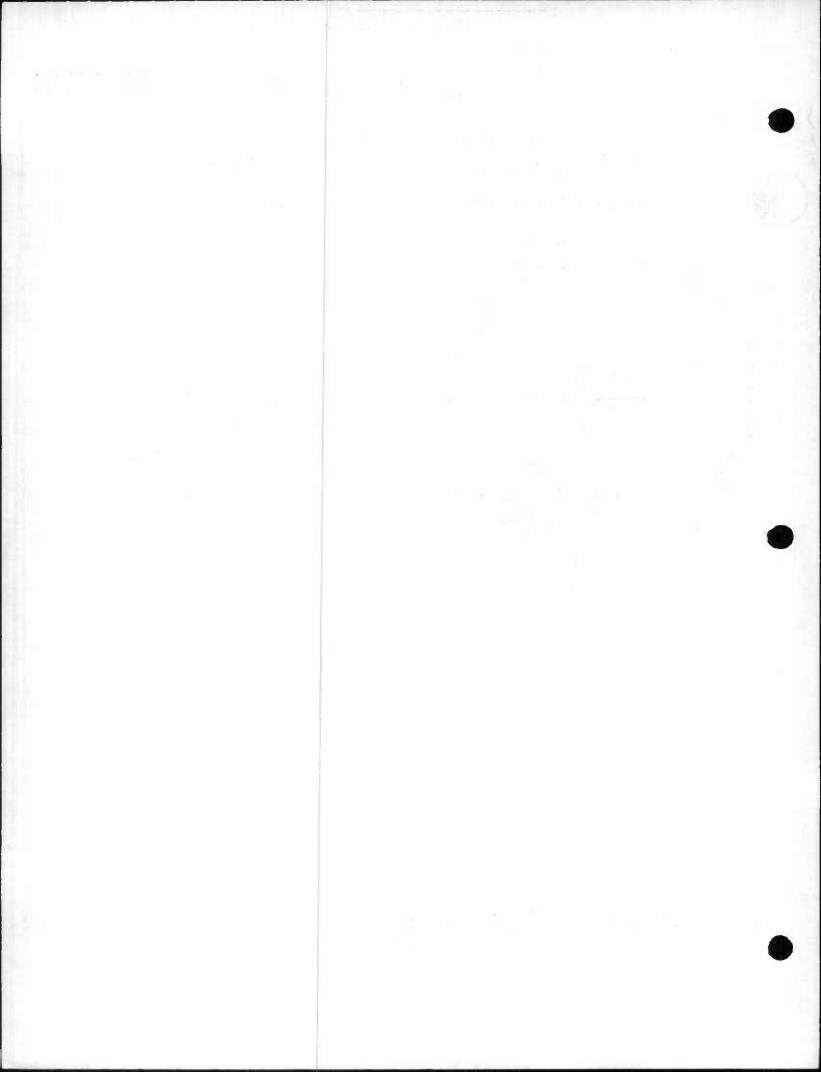
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N OF VITAL RECORDS, P.O. BOX 68760,	
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DIVISION	4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 flours after death. Page 6 may be retained by the lospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMEN		TAL HYGIENE
	CERTIFICAT	E OF DEATH	REG. NO.
40			

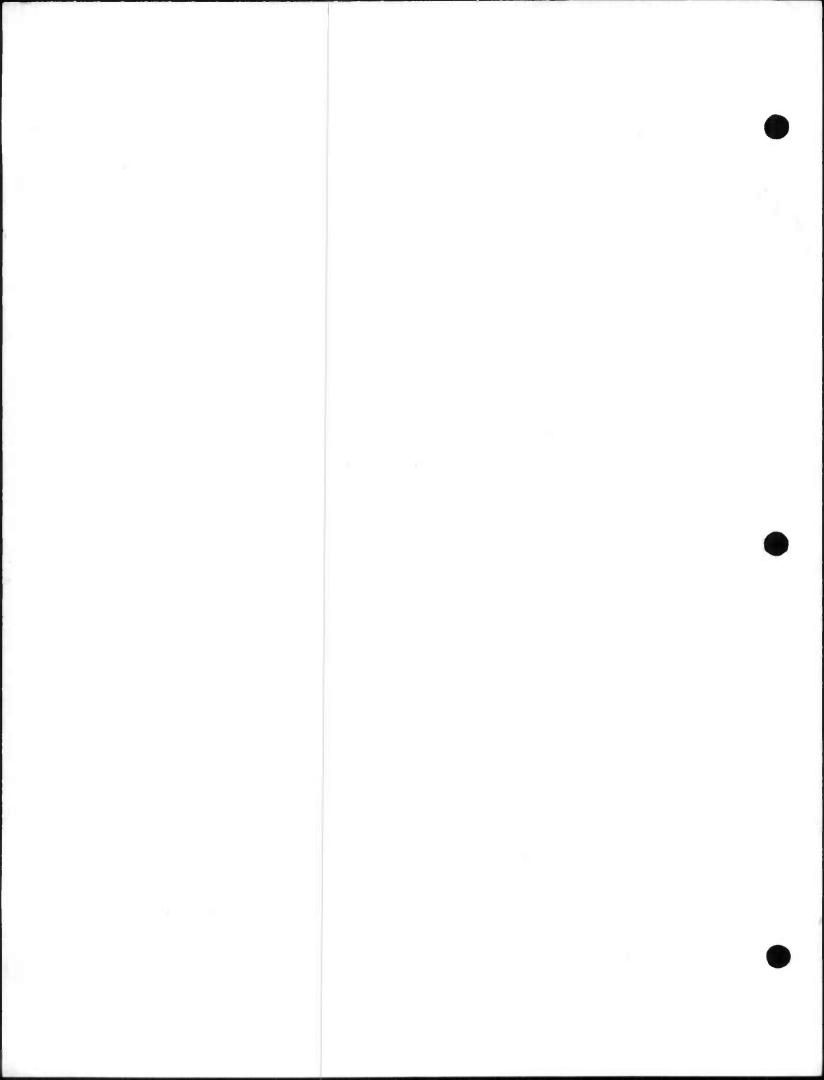
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	OF D	ALTH AND	MENTA	NL HYGIEN		3 16726	
8	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		3. TIME OF DEATH	
	Betty Margaret Op	el Foyle					5 MON	23	93	12:30 p N	
	010 00 0500	5. SEX 6. AGE (in yrs. lest birthday) 63 vrs.	IF UNDER 1 Y		F UNDER 24 HRS. OURS MIN.	(Mon	e OF BIRTH ith, Day, Year) -13-29	0. 9	BIRTHPLACE (State or Foreign Country) MD	
	9a. FACILITY NAME (If not institution, give etre	et and number)		9b. CITY, TO	OWN OR	LOCATION OF			9c. COUNTY		
DIRECTOR	3470 Charing Ct.					ake Be	ach,	MD	Cal	vert	
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Chesapeake Beach, MD							10d. INSIDE CITY LIMITS? 1 K YES 2 NO			
FUNERAL	3470 Charing Ct.				10f. Z	P CODE	207	132	10g. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT INVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 10 NO	If ye	es, speci	DENT OF HISP by Cuban, Mexi	ican, Puerto	IN? (Specify Yea Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	16a. DECEDENT'S (Give kind of the Do MOT to	USUAL OCCU	PATION ng most i	of working	16	b. KIND OF BUS	I INESS/INDUST	RY	
AP.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Adminis				nt	food	Servic	es	
ŏ	17. FATHER'S NAME (First, Middle, Last)				- 1	. MOTHER'S	NAME (First,	Middle, Maiden	Sumeme)		
BE	Howard Leonard Ope	21				Eliza	beth	Margar	et Mar	x	
5	19a. INFORMANT'S NAME (Type/Print) Judy C. Opel		196. MAILING 2720 D					nber, City or Town	n, State, Zip Cod	do)	
	20a. METHOD OF DISPOSITION 1 General 2 Comments 3 Remov		PLACE AND DATE OF CO.				ay 24		Alex	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE		scrobrice			ADDRESS OF		, 1993	Alex	· , VA	
	· William of.	Ik-						Home, O	wings,	MD 20736	
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart feilure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of	C C						Interval Between	
MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resulting (in the under	riying c	ause given i	n Pert I.	n Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	26. PLAC	E OF DEATH (C	Check only o	ne)			
Sic		HOSPITAL:	atient 3 DOA	OTHER: 4 Nursing	Home	Residence	8 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1. Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		c. INJUR	/ AT	_	SCRIBE HOW I	JURY OCCURE	ED	
BY	1 Natural 5 Pending 2 Accident Investigation					2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, factory,	office		281. LOC City	CATION (Street a or Town, State)	nd Number or R	tural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 OERTIFYINO PHYSICI.									use(e) end manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	10				c. LICENSE N				GNED (Month, Day, Year)	
38 C		71					212	3	15	24.87	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type,	Print)		, , ,	, =				
	31. DATE FILED (MAY 28 1993	32. BEGISTRAR'S SIGN.	ATURE D. J. DO			_					

93 16726



ION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Personal death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal. 8 marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signe be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If item 28 is marked, or item 23 shows a

	HEGISTHAN		CERTIF	ICATE U	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET 4. SOCIAL SECURITY NUMBER	CATHERINI S SEX 6 AGE	-7.00	OXWELI		2. DATE OF MONTH	DAY	- 93	3. TIME OF DEATH 3.05PM
	216-12-2185	1 M 2 K F 9	(In yrs. lest birthday) YRS.	MONTHS DAYS		m. May 9	, 1902	* BIRTI	HPLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOW	N OR LOCATION	OF DEATH	90	c. COUNTY OF E	DEATH
FUNERAL DIRECTOR	Suburban Hospital			Bethes	da			Montgon	nery
REC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY
ō	Maryland		Ba1	timore					1 X YES 2 NO
RAL	10e. STREET AND NUMBER				101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
NE	3307 Rueckert Ave	12. WAS DECEOENT EVER I			212			U.S.A.	
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO DATES	If yes,		SPANIC ORIGIN? (exican, Puerte Rice pecify:		No— 14. RACI Blac Spec Whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA work done during		16b. KI	ND OF BUSINE		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)					
MP	17. FATHER'S NAME (First, Middle, Last)	N/A	Denta1	Assista	7		entist		
ö	John Melroy	Wolfe			1	S NAME (First, Mide		,	
品	19a. INFORMANT'S NAME (Type/Print)	WOILE	19b. MAILING	ADDRESS (Street	E1s	tural Route Number,	Myrtle		veeney
욘	Louis M. Foxwell	(Son)				.,Rockv			55
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	200	. PLACE AND DATE	OF DISPOSITION		OATE		ION — City or To	
	4 Donation 6 Other (Specify)	B	netery, crematory or o	e Cemet		5/5	Thurm	ont, MI)
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ANO ADDRESS C		Con Fu	noral L	Homes, P.A.
	2			615 H	. Main	St., Th	urmont	. MD 21	
	IMMEDIATE CALISE (Float	List only ons cause on e	each line.	,			,	ory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Acute Myocardial Infraction Sepsis Due to (or as a consequence of): Peumong Due to (or as a consequence of): Chromic Lymphocytic Leuhemig								
	PART II. Other significant condition	s contributing to death t	out not resulting	In the underly	ing cause give	n in Part i. 24	ia. WAS AN AUT		. WERE AUTOPSY FINDINGS
AN: MEDICAL						1	PERFORMED	,	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF OEATH				
PHYSICIAN:	27. MANNER OF DEATH	1 Nopetient 2 ER/Outs 25e. OATE OF INJURY	patient 3 DOA 28b, TIM		ome 5 - Reside	nce 6 Other (S	pecify)	DV OCCUPED	
BY PI	1 Natural 5 Pending Investigation	(Month, Day, Year)	INI	M 1	VORK? YES 2 NO		IDE HOW INJUR	MY OCCURED	
ETED	3 Suicide 6 Could not ba determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner se stated.								
BE	Mercyn UM	mus MIS	PHESI	CLAN	D35	791		5/	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	GIA A	Print) S	uite 2	27. Si	1/ver &	Sprin	SIND
	31. DATE FILED (MONTH, Day, Year) 199	32. REGISTRAR'S SIGN		e.					



Henry

Sylvester

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1993

3. TIME OF DEATH

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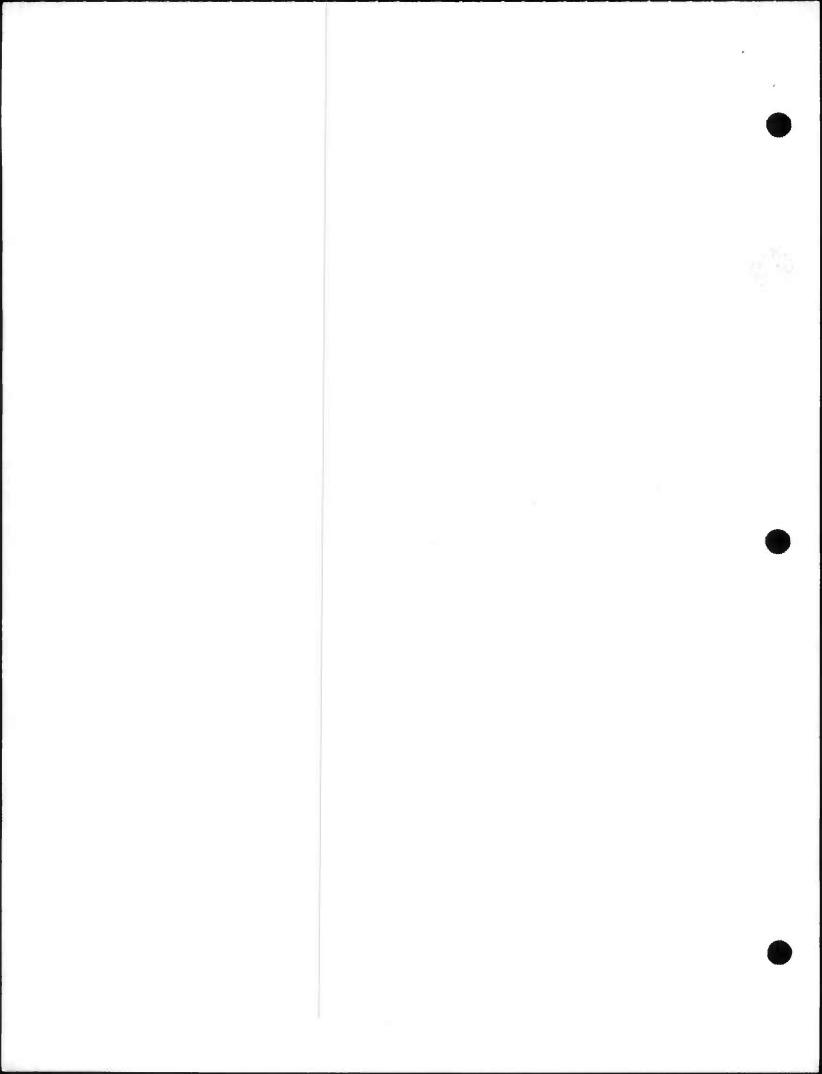
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	10	sit permit
3146	ng physician.	the funeral director, page 5 should be detached for use as the burial-transit provides
21203-3	al or attendi	for use as t
LAND	y the hospit	be detached
MARY	e retained t	e 5 should
BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician	director, pag
BALTII	ter death. P	the funeral

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	220-32-5246	En	5. SEX	6. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	July	Day Wart	932	Country) Mary	ACE (State or Foreign
	9a. FACILITY NAME (If not in	stitution, give st				9b. CIT	Y, TOWN	OR LOCATI	ON OF D		14, 1		TY OF DEA	
OR	St. Mary's		al			Lec	onar	dtown	1			St.	Mary	's
اظ	RESIDENCE OF DEC	10b, COUNTY	,		10c. CIT	ry, town	OR LOC4	TION		-			1	Od. INSIDE CITY
DIRECTOR	Maryland		Mary's		_	enue								LIMITS?
FUNERAL	10e. STREET AND NUMBER						10	H. ZIP COD						AT COUNTRY?
NE I	Bowles Road		12. WAS DECEDEN	IT EVED IN II È A	DAVED	12	wae ne	206		NIC ORIGIN?	Maralla Mar		S.A.	
B	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1	YES 2 🔯	NO	13.	If yes, s		ın, Mexica	an, Puarto Ric		or No-	Specify: Whit	
	15. DEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)	0	ECEDENT'S Give kind of	work done	durina m	ION ost of worki	ng	16b. R	IND OF BUS	SINESS/INDU	ISTRY	
COMPLETED	9th Grade	l-12)	College (1-4 or 5	+) .	water Water		,			S	eafoc	od		
	17. FATHER'S NAME (First, M Frank	iddle, Lest) Henr	У	Faunc	е			18. MOT	-	AME (First, Mic	dde, Malden Eliza			Brown
TO BE	19a. INFORMANT'S NAME (I Myrtle Edit!		ce							Route Number		n, State, Zip (Code)	
	20a, METHOD OF DISPOSIT	n 3 🗆 Remo	oval from State	20b. PLACI	olace)	2111.00						CATION — C		
	4 ² Donation 5 □ Other 21. Signature OF FUNERA		ENȘEE	- [Charl	es M	22	. NAME A	ND ADDRE	SS OF FA					Maryland
	Michae	lf/	Garden	rev						rdiner				P.A. and 20650
	23. PART I. Enter the d		complications the											Approximate Interval Between
	IMMEDIATE CAUSE (Fig disease or condition resulting in desth)		0	Wol		440	OCA	red.	1-L	IN	FAR	cTI	iv	Onset end Death
z	DUE TO (OR AS A CONSEQUENCE OF):													
ATIO	Sequentially list condit if eny, leading to imme cause. Enter UNDERLY	diate	OUE TO	(OR AS A CONSI	EOUENCE (OF);								
CERTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS		c. DUE TO	(OR AS A CONSI	EQUENCE (OF):								
CER		-	d									_		
	PART II. Other signification	ondition				in the u	ınderiyi	ng ceuse	given in		PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
ED		40	-com	alet	7~)	-			_	1 TYES 2	NO	(OF DEATH?
ICIAN: MEDICAL				V								`		
CIA	25. WAS CASE REFERRED 1	O MEDICAL	HOSPITAL:		V	ОТНЕ	R:			heck only one;				
PHYSI	1 YES 2 NO		1 Inpatient 2		-	4 🗆 Ni	ursing Ho		esidence	6 Other		NJURY OCC	URED	
							ONED							
Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and menner at the ilme, data and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due						ica		281. LOCA City of	TION (Street Town, State)	and Number	or Rural Ro	ute Number,		
								and manner as stated.						
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	Smi	Sme)			290 LIC	ENSE NU	JMBER 285	/	29d. DATE	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS O						ardt	own,	Mar	yland	2065	50		<i>u</i>
	31. DATE FILED (Month, Day,			AR'S SIGNATURE, Davidson-										
	12.151	1 10	4101111	12101 111	-									



BALT	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
BA	er de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	80	DIRE
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	IT OF HEAT	LTH AND N EATH	MENTAL HYGIEN	_	3 16729
	1. DECEDENT'S NAME (First, Middle, Lest) Gertrude	Eunice	FORMAN	1		2. DATE OF OEATH	AY Y	3. TIME OF DEATH 10:13 a m
	235-38-2868	5. SEX 6. AGE (In yrs. Inst	YRS. MONTHS	DAYS HO	UNDER 24 HRS. URS MINI.	7. DATE OF BIRTH (Month, Duy, Year) Oct. 26,	1917	BIRTHPLACE (State or Foreign Country) West Virgini
TOR	9e. FACILITY NAME (If not institution, give street 1206 Broadford Roa RESIDENCE OF DECEDENT			It. Lak		ATH		rett
DIREC		Garrett	Mt .	Lake P				10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL DIRECTOR	1206 Broadford	d Road 12. WAS DECEDENT EVER IN U.S. AR	- I 40	10f. ZIP	21550			USA
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IN 15. AR FORCES? 1 YES 2 IN 15 YES, GIVE WAR OR DATES		if yes, specify	ENT OF HISPAN Cuban, Mexicar NO Specify	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED		ompleted) (G	ECEDENT'S USUAL of work done to NOT use retired.	e during most of	working	16b. KIND OF BU	SINESS/INDUS	
	12th 17. FATHER'S NAME (First, Middle, Last) Henry		Housew			ME (First, Middle, Maiden	1.000	12.
TO BE	19a. INFORMANT'S NAME (Type/Print) J. Carroll Forman	191				oute Number, City or Tow Mt. Lake	n, State, Zip Co	
	20a, METHOD OF DISPOSITION 1 🖾 Burlal 2 🗆 Cremation 3 🗀 Ramova 4 🗆 Donation 5 🗀 Other (Specify)	al from Stata 20b. PLACE/ cemetery, cre Garre	ANO DATE OF DISPO	OSITION (Name of			CATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN TRANSLIN	ustos.	22	Stewa:	rt Fune	eral Home		land, MD 21550
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the dest only one cause on each line Acute Myo DUE TO (OR AS A CONSE	1.	er the mode o	f dying, auch	as cardiac or respi	iratory arrea	d, Approximata interval Between Onset and Daath Immediate
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	OUENCE OF):	-				
	PART II. Other algnificant conditions of	contribution to death but not r	regulation to the u	-4-4-1	t to 8			
MEDICAL			esolung in all a	moentymy cas	ne given in .	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Che	ck only one)		
HYSI		☐ Inpatient 2 ☐ ER/Outpatient 3 28a. OATE OF INJURY	DOA 4 Nu			3 Other (Specify) 28d. DESCRIBE HOW I	NURY OCCUR	FO
ED BY P	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — At helbuilding, etc. (Specify)	INJURY M ma, farm, street, fac	WORK? 1 YES ctory, office		281. LOCATION (Street a	and Number or	
COMPLETE		IN: To the best of my knowledge, de				to the cause(a) and mar	nner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	On the basis of axamination and/or t	rivestigation, in my	29c.	LICENSE NUMI			GNEO (Month, Day, Year)

311 N. Fourth Street

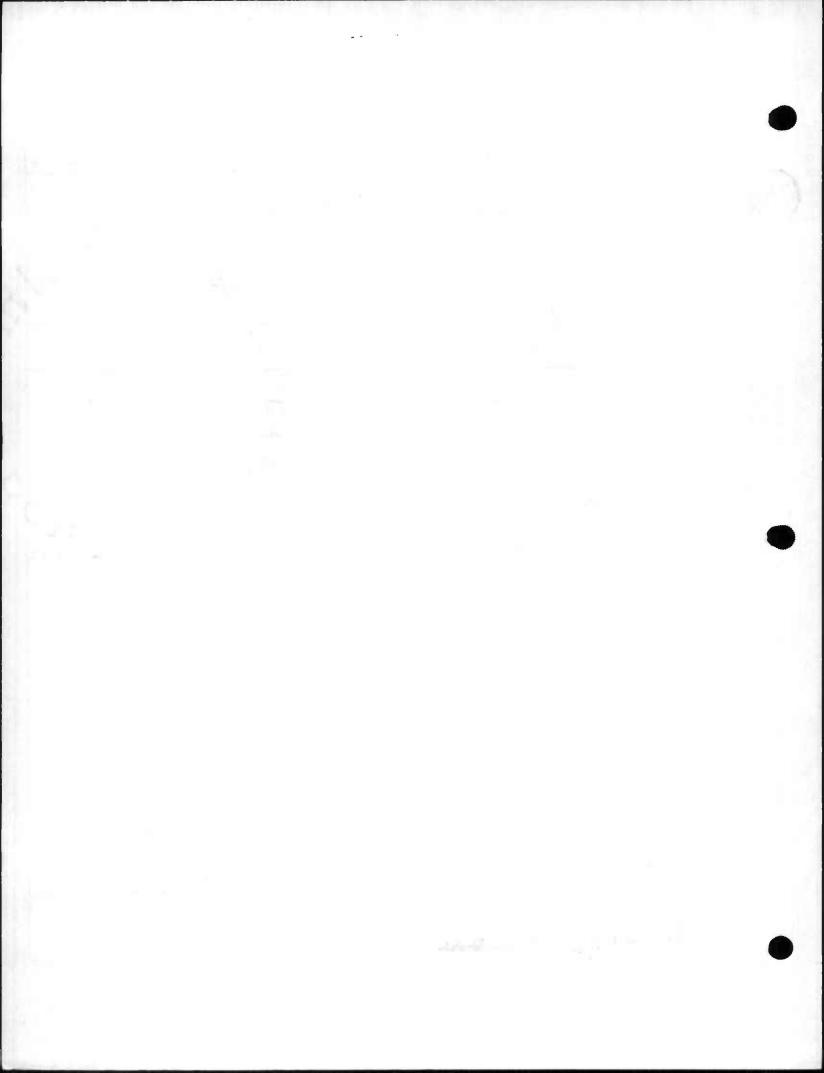
Schwalm, MD 3
32 REGISTRAR'S SIGNATURE

Dr.

MAY 2 5 1993

Karl E.

Oakland, MD 21550



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BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physician.	se 5 should be detached for use as the burial-transit pe	
BALTIMORE	n 24 hours after death. Page 6 may	ly filled in by the funeral director, pag	ation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	JNEARA DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhalf-or	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL	DSPITAL OR ATTENDING PHYSICIAN: The Ia	INERAL DIRECTOR: After this certificate has	thin 72 hours after death with the State De

	REGISTRAR		CERT	FICATE	OF DEATH	REG. NO).			
1		DANIEL P.		ELTOI	S	2. DATE OF OEATH MONTH 5-11-93	MY	year 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 226–223700	5. SEX	6. AGE (In yrs. lest birthde	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give	•	U) This		WN OR LOCATION OF C			ERQUIMAS CO.		
RECTOR	PENINSULA REGION	AL MEDICAL	CENTER		LISBURY			ICOMICO		
ā	MD . 10b. COUNT	CESTER		RLIN	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 8042	WORCESTER	RHYWAY		10f. ZIP CODE 21811		-	N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 P IF YES, GIVE WAS	EVER IN U.S. ARMED YES 2 NO R OR DATES	I1 ye	DECENDENT OF HISPA is, specify Cuban, Mexic YES 2 NO Spec		e or No— 14	RACE — American Indian, Black, White, etc. Specify: BLACK		
TED	15. DECEOENT'S EDU (Specify only highest grad		(Give kind	r'S USUAL OCCU	PATION ng most of working	166. KIND OF BU	SINESS/INDUS			
COMPLET	Elementary/Secondary (0-12)	5 VRS.	RET]	(RED		MTN	ISTER			
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden				
BE C	ANDERSON	FELTON				HATTIE	WILLIA			
TO E	DANNIE FELTON		196. MAILI 1004	MEADS	ROAD, NORF	OLK, VA. 2	n, State, Zip Co 3505	ode)		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren	noval from State	20b. PLACE AND DAT cametary, crematory of	r other place)				y or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 SAI TSRURY, MD. 21801 23. PART I. Errier the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
TION	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	s	PR AS A CONSEQUENCE	+k	dial l	Marc +	izn	Interval Betwee		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated avents resulting in death) LAST	c. DUE TO (O	PR AS A CONSEQUENCE	OF):						
MEDICAL	PART II Other significant condition	na contributing to d	eath but not reaultin	g in the under	lying cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			:	6. PLACE OF DEATH (C)	heck only one)				
YSI	1 TES 2 NO		ER/Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		NJURY	NJURY AT WORK?	28d. DEŞCRIBE HOW	BE HOW INJURY OCCUREO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route No. 1) City or Town, State)									
COMPLET						to the cause(s) and ma-				
8	2 MEOICAL EXAMINI	ER: On the basie of exar						euse(s) and manner as stated.		
BE	296. SIGNATURE AND TITUE OF CENTIFIE	Dergo) u	10	29c. LICENSE NU	MBER 5	29d. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty				7	11-73		
	100 Power	AN. 7X	Highey,	2 July	21801					
4	31. DATE FILED (Month 1993") &	Ma HELBERGERMAN	S TIGNATURE							
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10 IHE HUSPLIAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit me
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	16731
CEDENT'S NAME (First, Middle, Last) John	Ronald	Frank	2. DATE OF DEATH MONTH	93	3. TIME OF DEATH

	John	Ronald		Frank		2. DATE OF DEATH	- 9	YEAR 3. TIME OF DEATH 3. TIME OF DEATH 1.052 A M
	4. SOCIAL SECURITY NUMBER 291-22-8384	1 × M 2 □ F 6		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 31, 1	928	B. BIRTHPLACE (State or Foreign Country) Minnesota
TOR	98. FACILITY NAME (If not institution, give so Southern Mar RESIDENCE OF DECEDENT	yland Hos	pital	b. CITY, TOWN	inton	ATH	9c. COUNT	nce George
DIRECTOR	Maryland Prin	ce George's	10c. CITY, 1	Clintor				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6808 Crafton I	ane		10	2073	5	10g. CITIZ	EN OF WHAT COUNTRY? U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	S 2 NO	If yes, ap	ENDENT OF HISPANI ecity Cuben, Mexican 2 X NO Specify:			4. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	t done during mo etired.)	erny mmerce			
	17. FATHER'S NAME (First, Middle, Last) John Elden							
P Judy S. Frank Anna Jacobsen 19a. INFORMANT'S NAME (Type/Print) Judy S. Frank 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10 A—F								Code)
	20s. METHOD OF DISPOSITION 1X Durisi 2 Cremation 3 Rem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF PENERAL SERVICE LIC	ob. PLACE AND DATE OF (emetery, crematory of other Mary Land S	tate Ve	eterans C	em. Chel	tenha eral	m, Maryland Home, Inc, Clinton, Md 20735	
23. PART I. Enter the diseases, of complications that asked the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Death
MEDICAL	PART II. Other algnificent conditions	e contributing to death	but not reaulting in t	he underlying	g cause given in P	Part I. 24a. WAS AN / PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec			
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year	7 28b. TIME O	F 28c. INJ WO		28d. DESCRIBE HOW IN	JURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide determined 29e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State)								Rural Route Number,
COMPLE		CIAN: To the best of my kno). Cause(s) and manner as stated.
. 1					29caLICENSE NUMB	IER .	29d DATE	NOVED 44
10 BE	296. SIGNATURE AND TITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF F	PEATH (ITEM 27) (Torse Ori	nt)	A212	30	Þ 5	SIGNED (Month, Day, Year)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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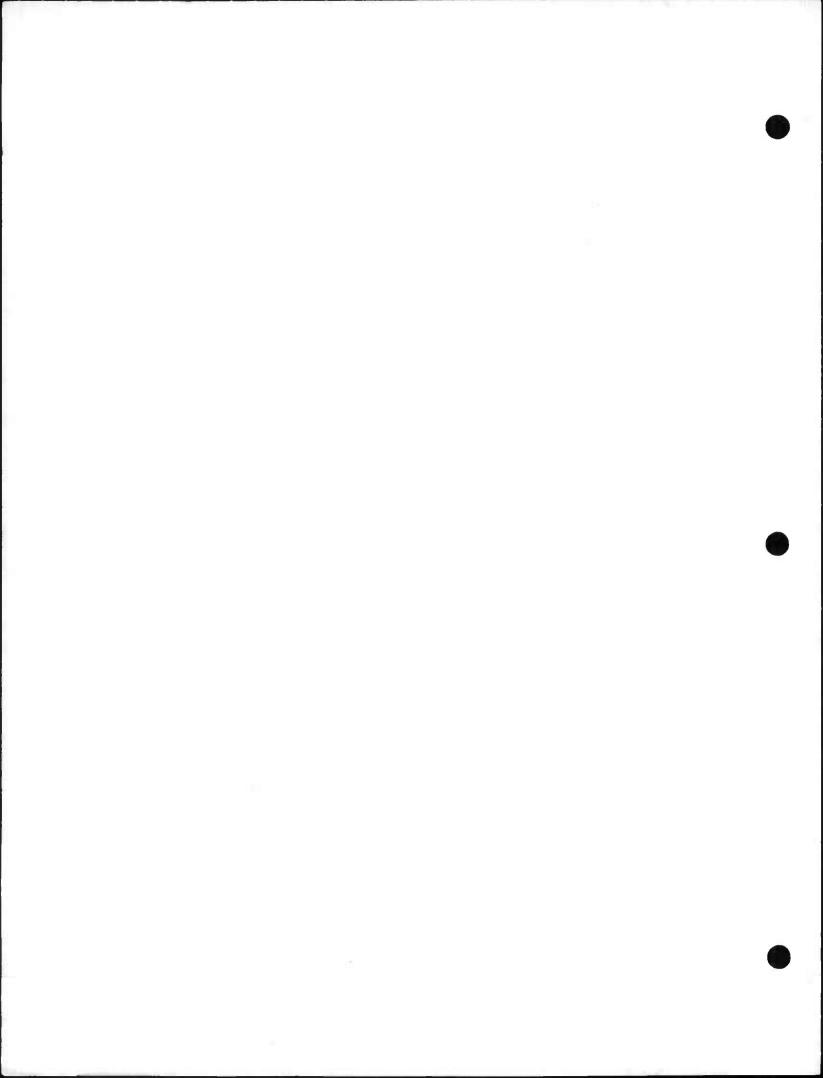
ITEMS:	28e & 28f,	PER DR. A.P.R	R. G-700	6/17/93 t.t		0.0	16700				
FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	RTMENT (F HEALTH AND I	MENTAL HYGIEN	E	16732				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
EADA FLORE	NCE	FALLS			05 1	.8 YE	5:50P				
4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	100	INTERNACE (Out on English				
541-12-4334	1 □ M 2 □XF	72 YRS.	MONTHS	AYS HOURS MIN.	(Month, Day, Year) 04-16-1	921 For	tland, Oregon				
9a. FACILITY NAME (If not institution, give sti	reet and number)		96. CITY, TO	OWN OR LOCATION OF DE	EATH	9c. COUNTY					
DRINGE GEORGE			Ch	HEVERLY		- t.n					
PRINCE GEORGE'S RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Prince	HOSPITAL	CENTER	<u> </u>	ILVLNLI		PRINCE	E GEORGE				
10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?				
	e George's	s Coll	ege Pa	ark			1 YES 2 NO				
10e. STREET AND NUMBER 6008 Westchester 11. Marital Status				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
6008 Westchester	Park, Dr.			20740		11	SA				
11. MARITAL STATUS	12. WAS DECEDENT E		13. WA:	DECENDENT OF HISPAN	VIC ORIGIN? (Specify Yes	or No. 14 I	RACE — American Indian				
	FORCES? 1	YES 2 NO	II ye	es, specify Cuben, Mexico YES 2 NO Specify	n, Puarto Rican, etc.)		Black, White, atc.				
3 Wildowed 4 Divorced			'-	TES Z XX NO Specify	r.		Specify: White				
15. DECEDENT'S EDUC (Specify only highest grade (Specify o	ATION Completed	16a. DECEDENT'S	USUAL OCCL	IPATION	16b. KIND OF BUS	SINESS/INDUSTI	RY				
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done duri se retired.)	ng most of working							
12		Departm	Department Head Int. Union Op								
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		The subti				
194 INFORMANT'S NAME (Topo/Print)		196, MAILING	ADDRESS (S	Elvira	TA Menicocci ral Route Number, City or Town, State, Zip Code)						
John C Follo											
	John C. Falls 6008 Westchester Park Drive, College Park, Md. 20740										
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION [Name of cemetery, cremetory or other place) Fort Lincoln Cemetery 5/22/93 Brentwood Md 20722											
4 Donation 5 Other (Specify) Fort Lincoln Cemetery 5/22/93 Brentwood, Md. 20722 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
1 1 1	·	1				739 Bal	timore Avenue				
lack D.	True	and a	1	ttsville, M	-	0, 201					
22 PART I. Enter the diseases, or co	ompilcatione that c	eused the deeth. Do n	not enter the	mode of dying, auci	h ee cerdiec or reepi	ratory erreet,	Approximate				
ahock, or heert fellure. L	ant only one cause	on eech line.		51	9		Interval Between Onset and Death				
disease or condition resulting in deeth)	antra	Conidas la	Seed	Marine							
resulting in deeth)	DUE TO (OF	R AS A CONSEQUENCE OF	F): /	11-11-1	9	also was	right				
				00		50					
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OF	R AS A CONSEQUENCE OF	F):								
cause. Enter UNDERLYING											
CAUSE (Disease or Injury that Initiated events	DUE TO (OF	R AS A CONSEQUENCE OF	F):								
resulting in deeth) LAST											
PART It Other algnificent conditions	contributing to de	ath but not reculting in	In the under	thing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS				
Jak momen	Discool	- , Left	Ly2/	now faces	YES 2		COMPLETION OF CAUSE OF DEATH?				
	•		-		- 1 PART - I	***	1 TYES 2 NO				
25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1/2 YES 2 NO 27. MANNER OF DEATH				26. PLACE OF DEATH (Che	eck only one)						
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:								
27. MANNER OF DEATH	28a DATE OF IN	HIDV 20h TIME		Home 5 Residence	2ed. DESCRIBE HOW II	HIEV OCCUPE					
	(Month, Day,	Year) INJI	URY	WORK?	Foll 15 st	3 A	1				
2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF II	NJURY — At home, term, s			THE LOCATION (S)	- No. 2	-15-44				
4 Homicide 6 Could not be	ouliding, etc	ь (эреспу)	eet, motory,	OHICE	281. LOCATION (Street a City or Town, State)	6608 Wes	tchester				
20a CENTICIED	AT H				College Park	MD.					
		knowledge, death occurre									
2 MEDICAL EXAMINER	On the basis of exam	ination and/or investigation	n, in my opini	on, death occured at the	time, data and place, and	d due to the ceu	se(s) and menner as stated.				
	2 1	22.2		29gh LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)				
Augus PV	dudus	MI)		1212	37)	15-1	19-92				

32. REGISTRAR'S SIGNATURE

Junia Savidson-Randare

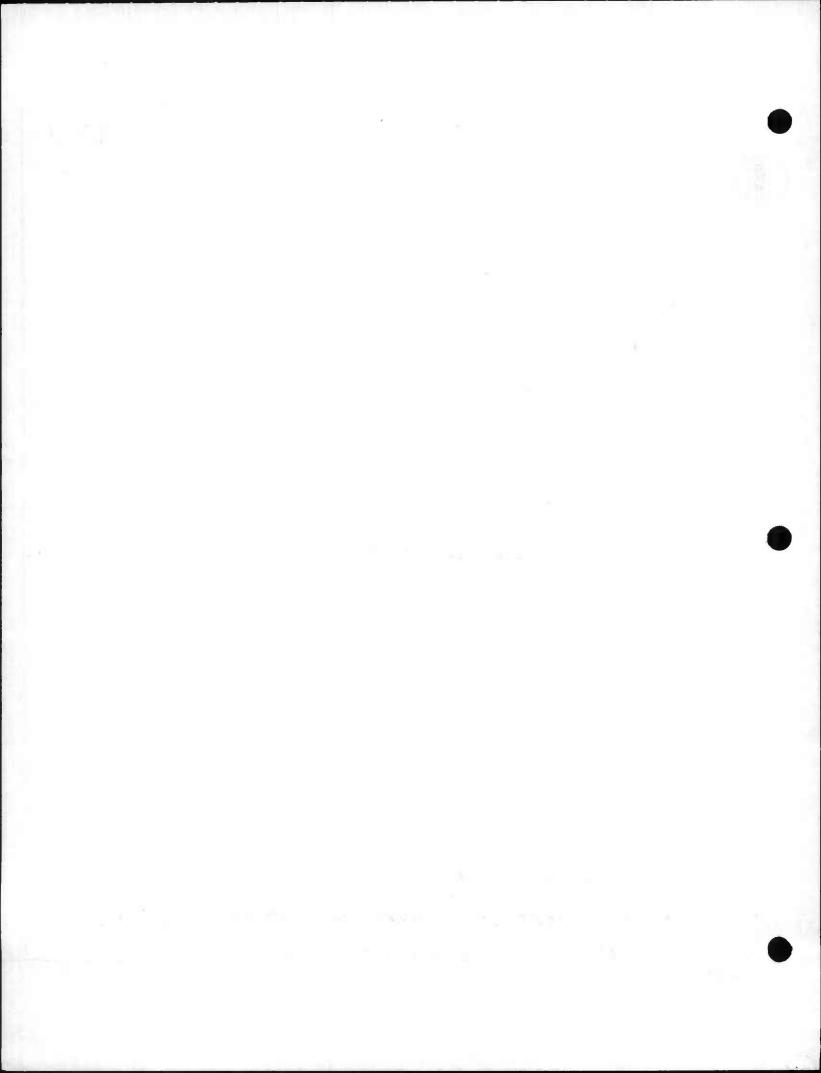
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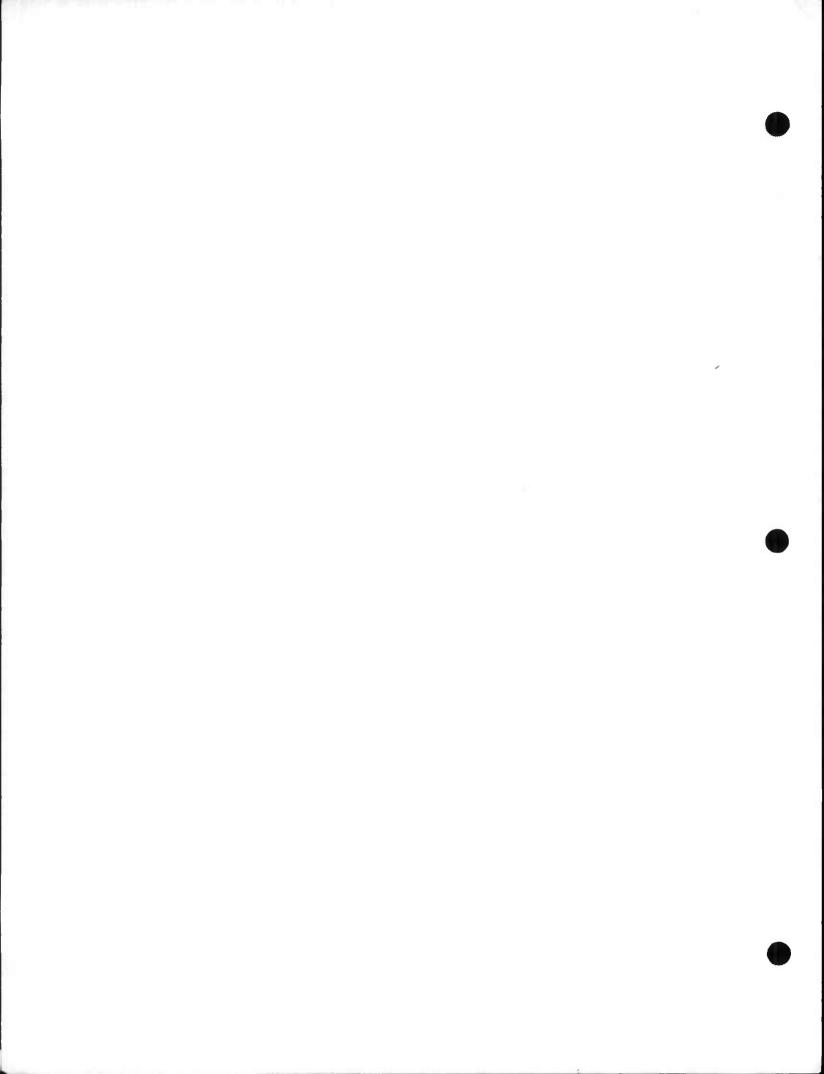
איני הייני הייני	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	де 6 тау be	lirector, page	r must be
	fter death. Pa	the funeral c	al examine
	in 24 hours a	ely filled in by	, the medic
60.00 00 10 10 10 10 10 10 10 10 10 10 10 1	executed with	and complete	matic event
	certificate be	fing physician hygiene prior t	other traus
	at the death	by the attendand Mental H	ny Injury, or
	w requires th	s been signed pt. of Health	3 shows ar
	SICIAN: The Is	certificate has	, or Item 2
	ENDING PHYS	R: After this er death with	is marked
	ITAL OR ATTE	RAL DIRECTO 72 hours afte	: If Item 28
	TO THE HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT

4. SOCIAL SECURITY NUMBER 5. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 5. SEX 6. SEX (The yra, best birthousy) 7. SEX (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 8. AGE (The yra, best birthousy) 9. CHILTRAIN FUNDER 24 INN. 9. DATE of BIRTHOUS 9. CHILTRAIN FUNDER 24 INN. 9. COUNTRY O. DATE 9. CHILTRAIN FUNDER 24 INN. 9. COUNTRY OF DEAT 10. ASSH IN IGTON ADVENTIST HOSPITAL 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STREET AND NUMBER 4. 71.7 QUEENSBURY RD. 10. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 11. MARITAL STATUS 12. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 11. MARITAL STATUS 12. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 11. MARITAL STATUS 12. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 11. MARITAL STATUS 12. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 12. MAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 13. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 14. RACE— Bisch, W. Specify 12. WAS DECEMBENT OF NUSANINC ORIGIN? (Specify Yea or No— If yea, specify Cubern, Marketan, Puerto Ricari, etc.) 10. STREET AND NUMBER 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10. CHILDRAIN 10.	MERY IM. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? American indian, Thitia, etc. White
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WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGO RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STREET AND HUMBER 4717 QUEENSBURY RD. 11. MARITAL STATUS 1 Never Married 2 Married 12. MAS DECEDENT EVER IN U.S. ARMED 13. MAS DECENDENT OF MISPANIC ORIGIN? (Specify Was or No- 14. RACE-PORCES? 1 1 1 1 1 1 1 1 1 1	MERY IM. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? American indian, rhita, etc. White
10e. STREET AND NUMBER 4717 QUEENSBURY RD. 10f. ZIP CODE 20737 USA 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Wes 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 3 Never Married 3 Never Married 2 Never Married 2 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 4 Never Married 4 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 5 Never Married 7 Never Married 7 Never Married 7 Never Married 7 Never Married 7 Never Married 8 Never Married 8 Never Married 7 Never Married 7 Never Married 7 Never Married 7 Never Married 7 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 7 Never Married 7 Never Married 7 Never Married 8 Ne	LIMITS? YES 2 NO NT COUNTRY? American Indian, Yhita, etc. White
Specify: Specify:	American Indian, White White
Specify: Specify:	white white
166. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY 166	, Stote
Thomas Franklin Farmer Ethel Matilda Deerstine 196. INFORMANT'S NAME (Type/Print) Ella F. Fairall 206. METNOD OF DISPOSITION 197. Burlet 2 Cremetery 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. MAME AND ADDRESS OF FACILITY Gasch's Funeral Home, 4739 Baltimore Hyattsville, Md. 20781	Md
196. INFORMANT'S NAME (TyperPrint) Ella F. Fairall 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 4717 Queensbury Rd., Riverdale, Md. 20737 206. METNOD OF DISPOSITION 196 Burlet 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. MAME AND ADDRESS OF FACILITY Gasch's Funeral HOme, 4739 Baltimo Hvattsville, Md. 20781	Md
Surface 2 Cremation 3 Removal from State Commetery, crematory or other pieces Pr. Lincoln Cemetery 5/24/93 Brentwood, Pr. Lincoln Cemetery Surface Pr. Lincoln Cemetery Surface Pr. Lincoln Cemetery Surface Pr. Lincoln Cemetery Surface Cemetery Su	Md
Gasch's Funeral Home, 4739 Baltimo Hyattsville, Md. 20781 AS PART I. Enter the diseases, pr complications that caused the death, Do not enter the mode of dying, such as cardiac or resolutions are cardiac or resolutions.	
The tile diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest	ore Ave.,
anock, or neert teiture. List only one ceuse on each fine. IMMEDIATE CAUSE (Finel	Approximata Interval Between Onset and Daeth
DUE TO (OR AS A CONSEQUENCE OF):	WONTHS IPS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): d.	
PERFORMED? 1 YES 2 D-NO DF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 PENOutpetiant 3 DOA 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, Vear) 28. DATE OF INJURY AT WORK?	
OTHER: 1 YES 2 NO 1 NO PRIVATE 2 PER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28. DATE OF INJURY 28. TIME OF 28. INJURY AT 28.4 DESCRIBE MOW IN HIRTY OCCUPED	
2 Accident Investigation 28s PI ACE OF IN HIRTY At home translation (M)	
4 Homicide determined building, etc. (Specify) City or Town, State)	Number,
298. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Do the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and	id manner sa stated.
296. SIGNATURE AND THE BOT CONTRIBET 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Moi Dolo 6 444	onth, Day, Year)



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician. He has the funeral director, page 5 should be detached for use as the burial-transit permit. Page of seconds	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page within 70 hours after death with the Chan Can Dear of Health and Manual Hospitan price to price the price of the completely applied to the completely filled within 70 hours after death with the Chan Dear of Health and Manual Hospitan price to price the completely applied to the completely applied to the completely filled within 70 hours after death with the Chan Dear of Health and Manual Hospitan price to price the completely filled within 70 hours after death with the Chan Dear of Health and Manual Hospitan price to the completely filled within 70 hours after death with the Chan Dear of Health and Manual Hospitan price to the completely filled to the completely filled to the completely filled the completely filled to the complete	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				CERTIF	-ICAT	E OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF				3. TIME OF DEATH
	Dorothy, H	le l'en	Foldmajar		•					MONTH	D/		YEAR	830 A M
	4. SOCIAL SECURITY NUME		5. SEX		yrs. lest birthday	I I I I I I I	R 1 YEAR	IF UNDER			21			
	579-38-5872					MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF (Month, D	BIRTH by, Ybar)		6. BIRTH Countr	IPLACE (State or Foreign y)
			1 🗌 M 2 🔀 F	8	O YRS.					2-19	9-13		Penn	sylvania
	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEA	ATH			NTY OF D	
8	14814 Livi	naston	Road				Acco	okeek				Pri	nce	George's
ΙĶΙ	RESIDENCE OF DEC	EDENT				Щ.	11000	3710071				1111	1100	ocorge 5
M I	10a. STATE	10b. COUNT	Y		10c. CI	TY, TOWN	OR LOCA	TION			-			10d. INSIDE CITY
5	Md.	Prin	ice George	10		Acco	kool	lr.						LIMITS?
3	10e, STREET AND NUMBER	+111	ice occig			ACCC		_						1 YES 2 X NO
FUNERAL DIRECTOR							10	H. ZIP CODE				10g. CITI	ZEN OF W	WHAT COUNTRY?
孠丨	14814 Liv	ingsto						20	607			Uni	ted	States
5	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	T EVER IN L	J.S. ARMED	13.	WAS DEC	CENDENT O	F HISPANI	C ORIGIN? (S	Specify Yee	or No-	14. RACE	— American Indien,
	1 Never Merried 2		IF YES, GIVE W	AR OR DAT	ES ŽÍMO			pecify Cube B 2 💢 NO		, Puerto Rica	n, etc.)		Speci	
BY	3 X Widowed 4 Divo	rced	!					22	opcomy.			- 1	Speci	White
유	15. DEC	EDENT'S EDU	CATION	13	6a. DECEDENT	S USUAL O	CCUPATION	ON		16b KII	ND OF BUS	SINESS/IND	HISTOV	
Ы	(Specify onl) Elementary/Secondary (0	highest grade			(Give kind of life. Do NOT a	work done use retired.)	during mo	ost of working	g	1				
7	12	-12)	College (1-4 or 5+		Communi						C	overn		
COMPLETED					Citioni	Jack	2115	_	_				ment	
8	17. FATHER'S NAME (First, MI									E (First, Midd		Sumame)		
BE	John Adam S	saukel						Cre	escen	itia A	mmer			
	19a. INFORMANT'S NAME (7)	ype/Print)		_	19b, MAILIN	G ADDRES	S (Street a	and Number	or Rural Ro	oute Number,	City or Town	n, State, Zip	Code)	
2	James B. Sa	ukel								Maryl				
	20e. METHOD OF DISPOSITI	ION	·	201.0	LACE AND DATE				,,		_			
	1 - Burial 2 Crematio	n 3 🗆 Rem	oval from State	cemete	ary, crematory or	other place)					CATION —	100	
	4 Donation 5 Other			-	Lee Cre	emato	rv	5-22	-93		Clin	iton,	Mary	land
	21. SIGNATURE OF FUNERA	SERVICEALI	ENSEE / /	0		22.	NAME A	ND ADDRES	S OF FACE	Let Let	e Fun	eral	Hom	e, Inc.
	N/_ 1	14	A	17		06	33 (ord A	Texar	nder I	Ferry	r Road	d	
-	22 Dept	10	woo	para	_	IC1	into	on,Ma	rylar	nd 207	735			
	23. PART i. Enter the di shock, pr he	seases, or c eart fellure,	List only one can	peused t	he deeth. Do h line.	not enter	r the mo	ode of dyl	ng, such	ss cardiec	or respi	ratory em	est,	Approximate
	IMMEDIATE CAUSE (Fin	ei	/	7										Onset and Death
	disease or condition													
ı	resulting in death)	,	OUE TO	OR AS A C	ONSEQUENCE O	in:					_			
_		_	// /		. 1.	/			1				1).	10.00
CERTIFICATION	Sequentielly list conditi		b. Agree R	OD AS A C	ONSEQUENCE O	less.	el.	te	Cen	-de l	VISC.	er /	Man	70
F	if sny, lesding to immed ceuse. Enter UNDERLY		552 10	ON AS A C	ONSEGUENCE (n=):								}
<u> </u>	CAUSE (Disesse or inju		C											
# 1	that initieted events		DUE TO	OR AS A C	ONSEQUENCE (PF):								
	resulting in deeth) LAST		d											
	DARY II Oshan alaaliina	A dlat												
EDICAL	PART il. Other significe	nt condition	s contributing to	death but	not reculting	In the ur	nderiyin	g ceuse g	iven in P	ert i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
잃											YES 2			COMPLETION DF CAUSE
							_			_ ''	123 2	N.O.		OF DEATH?
Σ										- 1				1 YES 2 NO
A I														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF DE	ATH (Chec	k only one)				
S	1 DYES 2 NO		1 🗆 Inpatient 2 🗆	ER/Outpati	ent 3 🗆 DOA	4 🗆 Nur	rs: rsing Hom	10 5 A Fai	sidence 6	Other (Sp	pecify)			
포	27. MANNER OF DEATH		28s. DATE OF		28b. TIR	E OF	28c. INJ	JURY AT		28d. OEŞCRI	BE HOW IN	JURY OCC	UREO	
		Pending	(Month, Da	ny, rear)	IN	JURY M		ORK? YES 2	NO					
B	3 Sutelda	nvestigation	26e, PLACE OF	INJURY -	At home, farm,	etraet feet			100	200 1001710	M1 (O	-111		
	= " " "	Could not be	building,	tc. (Specify)	At nome, rem,	atreet, lac	tory, ome			261. LOCATIO City or To	M (Street e. wn, State)	nd Number	or Rural Fi	oute Number,
COMPLETED	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the beat of	my knowled	gs, death occur	ed at the t	time, date	end place.	end due to	the ceusels	a) end man	ner ee stele	M	
Ξ	one)	CAL EXAMINE	R: On the beele of ex	amination a	nd/or investigati	no lo my o	oninion d	feeth occur	ed at the ti	data and	, otto titali	4 dec 40 de		and menner as stated.
O II	2 Z MEDI		-				opinion, u	readit occurs	ed at the ti	me, care enc	place, enc	due to the	e ceuse(e)	and menner as stated.
0 1	2 J MEDI							200 1100	NSE NUMB	ER		204 DATE	CICHED	
	29b. SIGNATURE AND TITLE	OF CERTIFIER	3/					ZWG. LICE				290. DATE	SIGNED	(Month, Day, Year)
BE	29b. SIGNATURE AND TITLE	OF CERTIFIEF	H no					D/	7/6:	2		≥ 5	1/21	(Month, Day, Year)
	29b. SIGNATURE AND TITLE LINES 30. NAME ANO ADDRESS OF	OF CERTIFIEF	H WO	E OF DEATI	H (ITEM 27) (Type	o, Print)		01	7/6:	2		▶ ≤	1/21	(Month, Day, Year)
BE	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	OF CERTIFIEF	H 400 COMPLETED CAUS	E OF DEATI	H (ITEM 27) (Type	Print)	' n	01;	7/6:	z Un	nes	► 5	121	(Month, Day, Year) G3 WA MY2
BE	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF Lin & T 31. DATE FILED (Month Care)	OF CERTIFIEF WE PERSON WHO Who	H MOS COMPLETED CAUS HS NECESTRATE A DECISIONER TO DECISIONER	E OF DEATI	4 (ITEM 27) (Type	o, Print)	1811	DI;	7/6:	z Un.	nes.	b s	1/21	(Month, Dey, Year) 163 TO MAS
BE	290. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF M. M. T. 31. DATE FILED (Month, Day, 1)	OF CERTIFIEF Local PERSON WHO Chai	COMPLETED CAUS 152. REGISTRAF	E OF DEATI	H (ITEM 27) (Type 9556 URE	o, Print)	1311	DI;	7/6:	cp.	nes.	► S	1/21	(Month, Day, Your) G3 2212
BE	296. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF Man & T 31. DATE FILED (Month, Day, 1)	OF CERTIFIEF WE PERSON WHO (bar)	* no	E OF DEATH	H (ITEM 27) (Type 9536 URE	Print) CN Rand	ess.	DI;	716:	un.	nes .	► 3	1/21	(Month, Day, Your) G3 2212



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this cent can agree the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hymene prior to burial command or named.	s medical axaminar must be notified at once
DIVISION OF WITAL BECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE HOSPITAL DR ATTENDING PHYSICIAN THE HOSPITAL DR ATTEN	TO THE FUNERAL DIRECTOR: After this cert can be a good by the attending physician and completely filled in by the filed within 72 hours after death with the State Debt, of Health and Mental Hickene prior to build cremation, or removal	IMPORTANT: If flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

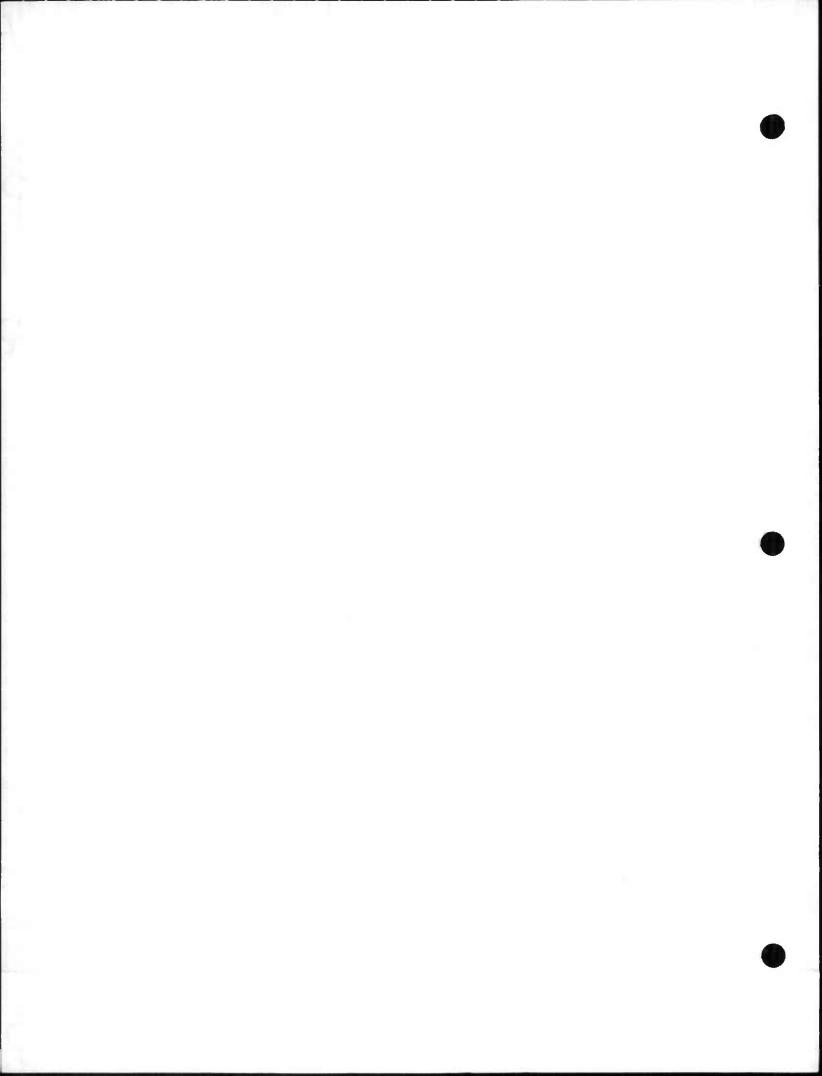
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		<u> </u>	AIL OI	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) FARTH WILLIAM EV	IF FARTE	//		2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AN	4	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		S. BIRTH Countr	PLACE (State or Foreign
H.	So. FACILITY NAME (If not inetitution, give street and number)	in then	CITY, TOWN	OR LOCATION OF DE	EATH D	9c. 00	OUNTY OF D	EATH O. O. O.
DIRECTOR	RESIDENCE OF/DECEDENT 10a. STATE 10b. COUNTY	10c city to	OWN OR LOCA	TION	NI.	141	ON	grani
- DIR	Maryland Montgomery	Roc	huill	e, mr)			Tod, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	328 Howard St.		10	r. zip code 20850			USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPAN Healfy Cuban, Maxica 2 X NO Specify	n, Puerto Rica	pecify Yes or No- n, etc.)	14. RACE Black Speci	— American Indian, i, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION	DN	16b. KIR	ND OF BUSINESS/	Wh	ite
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	ired.)	ost of working	Fl	octrical	Conc	truction
MOS	17. FATNER'S NAME (First, Middle, Last)	FIECGLICIS	111	18. MOTNER'S NA				Cruction
BE (John D. Farrell 190. INFORMANT'S NAME (Type/Print)			Mami				
2	Margaret E. Farrell			and Number or Rural F				
	20g. METNOD OF DISPOSITION	20b. PLACE AND DATE OF DE	SPOSITION (N	ime of	OATE	20c. LOCATION	— City or To	
	4 Donation 5 Other (Specify)	cemetary, crematory or other p Md. Veterans 2	Ceme	etery	5/28	Chelten	ham,	Maryland
	Benjamin M. Matthews M000	558	The H	untt Fune Box 156 V	eral Ho Valdori	ome, Inc	and 2	0604
	 PART 1. Enter the diseases, or complications that causing shock, or heart fellure. List only one cause or 	sed tha death. Do not a n each line.	intar tha mo	da of dying, suci	as cardiac	or respiratory	errest,	Approximata Interval Between
	disease or condition resulting in death) DEHY	DRAMON						Onset and Death
_	DUE TO (OR A	S A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF):						
TFIC	CAUSE (Disease or Injury C.	S A CONSEQUENCE OF):						
CER	d							
EDICAL	PART II. Other significant conditions contributing to death	but not reaulting in th	a underlyin	Dishells		. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	2. Chronic renal Inshift	cunty		Weller	tus 10	YES 2 NO		OF DEATH?
AN	3. NISTON OF MYOCAPAINI 25. WAS CASE REFERRED TO MEDICAL	intarchi	011.	ACE OF BEATH (C)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/O		HER:	ACE OF DEATN (Che 5 ☐ Residence		ecify)		
	27. MANNER OF DEATH 28e. DATE OF INJUR 1 Netural 5 Pending (Month, Day, Yea	Y 28b. TIME OF	28c. INJ WO	URY AT		BE HOW INJURY O	CCURED	
BÁ	2 Accident Investigation 3 Suicide 280, PLACE OF INJU	IRY — Al home, lerm, street	M 1 1		28I. LOCATIO	N (Street and Numb	or or Burni B	nuth Mumber
ETE	4 Nomicide detarmined building, etc. (S	ipecify)			City or To	wn, State)		oute trompol,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the best of examina							and manner as stated.
TO BE C	29b. SINATURE AND TITLE OF CERTIFIER	M		29c. LICENSE NUM			TE SIGNEO	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GRUSE OF PLOT	BKY M	5	9711 MI	DIVAL	CEUTE	n Day	VE POWILLE
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SH	GNATURE /						

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RECORDS	a law requires that the
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I OF VITAL F	PHYSICI
DIVISION	ITTENDING PHYSICIAN: T
\leq	OR
_	HE HOSPITAL
	LL.

TO THE HUSPITAL OR ALLENDING PHYSICIAN: The law requires that the performance man 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the second and comments filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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IA	RA	22	=
3	SNE	Ē	AN
4	FF	be filed within 72 hours after death with the State Dept, of Health and Merri Transfer prof to burne, creme ion, or removal.	Ĕ
4	王	file	AP.
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	1 - STATE REGISTRAR	IAIE UF MA	KYLAND / DEPAR CERTIF	ICATE O	F DEAT	ANU M	REG. NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Last)		02.1111	TORIL O	· DEA		2. DATE OF DEATH		1:	. TIME OF DEATH
	WILLIAM FALK 4. SOCIAL SECURITY NUMBER 5. S.	- I					MAY 22,	1993		8:20 P.m
		M2 F	. AGE (In yrs. last birthday) O 2 YRS.	IF UNDER 1 YEA MONTHS DAY		DERM.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	9s. FACILITY NAME (If not institution, give street a		93 YRS.				MAY 15, 19		POLAN	
œ				9b. CITY, TOW		ON OF DEA	тн		JNTY OF DEA	
5	HEBREW HOME OF GREA	TER WAS	HINGTON	ROCKV	TTTR			MON	TGOME	<u> </u>
DIRECTOR	10a. STATE 10b. COUNTY		10c. C/1	Y, TOWN OR LO	CATION				1	IOd. INSIDE CITY LIMITS?
	MD MONTGOME	RY	РОТО	OMAC						YES 2 X NO
¥.	10e. STREET AND NUMBER		-		10f. ZIP CODE			10g. CI	TIZEN OF WH	IAT COUNTRY?
Ü	7614 CODDLE HARBOR				20854			UNI	TED ST	TATES
BY FUNERAL		WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAS	EVER IN U.S. ARMED YES 2 HOO OR DATES	If yes,	ECENDENT Of apocify Cube	n, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE - Black, Specify: WHIT	
8	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCCUP	ITION		16b. KIND OF BUS	SINESS/IN		
ᇤ		flege (1-4 or 5 +)	life. Do NOT u	work done during se retired.)	most of working	g				
MP	11		PROPRIET	TOR			RETAIL 1	POUL'	TRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAM	E (First, Middle, Maiden	Sumame)		
BE	NATHAN FALK						SBERG			
인	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Town			
	MILTON FALK					EST	HEMPSTEAD			
	12 Burtal 2 Ccremation 3 Temoval f	rom State	20b. PLACE AND DATE cemetery, crematory or c	ther place!	,				- City or Town	
	4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	4	MT. HEBRON		AND ADDRES		5/23 FLUSI	HING	, NEW	YORK.
	1. 45-E1	1					BERG MEMOI	RTAT.	СНАРЕ	CLS. INC.
_	Jauly n.	Jus	_	11170	ROCKV	TLLE	PIKE, ROC	CKVT	LLE. N	
	23. PART I/ Enter the diseases, or comp shock, or heart failure. List of	dications that only one couse	aused the death. Do i	not enter the	node of dyl	ng, such	as cardiac or respi	ratory a	rreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	10 -	,	,					Onset and Death
	resulting in death)	C01	UGEST	IVE	HEA	ST	FAILU	RC	9	6 WEEK
_		ADTE	A AS A CONSEQUENCE O	F):	Her	1-	Disch		:	30 V-10
NO N	Sequentially list conditions,	DUE TO (O	PAS A CONSEQUENCE OF RAS A CONSEQUENCE OF	0 / / C	1764	72/	VISET	50		30 TEHRS
CERTIFICATION	cause. Enter UNDERLYING	VON-IN	SULIN D	CPEN	DE-N-	-	DIABE		_	VEADO
F	that initiated events	DUE TO (O	R AS A CONSEQUENCE O	F):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IN IDE I	-	>	Chies
E	resulting in death) LAST									
S	PART II. Other significant conditions con	ntributing to de	eath but not resulting	in the underh	ino causo s	duen in D	art I. 24s. WAS AN	ALITOROV	T 205 W	VERE AUTOPSY FINDINGS
ICAL	CHRONIC	REN		1641		יווו וושיין	PERFOR	MED?	A	MAILABLE PRIOR TO
	77-07-10	FEN	1011	1047			1 YES 2	4no-		OF DEATH?
Σ							-		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF D	FATH /Cher	k ank ann)			
[일		SPITAL:	R/Outpatient 3 DOA	OTHEB-						
¥	27. MANNER OF DEATH	28s. DATE OF IN	JURY 286. TIN	E OF 28c.	INJURY AT		Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) IN.	URY 1	WORK?					
ЭВУ	2 Accident investigation 3 Suicide 8 Could not be	28s. PLACE OF I	NJURY — At home, farm,	street, factory, o	ffice		281. LOCATION (Street s	ind Numbe	or or Rural Roo	ate Number;
臣	4 Homicide determined	building, etc	с. (эрвсяу)				City or Town, State)			
2	290. CERTIFIER (Check only	To the best of m	y knowledge, death occurr	ed at the time, d	ats and place.	and due to	the cause(s) and man	ner es str	nted.	
COMPLETED	anel		nination and/or investigation							and manner se stated.
	296. SIGNATURE AND STILE OF CERTIFIER	4			29c. LICE	NSE NUME	ER	29d. DA	TE SIGNED //	Worth, Day, Year)
BE	Steven	fes	son		カ	05	885	•	5/2.	2/92
5	30. NAME AND ADDRESS OF PERSON WHO COL	MPLETED CAUSE	OF DEATH (ITEM 27) (Type			0		-	100	
	STEVEN LIP	SON	6121	MON1	ROSA	PR	D. ROC	KV	1115	MD20853
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	s signature							
	MAY 2.4 1993	Juna was	Jason Marian							

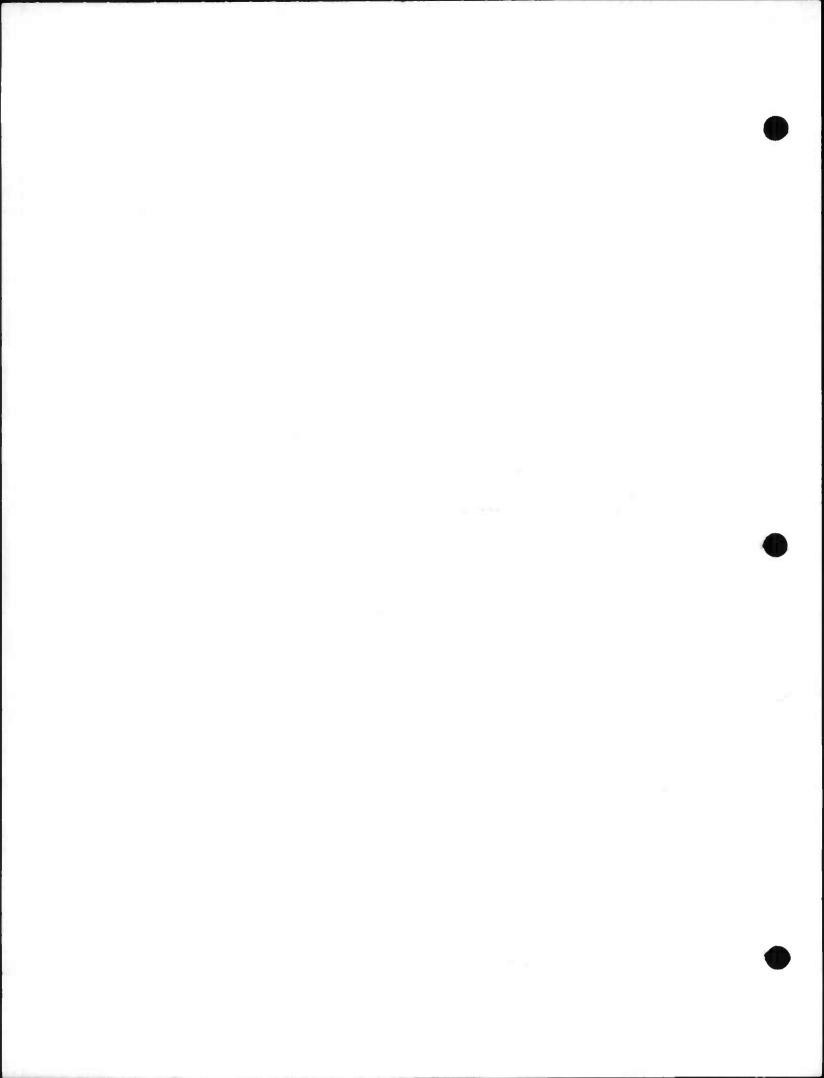


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		CERT	FICALE	OF	DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
1	Paul Gerard Fr	egosi					May	21		YEAR	2:30 A.
- 8	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthde	y) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	-17		IPLACE (State or Foreign
	023-44-0212	1 € M 2 □ F	39 YRS	MONTHS	DAYS	HOURS MM.	(Month, D		,	Countr	γ)
	9a. FACILITY NAME (If not institution, give at		39	Oh CITY	TOWN OF	R LOCATION OF D	May 2	,1954			ass.
Œ		,		133			EATH		9c. COUN	ITY OF D	EATH
DIRECTOR	19317 Mossbrook C	ourt		Germ	anto	wn			Mon	tgon	nery
S	10e. STATE 10b. COUNTY		400	CITY, TOWN O							
<u>E</u>						ON					10d. INSIDE CITY LIMITS?
	Maryland Montg	omery	G	ermant	own						1 TYES 2 X NO
Z	10a. STREET AND NUMBER				10f.	ZIP CODE	_		10g. CITI	ZEN OF V	VHAT COUNTRY?
E	19317 Mossbrook C	ourt				20874			II	.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT E	VER IN U.S. ARMED	13. V	WAS DECE	NDENT OF NISPAN	VIC ORIGIN?	Specify Yes			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	1 11	yes, spec	cify Cuben, Mexica	n, Puarlo Rica	in, etc.)			— American Indian, t, Whita, alc.
BY	3 Widowed 4 Divorced	ii res, cive wer	TON DATES	'	YES :	2 X NO Specify	y:			Speci	"" White
0	15. DECEDENT'S EDUC	ATION	16a. DECEDEN	'S USUAL OC	CUPATION	N .	185 KI	ND OF BUS	INESC/IND	HETEV	-
E	(Specify only highest grade		(Give kind life, Do NO	of work done d use retired.)	luring most	t of working	1000.10	0 000	WC33/WD	osini	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	4,000,000,000								
Ξ		5+	Softwar	e Man			Sto	rm Ir	itegr	atio	n Inc.
	17. FATNER'S NAME (First, Middle, Last) James Fregosi					18. MOTNER'S NA			,		
8						Doroth					
ဥ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street and	d Number or Rural i	Route Number,	City or Town	, State, Zip	Code)	
F	Mary E. Fregosi		1931	7 Mos	sbro	ok Ct.Ge	rmant	own . M	fd 2	087 <i>/</i> i	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT		_		DATE		CATION — (
	1 X Burial 2 Cremation 3 X Ramo 4 Donation 5 Other (Specify)	val from State	cemetery, crematory of	r other place)	- 36		1				
	21. SIGNATURE OF FUNERAL SERVICE LIE	CHOCK	Holy Cros			ADDRESS OF FA	5/26	Mald	len, l	Mass	achusetts
		Sh		22. N		Vol Fune					
	× · ∠ · () July		10	E D	eer Park	Dr n	Caith	orah		Md.20877
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE	OF):	ek		C	due	di		, and
H	deaching in death) LAST										
ᄗ	DADY II Other significant conditions										
MEDICAL	PART ii. Other aignificent conditions	contributing to de	eur but not resultin	g in the und	seriying	ceuse given in		PERFORI	MEO?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER		WTO Bestder	4 (Ott. : :				
¥	27. MANNER OF DEATN	28a. DATE OF IN.		-	28c. INJUI	RY AT	6 U Other (S) 28d. DESCRI		I II I I I I I	LIBED	
	1 🔀 Netural 5 🗌 Pending	(Month, Day,		NJURY	WOR	IK?	zeu. DEŞCHI	DE HUM IN	JUNI OCC	ONED	
B√	2 Accident Investigation	00. 00.00				ES 2 NO					
E	3 Suicide 8 Could not be	28e. PLACE OF II building, atc	NJURY — At home, farm . (Specify)	, street, facto	ry, offica		26f. LOCATIO	N (Street ar	nd Number	or Rural A	loute Number,
	4 Homicide determined						J., J.	, orallo			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY 2 MEDICAL EXAMINER		knowledge, death occu) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	n N-	47.		1:	29c. LICENSE NUN	IBER	1	29d. DATE	SIGNED	(Month, Day, Year)
ן מ	Stallen 1	1. Cha	usphel			1 1	17.				, , , , , , , , , , , , , , , , , , , ,
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	DE DEATH STEW OF CT	On Delast		2701	11.		May	21	1993
	Dr. Naeem Chaudhri	3900 R	eservoir	Rd.N.W	. Wa	shingto	n,D.C.	200	07		
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
	MAY 95 1003	1 1 a. P.	10 00								

A.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



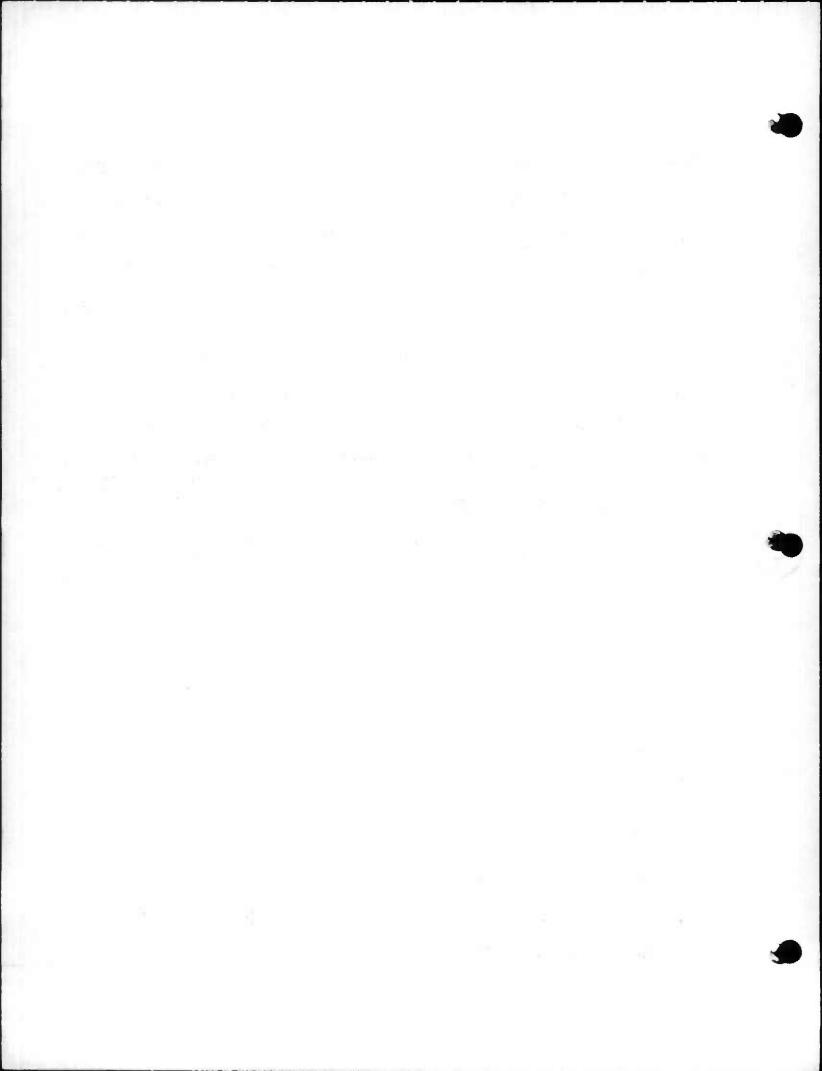
BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be amount with a file death. Page 6 may be retained by the hospital or attending physician.	in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should no removal.	NPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death certificate be executed with a	een signed by the attending physician and competing of Health and Mental Hygiene prior to burst, other	d, or Item 23 shows any injury, or other traumatic event, it
DIVISION OF VITAL F	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conversity filed, by the fi se fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burist, descend	MPORTANT: If Item 28 is marked, or Item 23

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM				YGIENE S	3	16/38
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE DF I	DEATH DAY	YEAR 3.	TIME OF DEATH
	Julia Wylie	Fleischma	ınn			May		93	1:25 A M
	4. SOCIAL SECURITY NUMBER 117-22-3950	5. SEX 6. AGE (III	-	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DE 8 (Month, Da 06-02-	y, Year)	Country)	Cticut
_	9s. FACILITY NAME (If not institution, give a		91	b. CITY, TOWN D	R LOCATION DF DE	EATH		TY OF DEAT	
DIRECTOR	Anne Arundel Med	ical Center		Anno	apolis		An	ne Ar	undel
REC	10e. STATE 10b. COUNTY			OWN DR LOCAT				.10	d. INSIDE CITY LIMITS?
		2 Arundel		Annapol					YES 2XX ND
FUNERAL	100. STREET AND NUMBER 800 Oak Lane			101.	. ZIP CODE 214(0.1	,		states
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	ENDENT OF HISPAN				American Indian, Thits, etc.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 TMO		cify Cuban, Maxica	n, Puerto Ricei	n, etc.)	Black, W Specify:	White
8	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S US (Give kind of work	k done during mos	N st of working	18b. KJN	D OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itle. Do NOT use n	etired.)	•		11		
N N	17, FATHER'S NAME (First, Middle, Last)		Homemak	er.	18 MOTHER'S NA	ME (Elect Midd	Home le, Maiden Surname)		
	Ronald Wylie					elia Wa			
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street s			City or Town, State, Zip	Code)	
١٢١	Paul Fleischmann	l	800 Oa	k Lane	Annapol	lis, Ma	ryland 2	1401	
	20s. METHOD OF DISPOSITION X ☑ Burisi 2 ☐ Cremation 3 ☐ Ram	oval from Stats	PLACE OF DISPOSITI	DN (Name of cen	netery, crematory or		20c. LOCATION — (Sity or Town,	State
	21. SIDNATURE DF FUNERAL SERVICE LIC	S/	hepherd's	Memori	al Park		Henderso	mvill	e, N.C.
	21. SIDNAIGHE DF FORENCE SINGL	1 George	en	147 D	uke of G	louces	hn M. Tay ter St. A	ilor F Innapc	Pe, N.C. Funeral Ho Plis, MD
	23. PART I. Enter the disesses, or shock or heart follows	complications that caused Liet only one cause on se	the death. Do not	enter the mo	ds of dying, suc	h ss cardiec	or respiratory sm	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Character on se		· P	ulmorary	9	-		Onset end Deeth
	resulting in death)	DUE TO (DR AS A	CONSEDUENCE OF):	W)	umorary		yene		13 123
Z	Sequentielly list conditions,	a. Theum							WEEK
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEDUENCE OF):						
CERTIFICATION	CAUSE (Disesse or injury that initiated events	C. DUE TO (DR AS A	CONSEDUENCE OF):						
ERIT	resulting in death) LAST	d							
LC	PART II. Other significant condition	ns contributing to death b	ut not resulting In	the underlying	g csuse given in	Part I. 24	. WAS AN AUTOPSY		ERE AUTOPSY FINDINGS
2						1	PERFORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDIC						_			YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (Ch				
14S	1 TYES 2 ND 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b, TIME (uRY AT		Decify)	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUF	Y WO	YES 2 ND				
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec		et, factory, offic	•	261. LOCATIO	ON (Street and Number own, State)	or Rural Rour	te Number,
ETE	4 Homicide determined								
COMPLETED	torious only	ICIAN: To the best of my knowl ER: Dn the basis of examination							nd manner as stated.
	29b. SIGNATURE AND TITLE DE CERTIFIE		,		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (M	Ionth, Day, Ybar)
O BE	VC South	Edun MD			D30701		> /	May 28	3, 1993
2	30. NAME AND ADDRESS OF PERSON WE					0.6			
	R. Scott Eden, M		gley Aveni	ue #12	0 Annap	olis,	Maryland	21401	1
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	AIURE						

32. REGISTRAR'S SIGNATURE
Juha Daydson-Handake

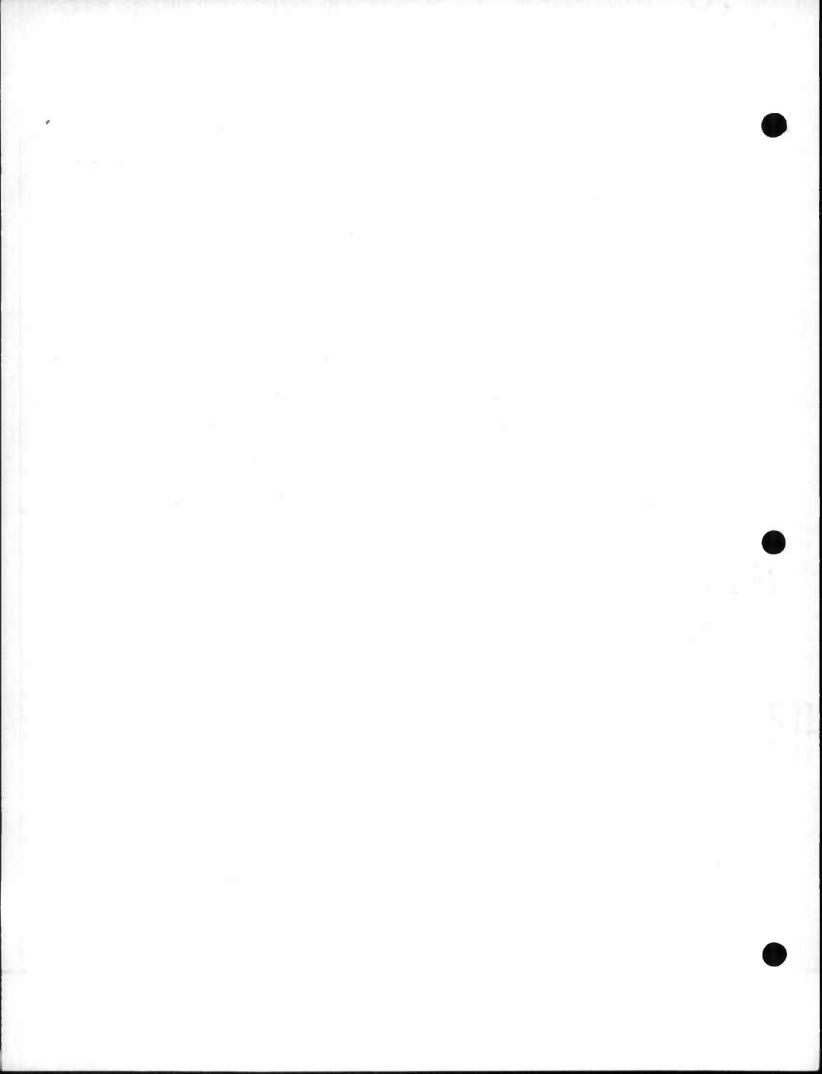
MAY 2.8 1993

93 16738



ital or at	d for use			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or all	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usy		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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be ret	age 5 s		be not	
в 6 тау	ector, p		must	
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hours a	ed in by	Or rem	medic	
thin 24	etely fill	mation,	nt, the	
uted wi	д сотры	unial, cre	ic eve	
be exec	cian an	ior to b	raumat	
rtificate	ng physi	giene pr	other t	
death o	aftendi	ental Hy	ny, or	
nat the	by the	and Me	n inju	1
quires t	n signed	Health	OWS 31	
law re	as bee	Dept. of	23 sh	
AN: The	tificate !	e State	r item	
PHYSICI	this cer	with th	rked, o	
NDING	3: After	r death	is mai	
IR ATTE	IRECTOF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9m 28	
PITAL 0	ERAL DI	in 72 ho	T: If Its	
HE HOS	HE FUN	led with	ORTAN	1
101	2	200	Ε	

										* * * *	·	IEG. NO.			
1	1. DECEDENT'S NAME (First, I			,				_			2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
		rice	U	olema	an			Fos	ter		April	23,	1993 7:00 A.M. M		
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In		birthday)		ER 1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH Countr	PLACE (State or Foreign
Е,	577-29-9461		1 M 2 X F	8	31	YRS.	MONTHS	DAYS	HOURS	BAIN.	May &	, 19	11	Virginia	
-1	9a. FACILITY NAME (If not inst	litution, give st	reet and number)				96. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
5	Suburban	Hos	pital					Be	thesd	a			Mo	ntgo	merv
DINECTOR	RESIDENCE OF DECI												.,,	nego	me i y
		10b. COUNTY						OR LOCA							10d. INSIDE CITY LIMITS?
		of Co	lumbia				Wash	ning	ton						1XX YES 2 NO
3	10e. STREET AND NUMBER							1	of. ZIP COD				10g. CIT	ZEN OF W	HAT COUNTRY?
LONGRAL	2900 - 14t	h Str							20	009			Uni	ted :	States
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI	MED	13	. WAS DE	CENDENT	OF HISPAI	NC ORIGIN? (S	pecify Yes	or No-	14, RACE	American Indian, t, White, etc.
	1 Never Married 2 h		IF YES, GIVE Y			•		1 YE	S 2 NO	Specif	ri, Puerto Hica	n, etc.)		Speci	har .
111			10:												" Black
	15. DECE (Specify only	DENT'S EDUC highest grade	completed)		16a. DEC	CEDENT'S	USUAL (OCCUPAT e during n	ION lost of worki	ng	16b. K#	OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-1	12)	College (1-4 or 5												
OMPLE	8th grade	Destruction			Ket	ired	/Cus	stod						<u>ersi</u>	ty Hospital
د			-								ME (First, Midd	le, Maiden	Sumame)		
	(Reverend)	S.	F.			lema				erth					askins
2	300 4557		/								Route Number, (
	Judy Jean B	rown	(cousin)							ive,					ia 22020
	20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation	3 🗆 Remo	oval from State		terv. crer	ND DATE O	ther place	el						City or To	
	4 Donation 5 Other (S		ENCEE		Lin	coln			al Ce			Sui	tlan	d, Ma	aryland
			101000				- 1				La				al Home
	of his	Lake	4 6				3	3831	Geor	gia	Avenue	,N.W	.;Wa	sh.D	.C. 20011
No liver in the	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN that initiated events resulting in death) LAST	ns, late	DUE TO	QVas	CU 1	OFFICE OF	F):	ease							Interval Between Onset and Death
5	DADT II Osbar al-allican														
1	PART II. Other algnifican	Condition	s contributing to	death bu	t not re	esulting (n the u	inderlyli	ng ceuse	given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO	nemon I						_							
	EXAMINER?	MEDICAL	HOSPITAL:				OTHE	R:			eck only one)				
	1 YES 2 NO		X Inpatient 2		tient 3			_		eldence	6 Other (Sp				
	1 Netural 5 P	anding vestigation	26a. DATE OF (Month, D			28b. TIM	URY M	W	JURY AT ORK? YES 2] NO	28d. DESCRI	BE HOW IN	IJURY OC	CURED	
	3 Suicide 8 C	ould not be	28e. PLACE O building,	F INJURY - atc. (Specif	At hon	ne, farm, e	street, fa	ctory, offi	ca		281. LOCATIO	N (Street a wn, State)	nd Numbe	r or Rural R	oute Number,
			CIAN: To the best of e) and manner as stated.
	29b. SIGNATURE AND TITLE OF 30. NAME AND ADDRESS OF I	1/4	- Dees	SE OF DEAT	TH (ITEM) 127) (Type	Print1		20c LIC	ENSE NUI	SH	6	29d. DAT	E SIGNED	(Month, Day, Year) 23-93
	John F. Tau	ber,M.	D.; 821	B Wis	con	sin /	Aver	nue,	Suite	318	:Beth	esda,	Mary	land	20814
	31. DATE FILED (Month, Day, Ye MAY 1 1	1993	32. REGISTRA	Davido	YON-	fandel	e								



REGISTRAR	OINIE OI MAII	YLAND / DEPARTA CERTIFIC			REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Lest) JAMES A. FORBES					2. DATE OF DEATH DATE OF 13/	W 2	YEAR 3.	TIME OF DEATN
	SEX 6. A	MGE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	2:50 pM
216-30-2730	X M 2 □ F	60 YRS. MO	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04/22/	!	Country) Mary]	
9a. FACILITY NAME (If not institution, give stree			b. CITY, TOWN	OR LOCATION OF DEAT	TN		TY OF DEATH	
FORT WASHINGTON	MEDICAL	CENTER	FORT	WASHING	TON	PRI	NCE C	GEORGE'S
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION			100	I. INSIDE CITY
MD PRINC	E GEORGE	s oxo	N HIL					LIMITS?
323 GIBSON DR.				20745		10g. CITIZ	EN OF WHAT	
The state of the s	2. WAS DECEDENT EVI		13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea	or No-	U.S.	American Indian, hita, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 V Y	OR DATES		ecify Cuben, Mexican, 2 NO Specify:	Puerto Rican, atc.)		Specify:	Black
15. DECEDENT'S EDUCAT (Specify only highest grade cor		18a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDU	JSTRY	Black
	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo etired.)	st of working				
12th		Mainten	ance		St. Jos		's Se	eminary
17. FATHER'S NAME (First, Middle, Last) Richard Fo	orbes				E (First, Middle, Meiden : Hance	Surname)		-
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		ute Number, City or Town	n, State, Zip	Code)	
Lola A. Forbes		Same	as #	10 above				
20a. METHOD OF DISPOSITION 1 Denition 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	20b. PLACE AND DATE OF D cemetery, crematory or other	place)	5/1	7 /0 2		ty or Town,	
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	Cheltenha		S. Cem.	CITE	erter	nham,	Ma.
D'any "	V. Cx	att	H.S	.Washing		ons.	Inc.	
			1 492	5 Burrou	ahs Ave	NI	7	
23. PART I. Enter the diseases, or com	polications that cou	used the death. Do not	492	b Burrou	ghs Ave.	., N. I	Ξ.	Approximate
23. PART I. Enter the diseases, or comanock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	nplications that ceut tonly one suise o	used the death. Do not on each line	492	b Burrou	ghs Ave.	., N. I	Ξ.	Approximate interval Between Onset and Death
IMMEDIATE CAUSE (Final	polications that ceut tonly one muse o	used the death. Do not on each line	492	b Burrou	ghs Ave.	., N. I	Ξ.	interval Between
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	bulk to join	AS A CONSEQUENCE OF):	492	b Burrou	ghs Ave.	., N. I	Ξ.	interval Between
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate	bulk to join	g Come	492	b Burrou	ghs Ave.	., N. I	Ξ.	interval Between
snock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	AS A CONSEQUENCE OF):	492	b Burrou	ghs Ave.	., N. I	Ξ.	interval Between
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF):	492	b Burrou	ghs Ave.	., N. I	Ξ.	interval Between
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mo	b Burrou	ghs Ave as cardiac or respir	, N. I	E.	interval Between
snock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mo	b Burrou	as cardiac or respirate to the	AUTOPSY MED?	24b. WEF	Interval Between Onset and Death RE AUTOPSY FINDINGS IL BILE PRIOR TO MPLETION OF CAUSE
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mo	b Burrou	as cardiac or respir	AUTOPSY MED?	24b. WEF	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause is the cause of the cause is the cause of the cause is the cause of the cause is the cause of the cause is the cause of	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mo	b Burrou	as cardiac or respirate to the	AUTOPSY MED?	24b. WEF	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of LAST 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in the consequence of	he underlying	de of dying, such a	art I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b. WEF	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of LAST 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	he underlying 26. Pt THER: Nursing Hom F 28c. INJ	G Cause given in Pa ACE OF DEATH (Checke 5 Residence 6	art I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY MED?	24b. WEF AMA COM OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Natural 5 Pending	DUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	he underlying 26. PL THER: Nursing Hom F 28c. INJ. WO	g cause given in Pa	art I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b. WEF AMA COM OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1. MANNER OF DEATN	DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Inperient 2 = ER/C 26a. DATE OF INJU (Month, Day, Yer)	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in th	the underlying 26. PL THER: Nursing Hom THER: WO 1 1 1	G Cause given in Pa ACE OF DEATH (Checke 5 - Realdence 6 URY AT RK? 2 - NO	art I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY MED? (XNO	24b. WEF AMA COM OF 1	Interval Between Onset and Death RE AUTOPSY FINDINGS II. ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition	DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Inpetient 2 ERA 26a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJU building, etc. (3)	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in th	the underlying 26. Pt THER: Nursing Hom F 28c. INJ WO 1 □ st, lectory, office	G Cause given in Pa ACE OF DEATH (Check 5	art I. 24a. WAS AN. PERFORI 1 YES 2 Conly one) Other (Specify) Red. DESCRIBE HOW IN	AUTOPSY MED? EXNO	24b. WEF AMA COO OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS II. ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Inpetient 2 = ERA 28a. DATE OF INJU Month, Day, Ye 28a. PLACE OF INJU building, etc. (3)	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in th	t the time, data	g cause given in Pa ACE OF DEATH (Check 5	art I. 24a. WAS AN. PERFORI 1 YES 2 Conly one) Other (Specify) Bd. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? EXNO	24b. WEF AMA COO OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Inpetient 2 = ERA 28a. DATE OF INJU Month, Day, Ye 28a. PLACE OF INJU building, etc. (3)	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in th	t the time, data	and place, and due to eath occured at the tin	art I. 24a. WAS AN PERFORM 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN City or Town, State) the cause(s) and manine, data and place, and	AUTOPSY MED? (XNO AUTOPSY MED? (XNO AUTOPSY MED? (A) (A) (A) (A) (A) (A) (A) (A	24b. WEF ANN COA OF 1	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
anock, or neart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATN TO THE T	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A CONTributing to deat COSPITAL: Inpetient 2 ERIC 26a. DATE OF INJU (Month, Day, Ye.) 28a. PLACE OF INJU building, etc. (:	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in th	he underlying 26. Pt THER: Nursing Hom 7 28c. INJ WO 1 1 1	ace of DEATH (Check To S Residence 6 S Residence 6 URY AT RK7 (ES 2 NO 2 and place, and due to eath occured at the fin	art I. 24a. WAS AN PERFORM 1 YES 2 Conly one) Other (Specify) 8d. DESCRIBE HOW IN 18f. LOCATION (Street as City or Town, State) the cause(s) and manner, data and place, and	AUTOPSY MED? (XNO AUTOPSY MED? (XNO AUTOPSY MED? (A) (A) (A) (A) (A) (A) (A) (A	24b. WEF ANN COA OF 1	Interval Between Onset and Death RE AUTOPSY FINDINGS RUBBLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

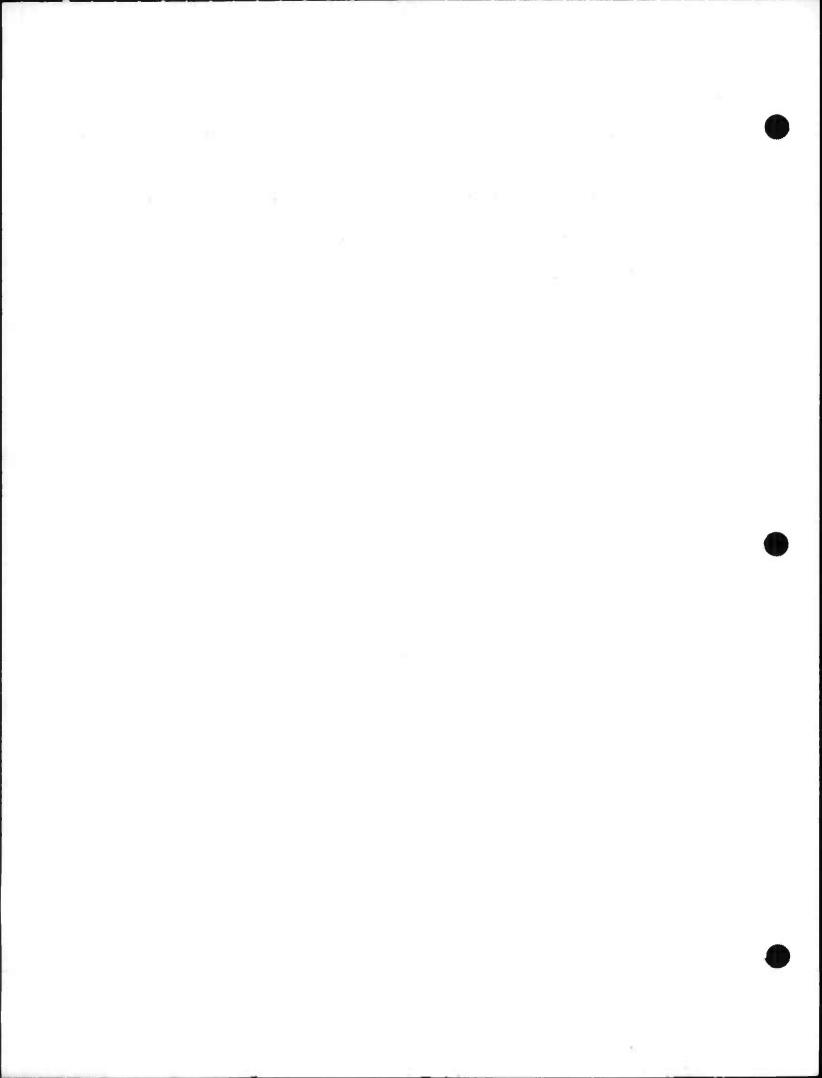
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 1 4 1993

32. REGI

a Davidson-Randell



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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF		HEALTH AND F DEATH		HYGIENE REG. NO.	20	10/41	
	1. DECEDENT'S NAME (First, Middle, Last)	Edna Ma				2. DATE OF		27/93.	3. TIME OF DEATN	
	Edna.	Mae 6	auss			MONTH	27	93	6:4571 M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF (Month, D		8. BIRTI	IPLACE (State or Foreign	
	141-22-7602	1 M 2 M F	65 YRS.	5 YRS.				Aug. 20, 27 New		
~	Se. FACILITY NAME (If not institution, give	street and number 3]	ston Gen,	96. CITY, TOW	N OR LOCATION OF	entlsto	n 9	c. COUNTY OF C	Y OF DEATH arford	
ō	Fallston Gene	ral 1705,	rite"	Fo	Istun			Har	ford	
DIRECTOR	10e. STATE 10b. COUNT	ry	10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY	
PE	Maryland Harf	ord County	For	est Hil	1				LIMITS?	
AL	10e. STREET AND NUMBER				101. ZIP CODE		10	0g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	1701 Belvue Driv	re			21050			U.S.	A .	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS (ECENDENT OF HISP	ANIC ORIGIN? (S	Specify Yes or		E — American Indian, k, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			specify Cuban, Mexic ES 200 NO Spec		n, etc.)	Spec	Hy:	
	15. DECEDENT'S EDI	ICATION	16a. DECEDENT'S	Hellar occup	Tion	Trans on		Whi	te	
	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of v	vork done durina	most of working	100. KR	NO OF BUSINE	ESS/INDUSTRY		
립	12	Consign (I-4 of 5 +)	Housew	ife			Homema	aker		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N					
BE (Raymond		Bozarth			llian		1	Kurtz	
2	194. INFORMANT'S NAME (Type/Print) SO				at and Number or Rura					
	Mr. Robert W. Ga	uss			lia Woods	Lane,				
	20e. METHOD OF DISPOSITION 150 Burlet 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE (cemetery, crematory or of			DATE		TON — City or To		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE LA COND	Highview M W. Foster	em. Ga	rdens 5/2	29/93	Falls	ston, Ma	aryland 2104 Home	
		- Oosemi	M. LOSCOL	22. NAME	50 Wast F	STOP days	ster r	uneral	Home	
	gyerocele				50 West Bel Air	Marvla	nd 210	14	Screet	
	23. PART I. Enter the diseeses, or shock, or heart failure.	compilcations that c List only one cause	aused the deeth. Do n on each line.	ot enter the	node of dying, su	ch aa cardiac	or respirate	ory arrest,	Approximata interval Setween	
	iMMEDIATE CAUSE (Final disease or condition								Onset and Death	
ļ	resulting in death)	BUE TO (O	R AS A CONSEQUENCE OF							
_			THE A CONSCIOUNT OF	<i>y.</i>						
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OI	R AS A CONSEQUENCE OF	7:						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c,								
Ħ	that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE OF	7:						
CERTIFICATION	Tooding in deathy Exist	d								
CALC	PART II. Other significent condition			n the underly	ing ceuse given i	n Part I. 24	n. WAS AN AUT		WERE AUTOPSY FINDINGS	
	Inearcerated	vecelral	alreed				PERFORME		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	Ischemic &	enterities		1100	01000 1	XX I	Mg 163 2	~	OF DEATN?	
ž				M		1				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	check only one)				
PHYSICIAN: MEDI	1 € YES 2 □ NO		R/Outpatient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 Other (Sp	pec/fy)			
	27. MANNER OF DEATH 5 Pending	28a. DATE OF IN. (Month, Day,		URY	NJURY AT WORK?	28d. DESCRI	BE NOW INJU	PRY OCCURED		
B	2 Accident Investigation	20- 01 405 05 11			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	building, etc	NJURY — At home, farm, a . (Specify)	treet, factory, of	fice	28f. LOCATIO	ON (Street and : own, State)	Number or Rural I	Route Number,	
COMPLETED	29a. CERTIFIER							-		
₩ W	(Check only		knowledge, death occurre							
8			nination and/or investigation	n, in my opinior	, death occured at th	e time, data and				
B	296. SHAMPTURE AND TITLE OF CERTIFIE	owala	mels	10	29c. LICENSE NU	JMBER	29	d. DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE	DE DEATH (ITEM 27) (5	Prish)				1/2	7/93	
	ANDREW NOW	JAKOWS	El MAD	1/25	N. MAT	W ST	- / 10	EV UM	12,4102/90	
i	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S					11-3	00/11	11/12/2/9	
	10,8 C ATM =	3 2.	ia Savidson-Ro	-de 00						
1			TALL / N. / SALE / T. 17 / 1940/ 100 - D/TUM	HILAGZ ERREND						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

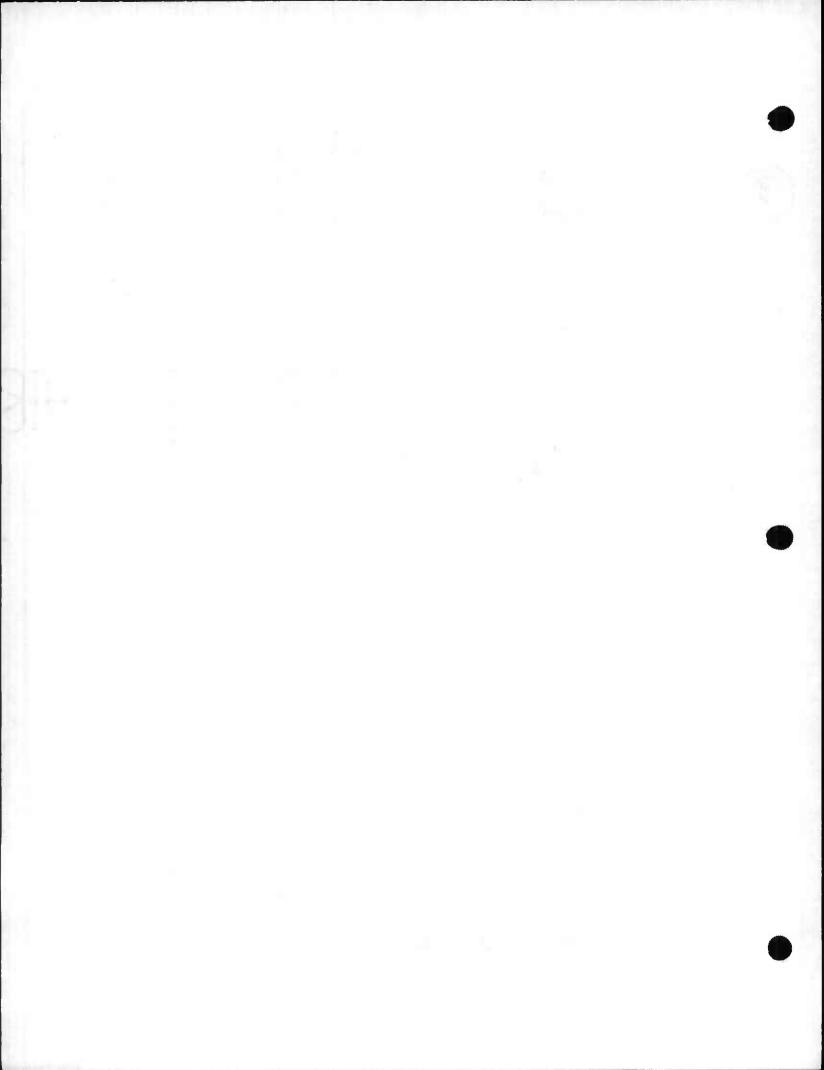
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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, P.O. BOX 68760,	
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S, P.O. BOX	400
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F VITAL RECORDS	-44 44
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JO NC	0 000
DIVISION OF	Training
<u>N</u>	74 00

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	William Dorsey Gray Jr.			June 1,19	AY YEA	11:00 a.m.		
		(In yrs. last birthday) F	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign		
	213 30 0415 1⊋M2□F 6		NTHS DAYS HOURS MIN.	(Month, Day, Year) March 10,	Co	ountry)		
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF C					
1 6	2785 St. Leonard Road Port Republic Calvert							
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				1000			
DIRECTOR	TANKS TO SEE THE SECOND	10c. CITY, TO	DWN OR LOCATION			10d, INSIDE CITY LIMITS?		
	Maryland Calvert	Port	Republic			1 TES 2 NO		
FUNERAL	St. Leonard Road		10f. ZIP CODE			OF WHAT COUNTRY?		
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN HE ADMED	20676 13. WAS DECENDENT OF HISPA		USA			
BY FL	1 Never Merried 2 Merried FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR	3 2 NO	If yes, specify Cuban, Maxic	an, Puerto Rican, etc.)	В	ACE — American Indian, Black, White, etc.		
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU		16b. KIND OF BU	SINESS/INDUSTR	Y		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use re	,					
N	2	self em	ployeed	Car Dea				
	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden				
BE	William Dorsey Gray Sr.			ield Ander				
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural					
-	William D. Gray III	P.O. Bo	x 1600 Prince	Frederick,	Maryla	nd 20678		
	1 Burial 2 Cremation 3 Removal from State	b. PLACE AND DATE OF D	ISPOSITION (Name of	OATE 20c. LO	CATION — City or	r Town, State		
	4 Donation 5 Other (Specify) M 21. SIGNATURE OF FUNSIFIAL SERVICE LICENSEE	letropolita	n Crematory Ju	ine 1,1993	Alexand	ria Virginia		
	> h Harvac		4405 Broomes		Funeral	HOme blic Maryland		
CERTIFICATION	shock, or heart feilure. List only one ceuse on immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):	elerio S ular d	clus	ti	Intervel Between Onset and Death		
Image: Control of the control of the	PART if. Other aignificant conditions contributing to deeth	hut not requising in th		5-11 L				
4: MEDICAL		out not resulting in the	e underlying cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neck only one)				
S	EXAMINER?		HER:	a [] au () ()				
РНҮ	27. MANNER OF DEATH 28s. DATE OF INJURY	28h TIME OF	Nursing Home 5 Realdence 28c. INJURY AT	28d. DESCRIBE HOW I	NILION OCCUPED			
	1 Netural 5 Pending (Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	100. DEGOTIOE NOW I	NON! COCONED			
BY	2 Accident Investigation 28s PLACE OF INJUST	V — At home form etrac		200 / OCATION (Over-	-144-1			
TED	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Ric City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examination					ee(a) and menner as stated.		
ш	296, SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGN	IEO (Month, Day, Year)		
00	EMAGI VIDA	elle	10121	105		e 1,1993		
2	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Prin	0		00116	E 1/1992		
	Emad AlBanna M.D. 1050 Solo	mons Is. Ro	d. N. Prince F	rederick,	Md 20678	8		
	31. DATE FILED (MONTH, Day, Year) JUN - 1 1993 Juna Dand	NATURE Pandell						

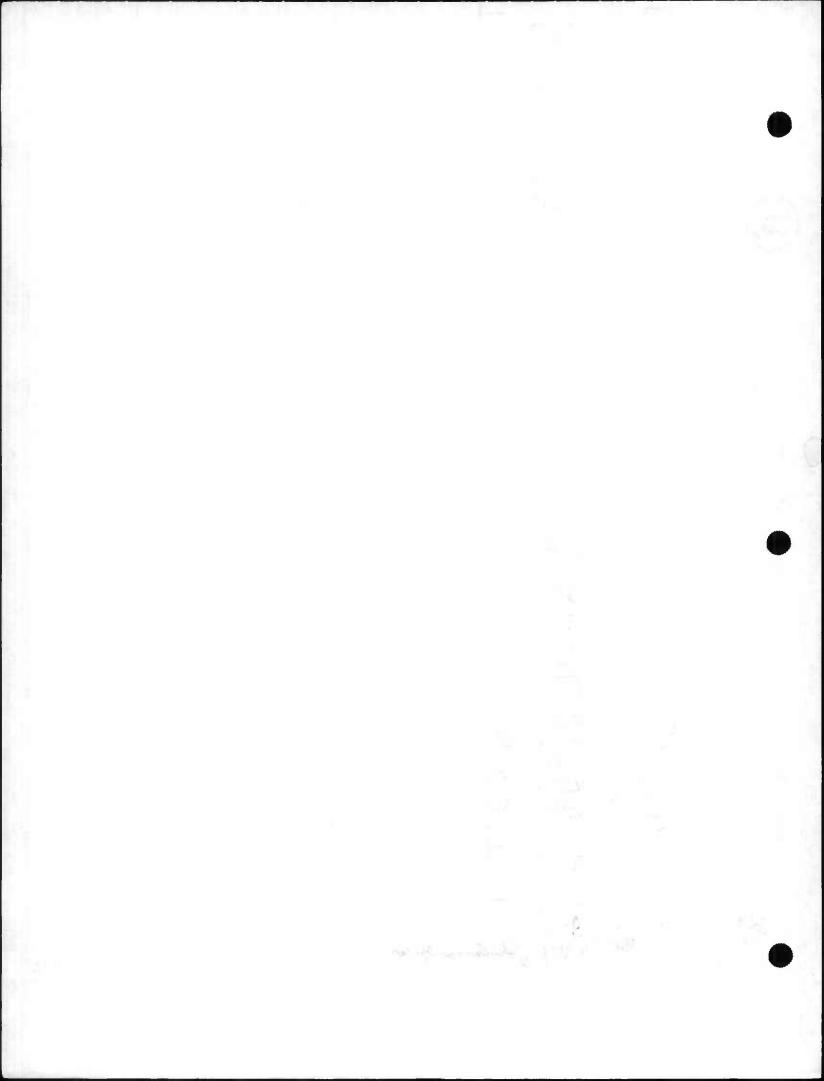


HOSPITAL	FUNERAL	within 72
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

His Swidson Randall

	1 - STATE REGISTRAR JOSEPH J			ERTIFIC	AIE OF	DEATH	2. DATE OF DE	3. NO.		
	SENSOR	Jose	661	J			2. DATE OF DE	Z4	YEAR 3. 1	733 A /I M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH (CE (State or Foreign
	284-01-9715	1) M 2 🗆 F		79 YRS.	NTHS DAYS	HOURS MIN.	OV - 0/	111	SCAIR	VE Adio
	9a. FACILITY NAME (If not institution, give				CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH	1
S S	CHARCOHE H	All VET	s. 40	ME	HARL	OHE AI	9/1	St.	MAL	cus
ច្ច	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ſΥ		10c. CITY, T	OWN OR LOCATI	ION			100	I. INSIDE CITY
DIRECTOR	MD C	Calvert		r	unkirk				10	LIMITS?
_	10e. STREET AND NUMBER				10f.	ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?
E	11130 Country	Road				20754	4		US	A
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN	VER IN U.S.	ARMED NO		ENDENT OF HISPAN cify Cuban, Mexican			4. RACE — A	American Indian, nite, atc.
BY	3 Widowed 4 Divorced	1941-19	OR DATES		1 TYES				Specify:	ite
	15. DECEDENT'S EDU	UCATION	16a. l	DECEDENT'S US	UAL OCCUPATION	N .	16b. KIND	OF BUSINESS/INDU		
COMPLEIED	(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)		(Give kind of world life. Do NOT use r	done during mos stired.)	it of working				
	12			Milkn	nan			Dairy		
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI		Malden Surname)		
	Thomas Gensor						Snovak			
2	19a, INFORMANT'S NAME (Type/Print)							or Town, State, Zip (
-1			Joseph R. Gensor 11130 Country Road Dunkirk, MD 20754							
- 11	20b. PLACE AND DATE OF DISPOSITION 1 © Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of the place), of the place of the p									
Ц		noval from State	of cemeta	ore and DATE O	other place	(Name	-27-93			
1	4 Donation 5 Other (Specify)		of cemeta Gate	of Hea	ven Cen	netery 5-	-27-93	Silver S		
1123			got cemeta Gate	ory, crematory or Of Hea	ven Cen	netery 5-	-27-93 GLITY	Silver S	Spring	g, MD
	4 Donetton 5 Other (Specify)	ICENSEE	Gate	of Hea	ven Cen 22. NAME AN Raus	netery 5- D ADDRESS OF FAC ch Funer	-27-93 GLITY al Home	Silver S	Spring Owing	g, MD s, MD 20
	4 Donation 5 Other (Specify) 21. SIGNATURE FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or heart failure.	ICENSEE	of cemeta Gate	of Hea	ven Cen 22. NAME AN Raus	netery 5- D ADDRESS OF FAC ch Funer	-27-93 GLITY al Home	Silver S	Spring Owing	s, MD 20 Approximate Interval Between
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that call List only one cause	of cemeta Gate	of Hea	ven Cen 22. NAME AN Rause	netery 5- DADDRESS OF FAM Ch Funer de of dying, such	-27-93 CHITY al Home	Silver S	Spring Owing	s, MD 20 Approximate Interval Between
	21. SIGNATURE FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	ICENSEE	of cemeta Gate	of Hea	ven Cen 22. NAME AN Rause	netery 5- DADDRESS OF FAM Ch Funer de of dying, such	-27-93 CHITY al Home	Silver S	Spring Owing	s, MD 20 Approximate Interval Between
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LED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. immediate cause or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	Complications that call List only one cause a	aused the on each ii NOM R AS A CONS R AS A CONS RAS A	death. Do not no. A SF SEQUENCE OF): SEQUENCE OF): Tresulting in 3 □ DOA 4 28b. TIME	the underlying 28. PL 28. PL 28. PL WO Muraing Hom. WO M 1 Y	D ADDRESS OF FAME Ch Funer de of dying, such ARY Couse given in ACE OF DEATH (Ch. a 5 — Reeldence URY AT RES 2 — NO	Part I. 24a. Book only one) 8 Other (Specaled of Specaled Describe)	Silver S , P.A. r respiratory srre	Owing 24b. WE AM CO ON 1 [S, MD 20 Approximate interval Between Onset and Death RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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	A STATE OF THE PARTY OF THE PAR
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper 1.5 a mould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

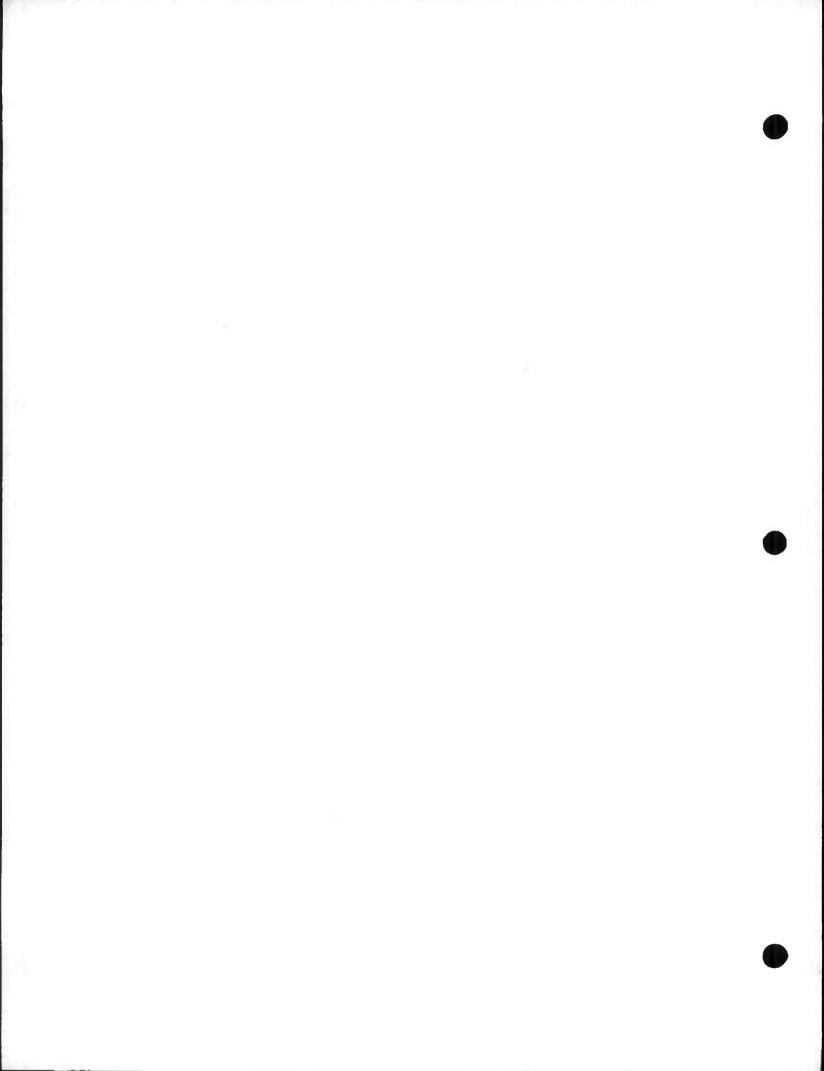
	REGISTRAR		CERTII	TICALE	OF DEATH	REG. NO	D			
	1. DECEDENT'S NAME (First, Middle, Last) Margare	t B. Geisl	er			2. DATE OF DEATH MONTH May 26,	1993 [°]	EAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-03-1537		AGE (In yrs. last birthday, 74 YRS.		EAR IF UNDER 24 HR AYB HOURS MIN	S. 7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) Pennsylvania		
	Sa. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF		9c. COUNTY OF DEATH			
TOR	Carroll County	Gen. Hosp	ital	Westminster Carroll						
DIRECTOR	Md. Car	roll	10c. C	Manch	ocation lester		10d. INSIDE CITY LIMITS? 1 YES 2 \[\square\$			
AL	10e, STREET AND NUMBER		17.1	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?			
FUNERAL	3287 Charmil Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				21102			U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF FYES, GIVE WAR OR DATES			RMED 13. WAS DECENDENT OF HISPANIC (If yes, specify Cuben, Mexican, P 1 YES 2 NO Specify:			es or No 14	. RACE — American Indian, Black, White, atc. Specify: White		
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT	S USUAL OCCL	PATION ng most of working	16b. KIND OF BU	JSINESS/INDUS	TRY		
COMPLETED	Elementally/Secondary (U-12) College (1-4 or 5 +)			use retired.) semble:		Electr	onics			
CO	17. FATHER'S NAME (First, Middle, Last) George H. B	ange			18. MOTHER'S	n Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	0	19b. MAILIN	G ADDRESS (S		ral Route Number, City or To	wn, State, Zio Co	ide)		
5	Theron A. Geisle		328			Manchester,				
	20ayMETHOD OF DISPOSITION 1		20b. PLACE AND DATE COPOSION, COMMERCIANO NEW LUTH	eran Co	emetery O	5/29/93 Man	cheste	r, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	O. O. a. B	4	Ecl	HE AND ADDRESS OF Chardt Fu	raciuty neral Chape	1			
	23. PART i. Enter the diseases, pro	Omniications that ca	used the death. Do			l Dr., Manc				
	immediate cause (Final disease or condition	List only one cause	on each line.		Linous	0	Juga-	Interval Between Onset and Death		
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE		4 0 4	0	1	•		
NO	Sequentially list conditions,	to 00	AS A CONSEQUENCE	lues	Soft	tistues	U			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	1484	The state of the s	dian	vary disease.					
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ER	resulting in death) LAST	Cong	esture	prom	failure	plant	at of	tener		
	PART ii. Other significant condition		h but not resulting	in the unde			AUTOPEY	24b. WERE AUTOPSY FINDINGS		
EDICAL	HUpertusion Insulu descudent PERFORMEDIS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
	diabelles mellitus									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?	HOSPITAL:	VOutpatient 3 DOA	OTHER:		idence 8 Other (Specify)				
	27. MANNER OF DEATH 1 President Pending Investigation	28a. DATE OF INJ (Month, Day,)		JURY	C. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	NED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF IN building, atc.	JURY — At home, farm. (Specify)	, street, factory,	office	281. LOCATION (Street City or Town, State		Rural Route Number,		
9	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my	knowledge death conv	read at the time	des and street and	due to the cause(a) and ma				
COMPLETED								ause(a) and menner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	MO			29c. LICENSE	718	1 5	IGNED (Morgh, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		e, Print)	Rd	west run	ster.	MOZIIS7		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S				- 01				
	MAY 27'93	The second								

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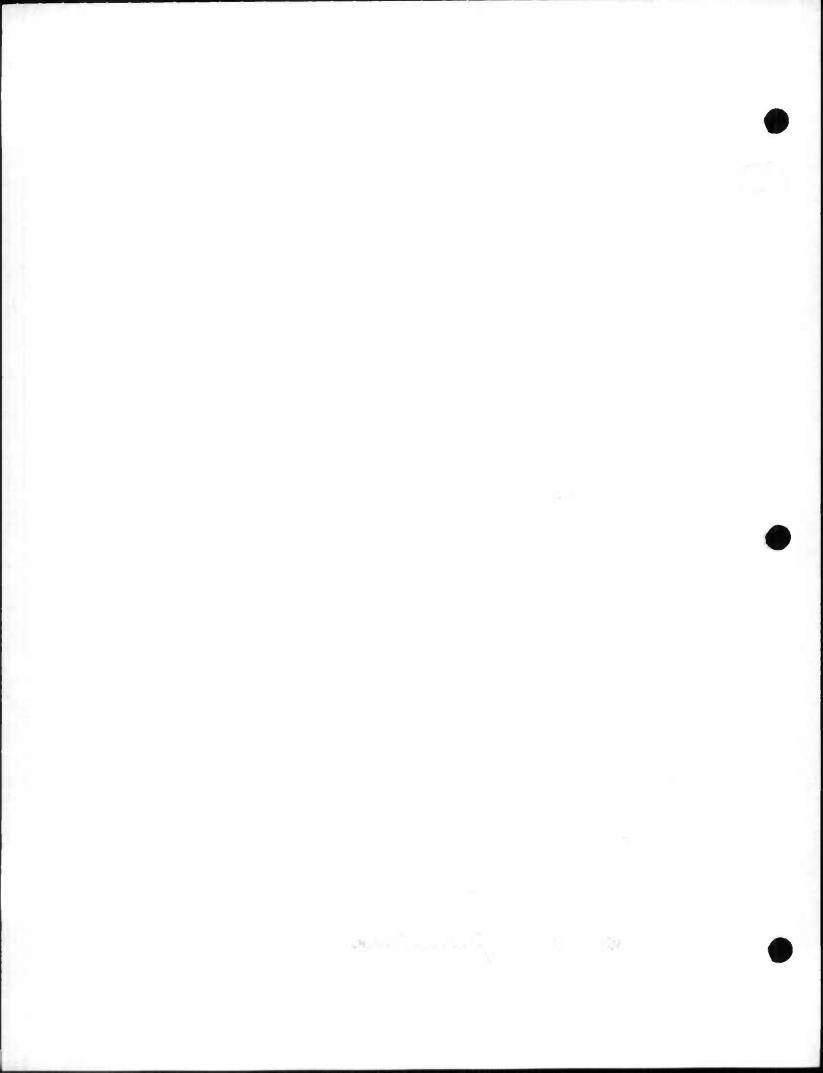
		FOR	STATE OF MARY	LAND / DEP	ARTMENT O	F HEAITH AND	MENTAL HYGIEN	IE 9	3 16745			
	0)	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				OF DEATH	REG. NO		3. TIME OF DEATH			
)	1 7		Catherine	Masser	GROSS			199	YEAR			
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birthde			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	1 8	217 10 0103		31 YRS	S. MONTHS DA	YS HOURS MIN.	Feb. 16.1	1912				
	6	9s. FACILITY NAME (If not institution, give stre				WN OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH			
(銀額	DIRECTOR	Frederick Memo	rial Hospit	tal		Frederick	pil.	Fre	ederick			
	E	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	OCATION	10d. INSIDE CITY LIMITS?					
- E			erick		F	rederick		10				
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 5422 Shookstow			101. ZIP CODE 21702		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
physician burial-tra	S	11. MARITAL STATUS	12. WAS DECEOENT EVER FORCES? 1 YES	IN U.S. ARMEO	13. WAS	DECENDENT OF HISPAI	HC ORIGIN? (Specify Ye		4. RACE — American Indian.			
or attending r use as the	ONCE.	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		s, specify Cubsin, Mexica YES 2 X NO Specif			Specify: White			
		15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16n. DECEDEN (Give kind Ille: Do NO	T'S USUAL OCCUI of work done durin IT use retired.)	PATION g most of working	16b. KIND OF BU	ISINESS/INDUS	STRY			
ched	MPI	8	Home	maker		Home						
		17. FATHER'S NAME (First, Middle, Lest)		ME (First, Middle, Maiden								
ould b		William A. MA. 19a. INFORMANT'S NAME (Type/Print)	Mae PUTTMA Route Number, City or Tow									
y be retained rage 5 should		Mrs. Roslyn G. Mi	dula									
		Mrs. Roslyn G. Midula 3902 Shadywood Court, Jefferson, Md. 21755 20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Rocky Springs Cemetery 5-10-93 Frederick Maryland										
Page I direc		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE										
eath.		Keeney & Basford P.A. Funeral Home										
hours after of in by the or removal		22 PART i Enter the diseases or on	40000						-1- MJ 01701			
2 0 0 0		shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that we let only one cause on	Allu	o not enter the	mode of dying, suc	h as cardiac or resp	rederic	ck, Md. 21701 Approximate Interval Between Onset and Death			
ath certificate be executed within 24 h tending physician and completely filled all Hyglene prior to burial, cremation, or after the period of	ERTIFICATION	shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	aach line.	E OF):	mode of dying, suc	h as cardiac or resp	rederic	Approximate interval Between			
requires that the death certificate be executed within 24 hr or signed by the attending physician and completely filled of Health and Mental Hyglene prior to burial, cremation, contraction, or shows continued the physics and lating to show the personnells asked the personnells and the personnells are the physics.	MEDICAL CERTIFICATION	shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE	E OF):	E Wha	h as cardiac or resp	AUTOPSY	Approximate interval Between			
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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no TOR: After this certificate has been signed by the attending physician and completely filled that clearly with the State begr. of Health and Mental Hyghere prior to busing, cremation, to be marked as it ten 29 shouse soul infured to state the control of the property of the state that the state of the state	ETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation of the determined	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS) DUE TO (OR AS)	B A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE B Dut not resulting Consequence	E OF): E OF): OTHER: 4 OTHER: 1 Numbing	Tying cause given in E. PLACE OF DEATH (Ch. Home S Residence BUURLY AT WORK?	Part I. 24a. WAS AN PERFOR I (1 YES 2 Section of Capacity) 8 (1 Other (Specify) 28d. DESCRIBE HOW I	HAUTOPSY RIMED?	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no DIRECTOR: After this certificate has been signed by the attending physician and completely filled hours after death with the State Dept. of Health and Mental Hydrighe prior to build; cremation, to make the complete of the state of the complete of the state of the complete	IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 3 Saicide S Could not be determined 22. CENTIFIER (Check only only) WEDICAL EXAMINER 236. SIGNATURE AND TITLE OF CERTIFIER 236. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS DUE TO	aach line. A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting properties a Door	E OF): E OF): The under the under	wode of dying, suc	Part I. 24a. WAS AN PERFORM 1 VES 1 ack only one) 6 Other (Specify) 284. DESCRIBE HOW (287. LOCATION (Street City or Nown, State) to the cause(s) and max time, date and place, ar	AUTOPSY RAKED? 2 NO INJURY OCCUPANT Number or princer are stated.	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO			
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no. L. DRECTOR: After this certificate has been signed by the attending physician and completely filled 25 hours after death with the State begr. Or Health and Mental Hyghere prior to busing, cremation, it has the property of the state	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation 2 Accident Investigation 3 Saicide S Could not be determined 229. CERTIFIER CONC. ONLY MEDICAL EXAMINER 230. NAME AND ADDRESS OF PERSON WHO Philip Shapiro, N	DUE TO (OR AS DUE TO	B A CONSEQUENCE B A CO	TIME OF 1880 In my opinion of the time, street, factory.	Wing cause given in E. PLACE OF DEATH (Ch. Home 5 Residence BUJURY AT WORK? YES 2 NO office date and place, and due in, death occured at the	Part I. 24a. WAS AN PERFORM 1 (24a. WAS AN PERFORM 1 (24a. WAS AN PERFORM 1 (25a. 25a. 25a. 25a. 25a. 25a. 25a. 25a.	AUTOPSY RAKED? RAUTOPSY RAKED? RO INJURY GCCUI and Number or hiner as stated 29d. DATE S	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO			



DHMH-16 Rev 1/89

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	1	4	

_	_	1 - STATE REGISTRAR		C	ERTIF	ICATE	OF DE	ATH	1		REG. NO.	_		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
			RLEY C	RAY						монтн 05-	22	19	93	4:00 A.M
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	ast birthday)	IF UNDER	1 YEAR IF U	IDER 24 I	HRS.	7. DATE OF I	BIRTH			PLACE (State or Foreign
		216-07-4672	1 □ M 2 🏋 F	94	YRS.	MONTHS	DAYS HOU	RS M	AIN.	(Month, Da	y, Year) 5 - 1 1	898	Country	aryland
		9e. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY,	TOWN OR LO	ATION	OF DEA		J 1		INTY OF DI	
8		Mallard Bay Nursing Home Cambridge Dorches									nester			
DIRECTOR		RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY TOWN OR LOCATION												
1 2		100.000111	rcheste	r	10c. CIT		Cambr	n5 i	0					10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER	Tellebuc	- ±-										1X YES 2 NO
A A		520 Glenburn	7.770				10f. ZIP (613	,		10g. CIT	USA	HAT COUNTRY?
FUNERAL		11. MARITAL STATUS	12. WAS DECEDEN	T EVED BUILD A	2452									
		1 Never Merried 2 Married	FORCES? 1	YES 2 3	MO	11	MAS DECENDER f yee, specify C	uben, M	lexicen,	C ORIGIN? (S Puerto Ricar	pecify Yee 1, etc.)	or No-	14. RACE Block	- American Indian, White, atc.
B		3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES 2 X	NO S	Specify:				Specif	w White
COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade	ATION	18e. D	ECEDENT'S	USUAL OC	CUPATION			16b. KIN	D OF BUS	INESS/IN	DUSTRY	
1		Elementary/Secondary (8-12)	College (1-4 or 5 +) (1	Give kind of le. Do NOT u	work done a se retired.)	luring most of w	orking						
, <u>d</u>		5 Years		Cr	ab I	Picke	er			S	eaf	ood	Indu	ıstry
		17. FATHER'S NAME (First, Middle, Last)					15. N	OTHER'	'S NAME	E (First, Middle	e, Maiden	Sumeme)		
BE		Elijah Ke	mp Hur	ley				Ma.	ry	E1i	zabe	eth	Hor	seman
0	ı	19e. INFORMANT'S NAME (Type/Print)		19			(Street and Nur							
TO BE CON		Ray Moore			3 5	Sandy	y Acre	2S-	Cam	nbrid	ge,	Mar	ylar	nd 21613
	ı	20e. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremetion 3 ☐ Remo	val from State	20b. PLACE cemetery, cr			TION (Name of			DATE	20c. LO	CATION —	City or Tov	vn, State
	ı	4 Donation 5 Other (Specify)		Doro	hest	er l	Mem. I	ar	k	5-24	Car	nbri	dqe,	Maryland
	-	21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	IAME AND ADD	RESS O	OF FACIL	LITY				
649		> Leweth	Thom			70				inera			·	1d. 21613
2	7	23. PART i. Enter the diseases, or c	omplications that	caused the d	eath. Do r	not anter	the moda of	dving.	such	as cardiac	or reani	retory an	reat	Approximata
	1	ahock, or heert failura. I IMMEDIATE CAUSE (Final	ist only one cau	se on aach iin	е.							otory un		interval Between
			M. 1	2	0	ASI	111)						Onset and Daath
	ı	resulting in deeth)		OR AS A CONSE										
Z	۱													1
		Sequentielly list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):								
5 5		CAUSE (Disease or Injury												
		thet initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	ļ	and a country Exist												
		PART ii. Other significent conditions	contributing to	death but not	resulting i	in the und	deriying caus	e giver	n in Pe	ort i. 24a.	WAS AN	WITOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	ı	085									PERFORI	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	ı									- 10	YES 2	NO NO	11 '	OF DEATH?
3	1									-				1 TYES 2 NO
Ž	H	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH	1 /Chack	ontrone)				M
PHYSICIAN:	1	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER	:							
Ŧ	ļ	27. MANNER OF DEATH	28e. DATE OF	NJURY	28b. TIM	E OF	ng Home 5 🗆 28c. INJURY AT	1.3	4 0	ad. DESCRIB		JUBY OCC	CURED	
		1 Natural 5 Pending 2 Accident Investigation	(Month, De	Year)	INJ	URY M	WORK?	NI	/	- 1	2 11011 111	0011 000	JONED	
) BY		2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY At he	ome, ferm, s	traet, tacto				81. LOCATION	(Street et	nd Number	or Rural Bo	usta Number
H		4 Homicide determined	building,	gc. (Specify)						City or Tow	vn. State)	TO THE MEDICAL	OF FIGHER FIG	No Hamber,
٦		29e. CERTIFIER (Check only	IAN: To the heat of a	ny knowledne de	eth occurre	d at the tie				-				
COMPLETED		(Check only one) 2 MEDICAL EXAMINER	On the beele of ex	mination end/or	Investigatio	n, in my op	Inlon, death oc	cured et	t the tire	ine cause(e)	end man	due to th	ed.	and manner on statut
	H	29b. SIGNATURE AND JUTLE OF CERTIFIER	0	1							proce, end			
BE		Zu 1	K)	11.0			29c. L	CENSE	NUMBE	EM	-	29d. DATI	SIGNED (Month, Dey, Year)
2	H	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	OF DEATH (ITF	M 27) (Type	Print1						- 5	12	4/43
		Warne JI	Cor-	ds 0	10	-	3 0		_	40	>	1 .	1	11/ 110
	1	31. DATE FILED (Month Pay Year)	62. REGISTRAF		, 4	50	3 6	150	7 5	+ 0	amb	bold	90,1	Md 2/6/5
		MAY 27'93	3 9	is signature.	bon-A	indell	•					1		
	-11-													



1	•	FOR STATE REGISTR	Al
F	1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		(ERTIFIC	CATE OF	DEATH	REG. N	0.				
1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF DEATH		3. TIME OF DEATH			
Elsie Nona		G	Sladden			May 18,	1 993	YEAR	3:25	Рм	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or For	reign	
213-26-7031	1 □ M 2X F	63	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 18,	1930	Ma	ryland		
9e. FACILITY NAME (If not institution,	give street and number)		13	9b. CITY, TOWN	OR LOCATION OF OR			JNTY OF E	_		
Bayside Nursir	g Center			Lexing	ton Park		St.	Mar	y's		
10e. STATE 10b. C			10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?		
Maryland St.	Mary's		Gre	at Mil	ls				1 TYES 2X	NO	
10e. STREET AND NUMBER					Of. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?		
Great Mills Apt					20634		_	.S.A			
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	YES 2-	NO	It yes, s	specify Cuben, Mexice S 25 NO Specify	n, Puerto Rican, atc.)	Specify Yee or No— 14. RACE — American Indien, Black, White, etc. Specify: Black				
15. DECEDENT'S (Specify only highest	grade completed)	16a.	Give kind of wo	SUAL OCCUPAT	TION nost of worlding	16b. KIND OF E	USINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)				<u> </u>					
7th Grade			Domes	tic			vate	Home	S		
17. FATHER'S NAME (First, Middle, La. Charles Ale	*	Gladden	1		18. MOTHER'S NA Ruth	ME (First, Middle, Maid Allean		Мо	rgan		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (Street	end Number or Rural	Route Number, City or 1	own, State, Z	ip Code)	3		
Clarissa J. Smi	th		Rt. 24	9, Box	50, Call	away, Mar	yland	206	20		
20e. METHOD OF DISPOSITION				TION (Name of c	emetery, crematory or	20c.	LOCATION -	- City or T	own, State		
1 57 Buriel 2 Cremation 3 4 Donation 5 Other (Specify,	Removal from State	_ St.	Mark's	U.A.M	.E. Cemet	ery Va	lley	Lee,	Marylan	d	
21. SIGNATURE OF FUNERAL SERVI	CE LICENBEE	,			AND ADDRESS OF FA	diner Fur	neral	Home	ΡΔ		
Michael	Kelland	iner			-	Leonardto				550	
23. PART J. Enter the diseases	or complications the	at caused the	deeth. Do no						Approxima	ate	
(shock, or haset fellowed the control of the contr	a. Due to	ratio	Dul	may	yy Fa	lure	_		Interval Be Onset and		
Sequentially list conditions, if any, laeding to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events	Į	(OR AS A CON		ail	une_				1gr	70	
resulting in death) LAST	L =										
PART II. Other algolificant con	ditions contributing to	death but no	ot resulting in	the underiv	na ceuse alven in	Part I 24a WAS	AN AUTOPS	24	b. WERE AUTOPSY FI	NDINGS	
						PERI	ORMED?		AMAILABLE PRIOR COMPLETION OF	TO	
									1 TYES 2 N	10	
									11/1		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C)						
1 TYES 2 NO	1 Inpatient 2				ome 5 - Reeldence			0011050			
1 Natural 6 Pending		Day, Year)	26b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED			
2/ Accident Investig 3 Suicide 6 Could n 4 Homicide determin	ot be 26e. PLACE building	OF INJURY — At , etc. (Specify)	home, ferm, st	reet, factory, of	fice	28f. LOCATION (Stree City or Town, St		er or Rural	Route Number,		
(Dilbox Dilly	PHYSICIAN: To the best of								(a) and menner se st	tated.	
29b. SIGNATURE AND TITLE OF CE	ton 3	dan	VOE	140	29c. LICENSE NU	6419	29d. D/	TE SIGNE	20 93		
J. Patrick Ja:	1	JSE OF DEATH (town, Mai	cyland 2	0650				
31. DATE FILED (Month, Day, Year)	32 REGISTA	AR'S SIGNATUR	Endade								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within execus after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARYL				DEATH			•	
1. DECEDENT'S NAME (First, Middle, Last)		OLI	1111110	AIL OI	DEATH	_	REG. NO.		3. TIME OF DEATH
T	ORDON	6	TRA	has	1		IONTH DA	. 0 6	TEAR .
4. SOCIAL SECURITY NUMBER 5.		(In yrs. last b		UNDER 1 YEAR	IF UNDER 24	40S 7 F	AV 15		BIRTHPLACE (State or Foreign
293-22-2321	AF -	4		THE DAYS	-	m.	Month Dev Years	1928	Country) Ohio
9e. FACILITY NAME (If not institution, give street		-1	96	CITY TOWN	OR LOCATION		00. 22,		Y OF DEATH
	Hospit.	01	"			-			
RESIDENCE OF DECEDENT	1103111	7-1	-	Leo	MARC	2100	WN	ST.	MARYS
10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY
Maryland St. M	Mary's		Val	ley Le	ee				LIMITS?
10s. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
P.O. Box 105					2069	2.			U.S.A.
	. WAS DECEDENT EVER	N U.S. ARME	ED	13. WAS DEC			RIGIN? (Specify Yes	or No- 14	I. RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 X YES			If yes, ap	ecify Cuberi, &	lexican, Pu	erto Rican, etc.)	-	Black, White, atc. Specify:
3 Widowed 4 Divorced	over over the state					apoony.			White
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION replated)	16a. DECE	EDENT'S USU	IAL OCCUPATE	ON set of working		16b. KIND OF BUS	INESS/INDUS	STRY
	College (1-4 or 5+)			done during mo tired.)	at or working				
12th Grade		Fi	irefic	hter			D.C. G	overn	ment
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (F	irst, Middle, Maiden		
Thomas	Graham				Pa	trici	a		Stout
19a. INFORMANT'S NAME (Type/Print)							Number, City or Town		· ·
Shirley M. Graham		E	P.O. E	30x 105	5 Valle	ey Le	e, Maryl	and	20692
20e, METHOD OF DISPOSITION				ISPOSITION (N	ame of		DATE 20c. LOC	CATION — CIT	y or Town, State
4 Donation 5 Other (Specify)	St	netery, crema	etory or other p	Episc	opal C	em.5/	19/93 Va	alley	Lee, Maryland
21. SIGNATURE OF FUNERAL BERVICE LICENS			1	22. NAME A	ND ADDRESS	OF FACILITY	Y		
Muchael	92.0.				-				Home, P.A.
23. PART I. Enter the diseases, or com	officetions that some	4 05 0 4 0 0	h D	P.O.	Box 2	70 Le	onardtow	m, Ma	ryland 20650
shock, or heart failure. List	t only one cause on e	ech iine.	in. Do not e	enter the mo	de of dying	, such as	cardiac or reapli	ratory arrea	t, Approximate interval Between
IMMEDIATE CAUSE (Fine)	5	0	A	-1	A		(0	Onset and Death
disease or condition resulting in death)	Concert	12120	~ 1	ChA	10441	<u></u>	COY X	ulm	onale
1	DUE TO (OR AS	A CONSEQU	ENCE OF				V		
Sequentially list conditions,	abdin	-1-6	_ 40	ann	* 1				
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQU	ENCE OF	1 11	W. 4				
CAUSE (Disease or Injury	DUE TO (OR AS	en	0 1	n-u	Cur				
that initiated events resulting in death) LAST	60 10 (OH AS)	CONSEGU	ENCE OF):						
	0000	1							
PART II. Other algnificant conditions of	ontributing to death it	out not res	uiting in th	ne underlyin	g cause give	n in Part	i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
							PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
							T TES 2	A LO	OF DEATH?
									1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26 D	ACE OF DEAT	H /Check	ah one)		
EXAMINER?	OSPITAL:			THER:					
27. MANNER OF DEATH	Inpatient 2 ER/Out	Carrier III		1			Other (Specify)	IIII OCC	nen.
1 Natural 5 Pending	(Month, Day, Year)	Ι,	28b. TIME OF INJURY	WC	URY AT		. DESCRIBE HOW IN	MURY OCCUI	HEU
2 Accident Investigation	20- 01-05-05-0-				YES 2 N				
- D	28e. PLACE OF INJURY	<pre>cify)</pre>	e, Tarm, stree	t, factory, offic	•	281.	LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
3 Suicide 6 Could not be determined	building, etc. (Spe								
4 Homicide determined									
4 Homicide determined 29a. CERTIFIER (Check only)	N: To the best of my know								
4 Homicide determined 29a. CERTIFIER (Check only)	N: To the best of my know								cause(a) and manner as stated.
4 Homicide determined 29a. CERTIFIER (Check only)	N: To the best of my know					at the time,		due to the d	
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my know				leath occured	at the time,		due to the d	cause(a) and manner as stated.
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my known on the beals of aximination	en and/or Inv	restigation, in	n my opinion, o	leath occured	at the time,		due to the d	cause(a) and manner as stated.
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C 29b. SIGNATURE AND TITLE OF CERTIFIER	N: To the best of my known on the beals of aximination	en and/or Inv	restigation, in	n my opinion, o	leath occured	et the time,		due to the d	cause(a) and manner as stated.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	N. To the best of my know on the basis of examination of the basis of examination of the basis o	EATH (ITEM:	restigation, in	n my opinion, c	29c, LICENS	et the time,		due to the d	cause(a) and manner as stated.

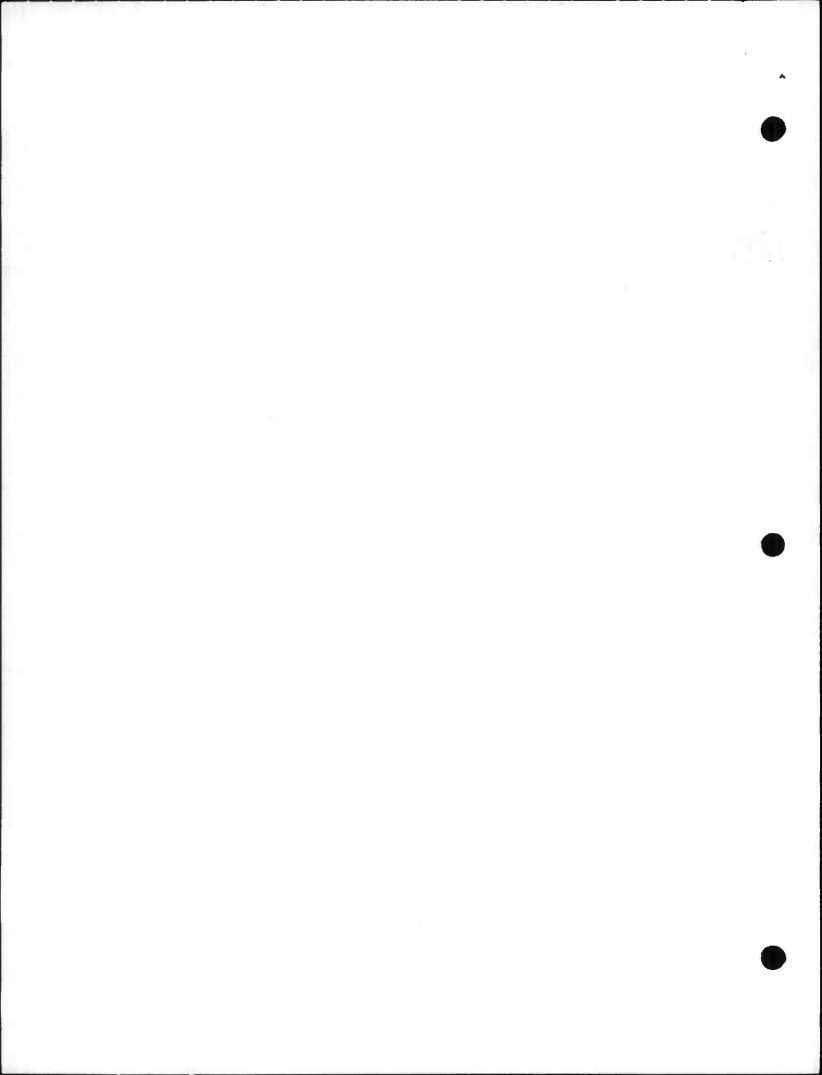
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

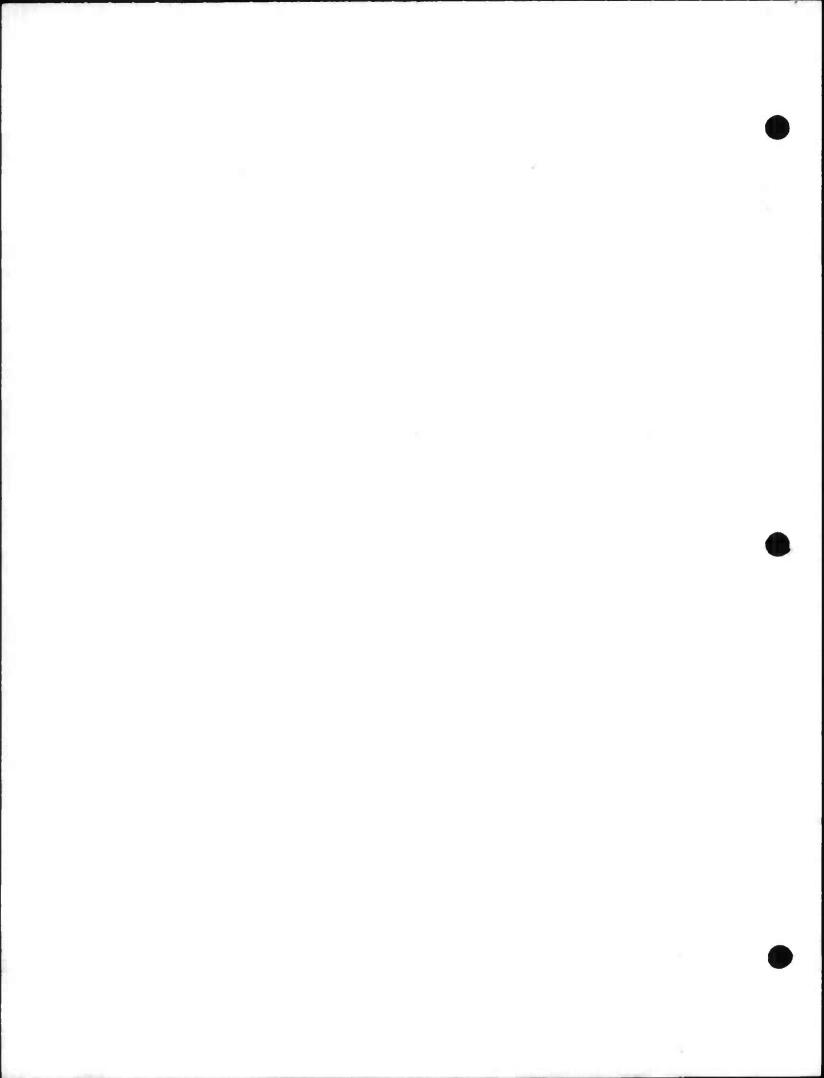
	1 - STATE
	1. DECEDENT
	FR
	4. SOCIAL SE
į	197-1
ŀ	9a. FACILITY
	PENIN
١	RESIDENC
	10a, STATE
	Delawa:
	10e. STREET
	RT. #
	11. MARITAL S
I	1 Never Ma
	3 Widowed

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF	DEAT	ГН		REG. NO			
1. DECEDENT'S NAME (First, Mid	idle, Last)								2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATH
FRANK			GLC	VER					05		9	93	1048
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, C	BIRTH By Mari		Acres of the last	IPLACE (State or Foreign
197-16-6209		1 M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	10-2		9		sburgh, PA.
9a. FACILITY NAME (If not institut	tion, give str	reet and number)			9b, CITY	TOWN (OR LOCATIO	ON OF O	EATH		9c. COL	INTY OF D	
PENINSULA R	EGIO	NAL MEI	DICAL	CTR		ALI	SBUI	RY				WIC	COMICO
	b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TON						10d. INSIDE CITY LIMITS?
Delaware	Sus	sex		Dag	gsbor	0 19	9939						1 YES 2 NO
10e. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
RT. # 2 BOX	7						19	939				USA	
11. MARITAL STATUS 1 Never Married 2 Married 2	ded	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. 1	MAS DEC	ENDENT O	F HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES					Specif		,,		Speci	tty:
15. DECEDER	NT'S EDUC	ATION	100	DECEDENT'S	HEIM OF	CHRATIC	MI		405.00	NO OF THE			WHITE
(Specify only high Elementary/Secondary (0-12)	hest grade o	College (1-4 or 5 +		(Give kind of a life. Do NOT us	work done o	during mo	st of workin	g	100. KI	ND OF BU	SINESS/IN	DUSTRY	
Unknown		College (1-4 of 54		ultry	Farm	er				Poul	trv		
17. FATHER'S NAME (First, Middle,	, Last)						18. MOTH	ER'S NA	ME (First, Mide				
Ulrich Glove	er								ta Mc		,		
19a. INFORMANT'S NAME (Type/F	Print)			19b. MAILING	ADDRESS	(Street a			Route Number,			p Code)	
Mrs. Rachel	Glov	er]	RT. #	2, B	ox 7	7, Da	gsbo	oro, D	elaw	are 1	19939)
20a. METHOD OF DISPOSITION 1 Å Burlal 2 ☐ Cremiffion 3	Remo	val from State	20b. PLAC	E AND DATE	OF DISPOS	ITION (Na	me of		OATE			City or To	
4 Donation 5 Own (Spe 21. SIGNATURE OF FUNERAL SE			Car	crematory or o					5/11/9	3 F:	ranki	ford,	Delaware
0///4	1	MSEE					ADDRES		SERV	TCES	. I.TI).	
Let 9CAN	3/14	elan			FR	ANKI	FORD.	DEI	AWARE	199	45		
23. PART 1. Enter the disease shock, or heart	failura. L	omplications that ist only one cau	caused tha	death. Do r	not anter	tha mo	da of dyli	ng, auc	h aa cardiad	or respi	ratory ar	rest,	Approximate
IMMEDIATE CAUSE (FINAL		, , ,											Interval Between Onset and Death
disease or condition resulting in death)	a	ARTERI	OSCLE	ROTI	C CA	RDI	OVAS	CUI	LAR D	ISEA	SE		
		DUE TO	OR AS A CONS	SEOUENCE OF	F):								
Sequentially list conditions		OUE TO	OR AS A CONS	EQUENCE OF	F):								
if any, leading to immediate cause. Entar UNDERLYING					,								
CAUSE (Disease or Injury that initiated events	1 "	DUE TO	OR AS A CONS	EQUENCE OF	F):								-
resulting in deeth) LAST													
PART ii Other significant o	anditions	nontelbution to	d										
PART ii. Other algnificent co	Onditions	contributing to	death but no	reaulting i	in the un	deriying	ceuse g	iven in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									_ 1	YES 2	NO NO		OF DEATH?
									_				1 TYES 2 NO
25. WAS CASE REFERRED TO ME	DIGHT.												
EXAMINER?		HOSPITAL:		961	OTHER	_	ACE OF DE	ATH (Che	eck only one)				
1 YES 2 NO		1 Inpatient 2 I		-			-	idence	8 Other (S)				
1 X Netural 5 Pend	ling	28a. DATE OF (Month, De		28b. TIM INJ	URY M	28c, INJU	RIC?		28d. DESCRI	BE HOW I	NJURY OC	CURED	
	tigation	28a BLACE OF	IN HIPPY As 1	1			ES 2	NO					
3 Suicide 8 Could 4 Homicide detart	d not be mined	building,	FINJURY — At interest (Specify)	nome, tarm, s	Rreet, facto	ery, offica	1		28f. LOCATIO	ON (Street a own, State)	ind Number	r or Rural R	oute Number,
29e. CERTIFIER 1 CERTIFYIN	IC DHAGIO	IAN: To the heat -4	mu kanadada	danth com	4-46								
(Check only one) 2 MEDICAL	EXAMINER	AN: To the best of ex.	amination end/o	r Investigatio	n, in my op	me, date pinion, de	and place, eath occure	and dua	to the cause(i time, date and	a) and man I place, an	ner as star d due to ti	ted. ne cause(n)	and manner as stated.
29b. SIGNATURE AND TITLE OF (- CEARCO			29c. LICEI						
N. 563	Dus		1.10	DEPU'	ту м	F		359		i			(Month, Day, Year)
30 NAME AND ADORESS OF PER	SON WHO	COMPLETED CAUS	E OF OEATH (IT			• 10 4	D	, , , , ,				05-0	9-93
JOHN T. BULI	KELE	Y, M.D.	- 108			UFF	ROAI), S	SALIS	BURY	Z, M.	ARYL	AND, 2180
MAY I (Month 1993")	and	A GEORGIA	rs SIGNATURE	1									



`	854
E, MARYLAND 21215-0020	or attending physician.
AND	v the hospital
MARYL	retained b
LTIMORE, I	6 тау Бе
ALTIM	Page
AL	Jeath.

TO BE COMPLETED BY FUNERAL DIRECTOR

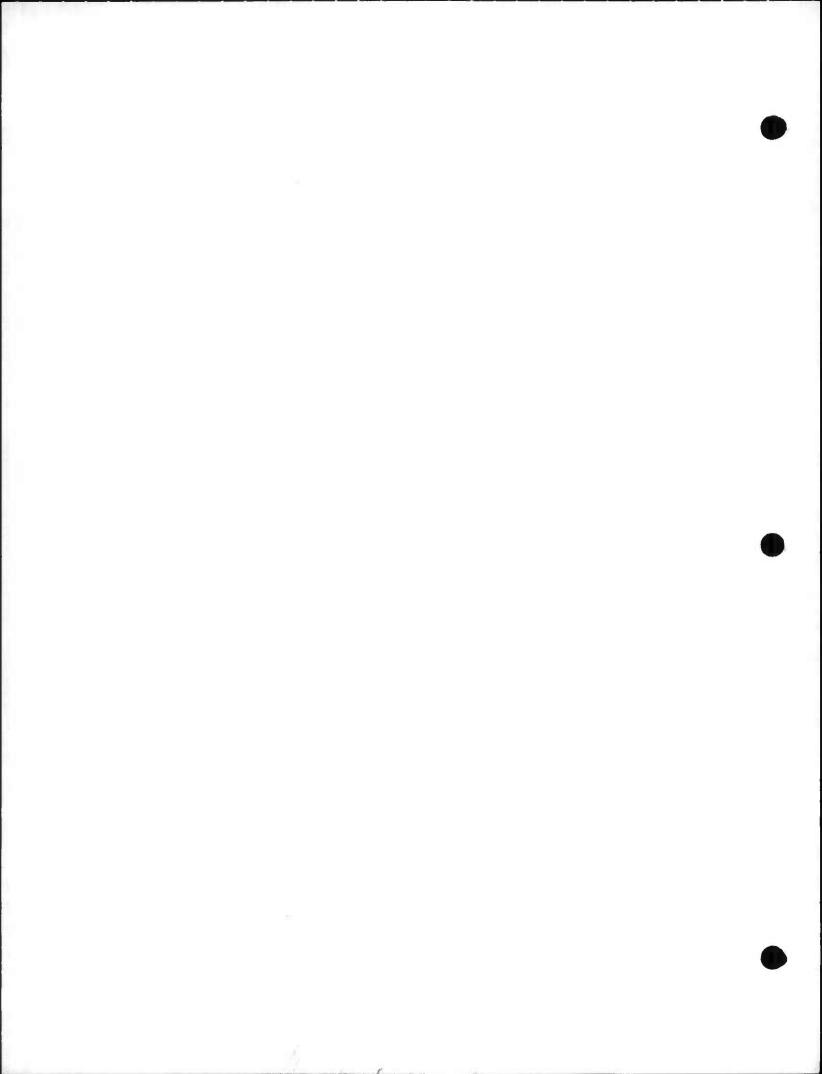
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HIPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MAI		DEPART					MENTA	REG. NO.	E 5	J	06100
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	· ·	EAR 3.	TIME OF DEATH
ANTONIO D.		RDNER					05 11 93 1:1					1:15 Pm
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)YRS.	IF UNDER 1	DAYS	IF UNDER 2	MIN.		OF BIRTH h, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
219 88 1542	1 🔀 M 2 🗆 F			15			Y 13,		RYLAND			
96. FACILITY NAME (If not institution, give st		HOCD	-m > 1			R LOCATIO	N OF DE	ATH		9c. COUNTY		
PRINCE GEORGES	GENERAL	HOSP	TTAL	CHI	EVE	RLY				PRIN	CE (GEORGES
10e. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCATI	ION					100	I. INSIDE CITY
MARYLAND PEIN	CE GEORG	E'S		SEAT	PI	EAS	ANT				13	LIMITS? Z YES 2 NO
10e. STREET AND NUMBER					101,	ZIP CODE				10g. CITIZEI	OF WHAT	COUNTRY?
6610 GREIG ST	#303						2	074	3		USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1	YES 2 VIN	MED			ENDENT OF			V? (Specify Yes	or No- 14	. RACE - Black, W	American Indian,
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES					Specify		ricent, stary		Specify:	
15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S I	ISHAL OC	CUPATIO	M		161	. KIND OF BUS	INESS/INIO IS		BLACK
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Gr	ve kind of w Do NOT use	ork done di				100	I. KIND OF BUS	INCSS/INDUS	Int	
9th	College (I-4 of 5 4)	_		STU	JDEN	1 T			I	PVT.		
17. FATHER'S NAME (First, Middle, Last)				_		18. MOTHE	ER'S NA	ME (First,	Middle, Maiden	Sumame)		
EUGENE LOUDE	RMILL							SHA	RON G	ARDNE	R	
19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street ar	nd Number o			ber, City or Town			
SHARON GARDN	IER	1 6	610	GRE	EIG	ST.	#3	03				MD20743
20g METHOD OF DISPOSITION 1	ovel from State	20b. PLACE A	ND DATEO	FDISPOSIT	TION (Nat 10R I	ne of AL I	PAR	K5-	20c. LOC 17 LAI	ATION — CH	R, N	State ID
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			_	NAME AN	D ADDRESS	S OF FAC	CILITY				
Juawan	ad. B	lax.	for.	7 74	174	LANI	DOV	ER :	FUNEI	ANDOV	ER,	MD20785
23. PART I. Enter the diseases, or of shock, or heart failure.	omplications that ca list only one ceuse	used the de	ath. Do no	ot enter t	the mod	de of dyln	g, suct	h as can	diec or respir	ratory arres	l,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	GUNS	77.550 1025		иD	OF	= 141	EA	D				Onset and Death
	DUE TO (OR	AS A CONSEC	UENCE OF):					-			
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF):								
cause. Enter UNDERLYING CAUSE (Disease or injury												
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	WENCE OF):								
Tooling in doubly Excit	·											
PART ii. Other significent condition	contributing to dea	ith but not r	esulting in	the unc	derlying	cause gl	ven in	Part i.	24s. WAS AN			RE AUTOPSY FINDINGS
									PERFORE		CO	ALABLE PRIOR TO MPLETION OF CAUSE
								_	X tas 1	_ NO		DEATH?
											'	, 123 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ock only o	10)			
1 X YES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 【XEF	/Outpatient 3		OTHER 4 Numl		5 🗆 Resi	idence	8 🗆 Othe	or (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,)		28b. TIME		28c. INJU	JRY AT		28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
1 Natural 5 Pending 2 Accident Investigation	05-11-1	.993	1:04	1A ^M	1 🗌 Y	ES 2 📑	NO	SUE	BJECT	SHOT		
3 Suicide 8 Could not be determined	00 01 105 05 0	JURY - At ho						285 1.00	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,
Tronnelos Getermined	building, etc.	(Specify) 7 3	CALL T	ΔND	$\cap VE$	D DC	VVD	City	or rown, steller			
	building, etc.	(Specify) 73	350 I	JAND	OVE	R RC	DAD	7 3 5	,	DOVE	R RO	AD
	CIAN: To the best of my	(Specify) 7 3	nth occurre	d at the tin	ma, data	and place, a	and dua	735	0 LAN	ner as stated.	11. — V	
(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	(Specify) 7 3	nth occurre	d at the tin	ma, data	and place, a	and dua d at the	7 3 5 to the car	0 LAN	ner as stated.	ause(s) an	d manner as stated.
(Check only 1 CERTIFYING PHYSIC ONE) 2 [X MEDICAL EXAMINE] 296, SIGNATURE AND TITLE OF CERTIFIER	DIAN: To the best of my	(Specify) 7 3 knowledge, dei	ath occurred	d at the tin	ma, data	and place, a eath occured	and dua d at the	7 3 5 to the cartime, date	0 LAN	ner as stated.	ause(s) an	
(Check only 1 CERTIFYING PHYSIC ONE) 2 [X MEDICAL EXAMINE] 296, SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my	knowledge, dei	rwestigation	d at the tin	me, data	end place, a seth occured 29c, LICEN	and due d at the ISE NUM	7 3 5 to the cartime, data	0 LAN	oner as stated. If due to the company of the compa	ause(s) and IGNED (Mo	d manner as stated. nth, Day, Year) — 1993

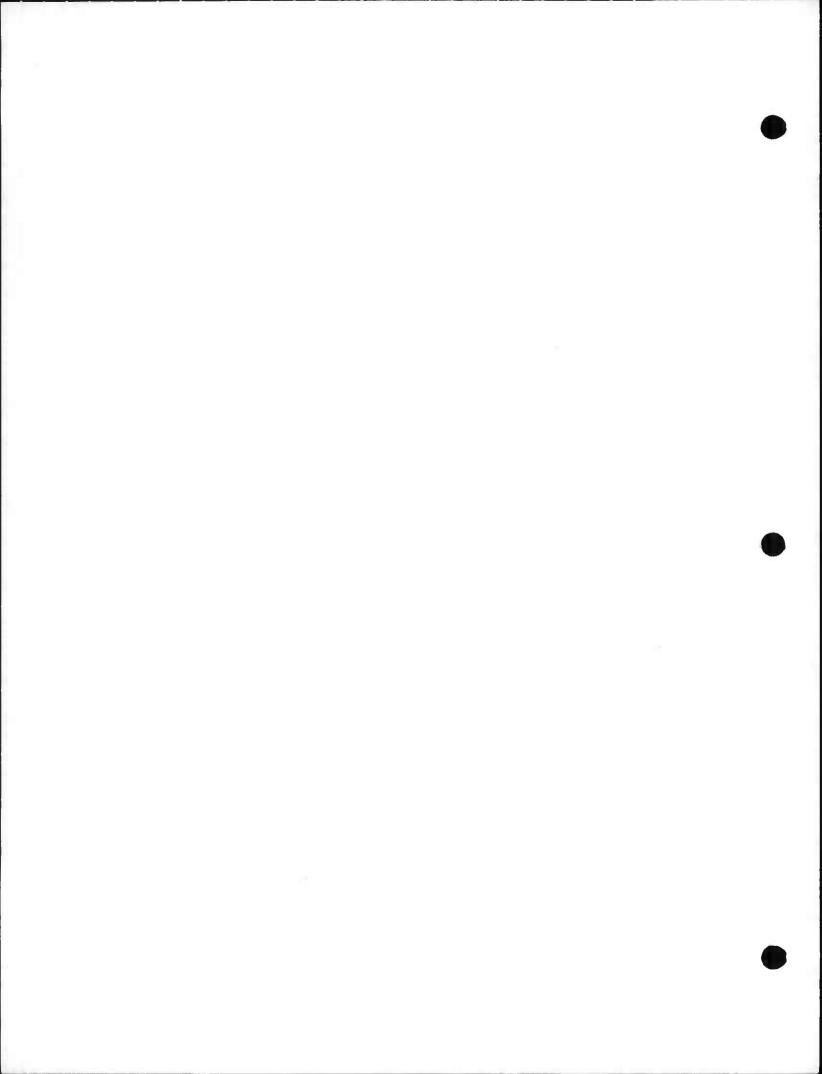


		Pages
		permit.
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ICIAN: The la	sertificate has the State Deg	, or item 2:	
NDING PHYS	t: After this r death with	is marked	
L DR ATTE	L DIRECTOR	I item 28	
THE HOSPITA	0 THE FUNERAL	MPORTANT: IL	
F	F	ΞI	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
Last)		2. DATE OF DEATH	

	TIEGIGITATI					TORTE	OI.	DLAIII		HEG. NO.				
į.	1. DECEDENT'S NAME (First,									DATE OF DEATH	Y0 0 0	YEAR	3. TIME OF DEATH	
	Mary A.								1	lay 13, I	993		9:49P.M.m	
	4. SOCIAL SECURITY NUME	ER	5. SEX		. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	_	DATE OF BIRTH (Month, Day, Year)		Country	LACE (State or Foreign	
	579 52 1909		1 □ M 2 🂢 F	53	YRS.				ت ا	July 20,	1939	1939 Washington, D.C		
~	9a. FACILITY NAME (If not in							R LOCATION OF			ATH			
DIRECTOR	5203 Newto		et			Bladensburg.Maryland						PG		
ည် မြ	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y. TOWN OR	LOCAT	ION .						
뜻	Maryland	Р	G			adens				10d. INSIDE CIT LIMITS?				
	10e. STREET AND NUMBER		<u> </u>		1 1	adens	-	ZIP CODE			IX YES 2 NO			
2	5203 Newton	n Stro	a+				100	20710	,					
FUNERAL	11. MARITAL STATUS	DULE	12. WAS DECEDEN	FEVER IN U.S.	ARMED	13 W	AS DECI			RIGIN? (Specify Yes	_	ed St		
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2	NO	H :	yes, spe	cify Cuban, Mexi	can, Pu	erto Rican, etc.)	Or 140	Black,	- American Indian, White, etc.	
ă	3 Widowed 4 🔀 Divo	rced	IF IES, GIVE W	AN OH DATES	no	_ ''	YES	2 NO Spe	city:	no	- 1	Specify	Black	
		EDENT'S EDUC		16a	DECEDENT'S	USUAL OCC	CUPATIO	N		16b. KIND OF BUS	INESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5 +	,	(Give kind of a life. Do NOT us		aning mice	it or working						
MP	12th				Secre	tary								
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOTHER'S I	IAME (First, Middle, Maiden S	Surname)			
H	Curry Ball									Brown C				
2	19a. INFORMANT'S NAME (7)	/pe/Print)							I Route	Number, City or Town	, State, Zip	Code)		
-	Judith Car				3603	64th	Ave	nue				, Mary		
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from Stata	20b. PLA cametery	CE AND OATE	of DISPOSIT	TION (Nat	me of]	OATE 20c. LOC	ATION —	City or Tow	n, Stata	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL	Lincol					05/18/93 Brentwood, MD							
	III SIGNE OF FOREIGN	T /	L L			22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME								
	John 1	, 81	ewart.	14		400	01 E	Benning	Roa	ad, N. E.	,Was	hingt	on, D.C.	
	23 PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	Liet only one ceu	la ste	line.	MUI				Cardiac or respir	atory arr	est,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate NG ry	h		ISEQUENCE OI									
- 11	PART II. Other significa	nt condition	a contributing to	deeth but n	ot resulting l	n the und	eriving	cause given i	n Part	1. 24a, WAS AN	umpev	245 1	VERE AUTOPSY FINDINGS	
EDICAL							,	given i		PERFORI	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 - YES 2	□ NO	(OF DEATH?	
≥												,	YES 2 NO	
₹∥	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH (Check o	nly one)				
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpation	t 3 🗆 DOA	OTHER:		5 🗆 Residenc	аП	Other (Specify)				
> II			28a. DATE OF	INJURY	28b. TIM		28c. INJU	JRY AT	7	I. DESCRIBE HOW IN	JURY OCC	CURED		
Į Į	27. MANNER OF OEATH						WOR	RK?						
Y PHYSICIAN:	1 Netural 5	Pending nvestigation	(Month, De	,, ,,	""	M	1 🗌 Y						- 1	
à	1 Natural 5 1 2 Accident	Pending nvestigation Could not be	(Month, De	INJURY A		М	1 🗌 Y	ES 2 NO	281.	LOCATION (Street as	nd Number	or Rural Ro	ute Number,	
à	1 Netural 5 2 Accident 3 Suicide 8	nvestigation	(Month, De			М	1 🗌 Y	ES 2 NO	281.	LOCATION (Street as City or Town, State)	nd Number	or Rural Ro	ute Number,	
à	1 Natural 5 2 Accident 3 Suicide 8 4 Homicide	rivestigation Could not be statermined	28a. PLACE Of building,	F INJURY — A letc. (Specify)	t home, farm, s	M street, factor	1 🗌 Y	ES 2 NO		City or Town, State)			ute Number,	
à	Natural 5 2 Accident 3 Suicide 4 Hornicide 29a. CERTIFIER (Check only 1) CERT	restigation Could not be latermined	28a. PLACE Of building,	FINJURY — A stc. (Specify)	t home, farm, s	M street, factor	1 Y	ES 2 NO	ue to th	City or Town, State) ne cause(a) and mani	ner as stat	ed.	ute Number,	
E COMPLETED BY	Natural 5 2 Accident 3 Suicide 4 Hornicide 29a. CERTIFIER (Check only 1) CERT	restigation Could not be determined IFYING PHYSIC CAL EXAMINE	(Month, Do Dalleting, 28a. PLACE Oi building, 28a. PLA	FINJURY — A stc. (Specify)	t home, farm, s	M street, factor	1 Y	ES 2 NO	ue to th	City or Town, State) e cause(a) and mans, data and place, and	ner as stat	ed. e cause(s)		
BE COMPLETED BY	Natural 5 2 Accident 3 Suicide 8 4 Hornicide 29a. CERTIFIER (Check only one) 2 MEON	restigation Could not be determined IFYING PHYSIC CAL EXAMINE	28a. PLACE Of building, CIAN: To the best of ax	FINJURY — A stc. (Specify)	t home, farm, s	M street, factor	1 Y	end place, and death occured at the	ue to th	City or Town, State) e cause(a) and mans, data and place, and	ner as stat	ed. e cause(s)	and manner as stated.	
E COMPLETED BY	Natural 5 2 Accident 3 Suicide 4 Hornicide 29e. CERTIFIER (Check only 2 MEO! 29b. SIGNATURE AND TITTE 30. NAME AND ADDRESS OF	rivestigation Could not be determined IFYING PHYSIC CAL EXAMINE OF CERTIFIER PERSON WHO	(Month, Do Do COMPLETEO CAUS	FINJURY — A set. (Specify) The knowledge amination and E OF OEATH (t home, farm, s , death occurre /or investigatio	M street, factor and at the time n, in my opi	1 Y	and place, and depth occurred at the 29c. LICENSE N	use to the time,	City or Town, State) te cause(a) and mane, deta and place, and	ner as stat I due to th	ed. e cause(s)	and manner as stated. Mopth, Day, Year)	
BE COMPLETED BY	1 Natural 5 2 Accident 3 Suicide 8 4 Hornicide 29a. CERTIFIER (Check only one) 1 CERT 2 MEOI 29b. SIGNATURE AND TITIE 30. NAME AND ADDRESS OF MYYA LE	Could not be set are investigation Could not be set are investigation of the could not be set as a set of the could not be set as a set of the could not be set of the could n	(Month, Do Dallar) 28a. PLACE Of building, CIAN: To the best of an Do COMPLETEO CAUS	FINJURY — A stc. (Specify) my knowledge amination and E OF OEATH (t home, farm, to death occurre for investigation	M street, factor and at the time n, in my opi	1 Y	and place, and depth occurred at the 29c. LICENSE N	use to the time,	City or Town, State) e cause(a) and mans, data and place, and	ner as stat I due to th	ed. e cause(s)	and manner as stated. Mopth, Day, Year)	
BE COMPLETED BY	1 Natural 5 1 Accident 3 Suicide 8 4 Hornicide 29e. CERTIFIER (Check only 2 MEOI 29b. SIGNATURE AND TITTE 30. NAME AND ADDRESS OF MYYA Let 31. DATE FILEO (Monin, Dey,	Could not be set are investigation Could not be set are investigation of the could not be set as a set of the could not be set as a set of the could not be set of the could n	(Month, Do Do COMPLETEO CAUS	FINJURY — A stc. (Specify) my knowledge amination and E OF OEATH (t home, farm, to death occurre for investigation	M street, factor and at the time n, in my opi	1 Yry, office	and place, and depth occurred at the 29c. LICENSE N	use to the time,	City or Town, State) te cause(a) and mane, deta and place, and	ner as stat I due to th	ed. e cause(s)	and manner as stated. Mopth, Day, Year)	



1 -	STATE REGISTRAR
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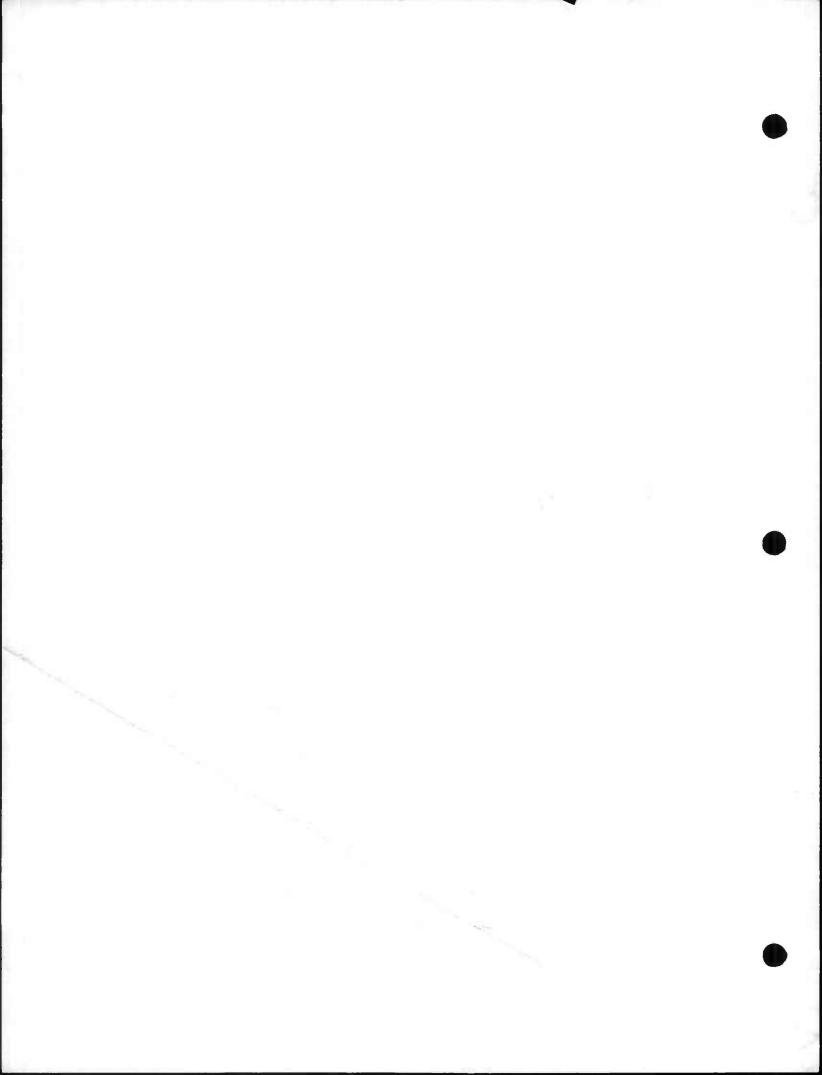
CTATE OF MADVIAND / DEDADTMENT OF

	1 - STATE REGISTRAR		SIMIE UF N		ERTIF	ICATI	E OF	DEA	ANU I	MENIAL HY	GIENI G. NO.	t		
	1. DECEDENT'S NAME (First,									2. DATE OF DE	ATH			3. TIME OF DEATH
	mi	9R101	1/Cronan	6/27	512 ROY						5, 1	993	YEAR	3:10 PM M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIR	пн 1		8. BIRTH	IPLACE (State or Foreign
1	073-36-1790)	1 🗌 M 2 📉 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Septemb			Mas	sachusetts
	Sa. FACILITY NAME (If not in	stitution, give str	reet and number)			96. CITY	r, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	
OR	3660 Pine C			V	la1do	orf			Cha	rles				
딦	RESIDENCE OF DEC		T son CIT	Y, TOWN I	001001	1011								
DIRECTOR	Maryland			ldor		ION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER	Charle		110			ZIP COD	E	10a CITIZ			TEN OF Y	VHAT COUNTRY?	
ER/	3660 Pine C	one Ci					20601						States	
FUNERAL	11. MARITAL STATUS	one or	T EVER IN U.S. A	RMED	13.		DECENDENT OF HISPANIC ORIGIN? (Specify W			cify Yes				
B⊀	1 Never Married 2 3 3 Widowed 4 Divo	THE COLD	FORCES? 1	YES 2 X	S 2 NO If yes, specify Cuben, Mexic					n, Puerto Rican, e	HG.)		Speci	E — American Indian, k, White, etc. My: 11te
COMPLETED		EDENT'S EDUC	16a, Di	ECEDENT'S	USUAL O	CCUPATIO	N at weath		16b. KIND	OF BUS	INESS/INC			
	Elementary/Secondary (0		r) III	ive kind of a	nork done	ouring mo	ST OF WORK	ng					1	
MP	12				Home	emake	er			Own	Hon	ne		
00	17. FATHER'S NAME (First, Mi							ME (First, Middle,		Surname)				
BE	William McS				Not Av									
2	19a. INFORMANT'S NAME (7)		\										360	
	John Cronan		11)						e, 1	Bayside	_			
	1X Burial 2 Crematio	n 3 🗆 Remo	val from State	20b. PLACE	ematory or o	ther place)	SITION (Na	me of		DATE 20c. LOCATION - City or Town, State Farmingdale, NY				
	21. SIGNATURE OF FUNERAL		ENSEE #M	00690	t Charles Cemetery 22. NAME AND ADDRESS OF FACILITY						ralli	illige	iale,	111
	 		Λ		Drago Funeral									
-	23. PART I. Enter the di	bud		son	\									NY 11103
	shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure. L	list only one cau	ise on each ilne	ONA OF THE LUNG CONSEQUENCE OF):									Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): c. DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	CARCINO CHRONIC	LE CI	401	/				P	VAS AN PERFORM		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO	O MEDICAL I					20 54	ACE OF T	EATH AND	ant anti-				
SCI	EXAMINER?		HOSPITAL:	ED/Ordenstree 1	I 000	OTHE	R:	- 1		eck only one)				
HYS	27. MANNER OF DEATH		28s. DATE OF		28b. TIM	-	sing Hom 28c. INJ	\rightarrow	esidence	6 Other (Spec	-	LIHRY OC	CHEED	
		Pending	(Month, D		INJ	URY M	WO	RK?	¬ NO	200. DESCRIBE	now in	SUNT OC	CONED	
BY	2 Pulate	nvestigation Could not be	28e. PLACE O	F INJURY — At he	ome, farm,	street, fact				28f. LOCATION	Street a	nd Number	or Rural F	Toute Number,
빌		determined	building,	atc. (Specify)						City or Town	, State)			2 22 22 22 23
COMPLETED			IAN: To the best of a) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICI	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B	$\mathcal{L}_{\mathcal{A}}$	an	w					4	120	106		• 3	5/6	26193
	20. NAME AND ADDRESS OF LOUIS V. K	AUFM	AN M.D	, 893	36 11	book	VAR	o la	Ste	602 CL	نہ	ton.	m	20135
	31. DATE FILED (Month, Day,		32 REGISTRA	B'S SIGNATURE	ndelle	Fi.	1					-		
	MAY 28	1993	June 10	to (atting -)	100									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



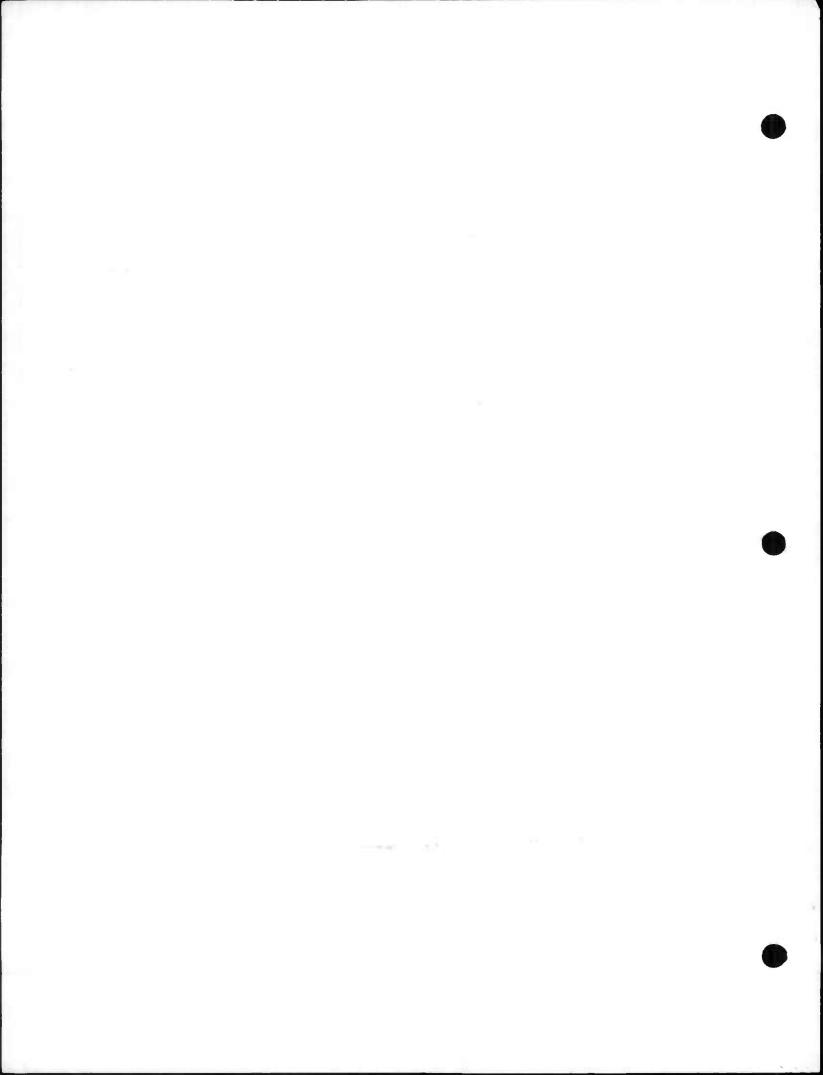
1	-	STATE REGISTR	AR
Г.	-	FOEDENTIA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1	REGISTRAR	OHNIE OF MARKEE			F DEATH	REG. NO			
J. D	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Karl		Gow	er		MONTH 20	DAY D	93	5:00 ALL.
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
5	578-05-6628	1 🖾 M 2 🗆 F 7	8 YRS.	MONTHS DAY	HOURS MIN.	June 5,	1014	Country	st Virginia
	Da. FACILITY NAME (If not institution, give str	reet and number)		9b, CITY, TOW	N OR LOCATION OF D			INTY OF D	
	Greenbelt Nursi				eenbelt				George's
	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY
<u>ا</u> څ	Marriage Princ	ce George's	C	linton				ł	LIMITS?
<u>,</u>	Maryland PITIC				101. ZIP CODE		I too CIT	IZEN OF W	THAT COUNTRY?
FUNERAL DIRECTOR	9007 Simpson Lane	<u> </u>			20735		U	.s.A	
≧	II. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ecendent of Hispa specify Cuban, Mexico ES 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	s or No—	Specific Spe	- American Indian, , White, etc. by: Casian
COMPLETED	15. DECEDENT'S EDUC		18e. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BU	SINESS/INI		
ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of title. Do NOT ut	work done during	most of working	111111111111111111111111111111111111111			
4	12th	N/A	Formi	nmont C	Servicemar	CCI	o mol	onho	ne Co.
ੋਂ	7. FATHER'S NAME (First, Middle, Last)		TAILL	onenc .		ME (First, Middle, Maider		ерпо	ile w.
	Total Tale and the Co	C							
₩ 	9a. INFORMANT'S NAME (Type/Print)	ower Sr.	10h MAH ING	ADDRESS /Swa	of and Mumber or Durel	Bessie Ire			
۱ ۹	Ruth Weime	er	Sam	e as 10	A-F	House Number, City or low	vn, State, Zij	o Code)	
1	Me METHOD DE DISPOSITION	 I							
	to. METHOD OF DISPOSITION Burlel 249 Cremation 3 Remo		PLACE AND DATE of the tery, cremetory or of the term of the tery, cremetory or of the tery, cremetory or of the term of	ther place)			OCATION —		
-	☐ Donation 5 ☐ Other (Specify)	ENGEE O	Lee Crem	atory	AND ADDRESS OF T	21 93 C	Linto	n, M	aryland
- 11	1.41	nun				cumilee Fund			
	111100	Jan L		6633	Old Alexa	ander Ferr	y Rd	Clin	ton, Md2073
ľ	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentialty list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):	re Di	sorder			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
FRISICIAN: MEDICAL	PART II. Other significant conditions Anemic			In the underly	ing cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž		-							
2	5. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	eck only one)			
ă	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)			
Ē 2	7. MANNER OF DEATH	28a. DATE OF INJURY	28b. T#M	E OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJ		WORK? YES 2 NO				
ED 87	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Spec	- At home, farm,			261. LOCATION (Street City or Town, State	and Numbe	r or Rural R	loute Number,
ij -	The state of the s								
COMPLETED		CIAN: To the best of my know R: On the besis of examination) and manner as stated.
	96. SIGNATURE AND THIS OF CERTIFIER	7-17	1		29c. LICENSE NUI				
	111	1 17							(Month, Day, Year)
2 3	B. HAME AND ADDRESS OF PERSON WHO	. /-	ATH (ITEM 27) (Type	Print) 25	00 61	1001 een voor	y C	071.	D1.#430
31	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE S						
	MAY 2 5 1993	32. REGISTRAR'S SIGN	son-Hande	الم					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

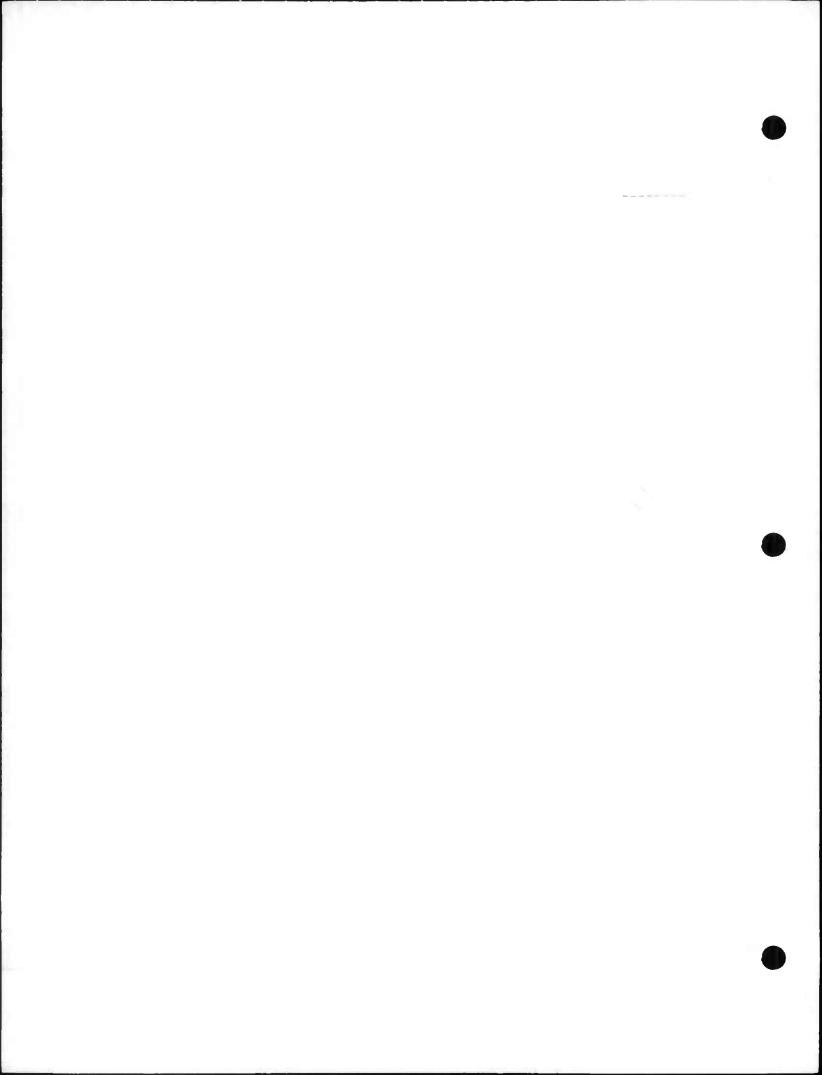
BALTIMORE, MARYLAND 21215-0020



		Danes 4
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this confidence has been singed by the attending physician and completely filled to by the financial diseases and a few singed by the attending of the standard and some singed by the attending of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the attendance of the standard and some singed by the standard and s
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been sinned by the attending obveinlan and completely a

TO BE COMP	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne Tuneral director, page 5 should be detached al.	IN THE FUNEXAL UNECTURE. After this calculator has been signed by the arelating physician and compressly miled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
ir death. Page 6 may be retained by the hospi	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

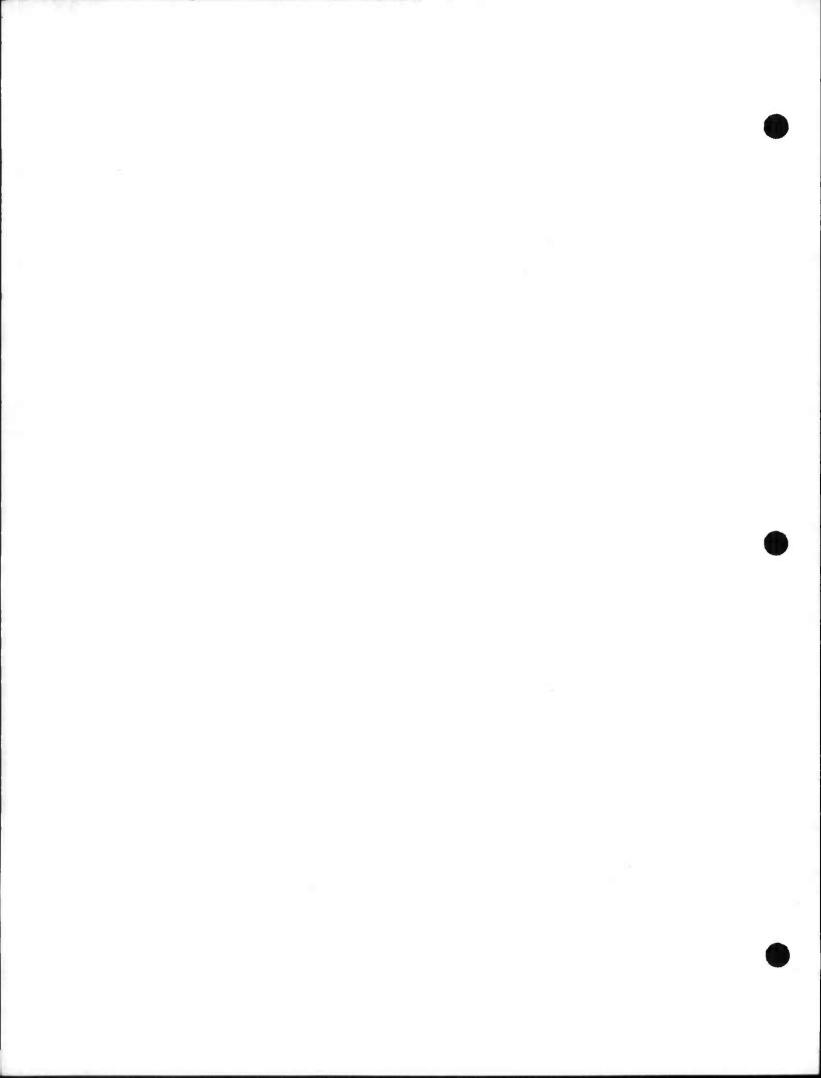
	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF DEATH
- 4	Fernando Antonio Guerra			May 21	
		_	IF UNDER 1 YEAR	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	218-11-2344 1⊠ M 2 □ F	73 YRS. M	IONTHS DAYS HOURS MIN.	July 8,19	19 El Salvador
	9e. FACILITY NAME (If not institution, give street and number)	1	96. CITY, TOWN OR LOCATION OF DE		IC. COUNTY OF DEATH
8	Doctors Communit	y Hospital	Lanham		Prince George
DIRECTOR	RESIDENCE OF DECEDENT				
2	Maryland Prince George's		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
		2 Cree	enbelt		1 X YES 2 NO
₹	10e. STREET AND NUMBER		10f. ZIP CODE	14	0g. CITIZEN OF WHAT COUNTRY?
FUNERAL	6103 Breezewood Ct. #202		20770		El Salvador
2	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1	YER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican		No— 14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR.		1 X YES 2 NO Specify:	, rue to tucat, eac.)	Specify Hispanic
	15. DECEDENT'S EDUCATION		<u> </u>		
	(Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY
2	Elementary/Secondary (0-12) College (1-4 or 5+)	1	nt Helper	Hot Shop	pe Cafeteria
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IE (First, Middle, Meiden Sun	
	Malbino Herrera		CO. The Contract of the Contra	A. Guerra	2007
H	19a. INFORMANT'S NAME (Type/Print)	T 405 MARI DIO 4			
2	Monica J. Singer		DORESS (Street and Number or Rural A		
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	reeze Ct. #202 (D 20770 TION — City or Town, State
	1 ∯ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	cemetery crematory or other	or place) Memorial Park 5/	24/02 Taux	cel, MD
	21. BIGHATURE OF TUNERAL SERVICE LICENSEE	ratylalu Naci	22. NAME AND ADDRESS OF FAC		er, rib
	19 1.6 VIII		Rendon/Hale L	anham Funer	al Home
,	Marin Jany		9013 Annapoli	s Rd.,Lanha	m,MD 20706
	23. PART 1. Enter the diseases, or complications that co shock, or heart fellure. List only one cause	used the death. Do not on each line.	t enter the mode of dying, such	as cardiac or respirate	ory arrest, Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1121-01	10201	1114	Onset and Death
	resulting in death) a.	N Wym	May 4 My	mun	
	NO OF BUG	AS A CONSEQUENCE OF	~ 1 1901 il	144	3
CERTIFICATION	Sequentially list conditions,	AS A CONSEQUENCE OF	my your	W-C+	
F	If any, leading to immediate cause. Enter UNDERLYING	TO.			i
윤	CAUSE (Disease or injury that initiated events Due to los	AS A CONSEQUENCE OF	1.101 51	0.	i
	resulting in death) LAST	MA DU	www.IV	.0	1
빙	. 17,00	1	(-)		
4	PART II. Other significant conditions contributing to dea	th flut not resulting in	the underlying cause given in F	Part I. 24s. WAS AN AUT PERFORMEN	
DICAL	711-90			_ 1 U YES 2 E	COMMITTION OF CAUSE
闄	- tankluam//	ALS			1 ☐ YES 2 ☐ HO
z I	- morning	~			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSBITAL:		36. PLACE OF DEATH (Chic	ok only one).	•
<u> </u>	1 □ YES 22 NO 11-1-1 Impetient 2 □ EN		OTHER: ☐ Nursing Home 5 ☐ Residence 6	Other (Specify)	
품	27. MANNER OF DEATH 1 Manural 5 Pending 28s. DATE OF INJ (Month, Day, 6		OF 28c. BUURY AT WORK?	28d. DESCRIBE HOW INJU	RY OCCURED
ਨ∦	2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 6 Could not be building, etc.	JURY — At home, farm, atre (Specify)	set, factory, office	281. LOCATION (Street and) City or Yown, State)	Number or Hurst House Mumber;
COMPLETED	29a. CENTIFIER TO CENTIFYING PHYSICIAN: To the Best of my				
<u> </u>	2 MEDICAL EXAMINER: On the basis of exami	nation and/or investigation,	In my opinion, death occured at the t	lme, date and place, and de	ue to the cause(s) and manner as stated.
BE	246. SIGNATURE AND TITUE OF CERTIFIER	12201	29c. LICENSE NUM	BER A 29	9d. DATE SIGNED (Month, Day, Year)
2		NAM	11. DOIA	94	5 by 83
7	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE D				
)	6201 Greenbelt Rd., Suite	u1, College	Park, MD 207	40	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE Pandall			
	MAY 2 4 1993 Julia Da	11001-11-10			



1 -	STATE REGISTRAR

	1 - STATE REGISTRAR	STATE UF M			ICATE				ENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	5							2. DATE OF DEATH			3. TIME OF DEATH
	Mary	B.	Gor	MI	43			M	lay 25,	993	YEAR	9:55 am
	4. SOCIAL SECURICA NUMBER 244-34-3633	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)		Country	
	9e. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	TOWN 0	R LOCATIO	ON OF DEAT	June 25		NORT	
OR	Suburban Hospital				Bet	hesc	da			Mon	tgome	ery
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY				
	MD Prin	nce George	e's	La	nham	l						LIMITS?
FUNERAL	8704 Brae Brook	Dr.				101.	2070				J.S.A	HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED O		f yes, spe	cify Cuba	F HISPANIC n, Mexicen, Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No—		- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +) (GA	ebent's	USUAL Of work done of retired.)	CCUPATIO during mos	N st of workin	g	16b. KIND OF BU	ISINESS/IN	DUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)		TICH	arei	-		16. MOTH	IER'S NAME	(First, Middle, Meider	Surneme)		
BE C	William Carey H	enley							e Walter			
2	190. INFORMANT'S NAME (Type/Print) Kimberley Hayas								ite Number, City or Tox		,	·
'	20s METHOD OF DISPOSITION		20b. PLACE A		_			r., L	anham, MD	207		
ı	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	Marylan	natory or o	ther place)			5/28/9		urel,	100	wn, state
	21. SIGNATURE OF SUBBOOK SERVICE LA	CENSEE	1.		22.	NAME AN	D ADDRES	S OF FACIL				
	> [selad	-1	andu	_					Rd.,Lan			20706
7	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PNB	se on eech line.	LIF	+	the mod	se of dyl	ng, auch a	na Cardiac or reap	olratory ar	rest,	Approximate Interval Between Onset and Death
							WERE AUTOPSY FINDINGS					
DIC	Pulmo nen	5 150	eedu	g					- 1 YES			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED				U					_ /			1 DE YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH /Check	nnly one)			<u></u>
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 CAO 1 Department 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
BY PH	27. MANNER OF DEATH 280. DATE OF INJURY 1 Notural 5 Pending 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO											
	2 Accident Investigation 3 Suicide 6 Could not be determined											
COMPLETED		CIAN: To the best of r										end menner es stated.
H	29b. BICHATORE AND TIPLE OF CERTIFIES	A	Ma	ó				NSE NUMBE				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)		9	1 1 3	>07	1 5	000	-10
	M. H. CHAUDI	they mo	8218	- CU	is &	nsu	iA	ve.	Mary (Care	/ ,	
	MAY 2 7 1993	32. REGISTRAF	R'S SIGNATURE								-	
	7	who want about	n-Handale									





TO THE HOSPITAL OR ATTENDING PARSICIAN. The law requires that the death-certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLANERAL DIRECTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HIMPORTANT: If them 28 is marked, or flew 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND			16756
1. DECEDENT'S NAME (First, Middle,	Lest)	OEMINIC	AIL OF BLAIN	REG. NO		3. TIME OF DEATH
COR	DELIA D	GRAVES			93	'EAR
4. SOCIAL SECURITY NUMBER 149-18-6573	5. SEX 6. AGE	(In yrs. last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 2 1 7 19	I	BIRTHPLACE (State or Foreign
	1 🗆 M 2 💢F	86 YRS.				
9e. FACILITY NAME (If not institution, MEMORIAL HOS) RESIDENCE OF DECEDEN 10e. STATE 10b. C MARYLAND	PITAL AT EASTON		EASTON	EATH	TALB	OT
10e. STATE 10b. C			ZMAN			10d. INSIDE CITY LIMITS? 1 YES 24 NO
10e. STREET AND NUMBER OAK POINT 11. MARITAL STATUS 1 Never Marriad 2 Marriad		<u> </u>	10f. ZIP CODE 21612		U.S	N OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 24 NO Specifi	nn, Puerlo Ricen, etc.)		Black, White, atc. Specify: WHITE
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 1.1 17. FATHER'S NAME (First, Middle, La	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use if HOUSEWI	k done during most of working etired.)	16b. KIND OF BU		
FREDERICK	C. DUMAINE			ME (First, Middle, Malden BETH THOM		
MARY E. GROF			PORESS (Street and Number or Rural RWIN ROAD BR			
20e. METHOD OF DISPOSITION 1	Removal from State	D. PLACE AND DATE OF	DISPOSITION (Name of CREMATORY			y or Town, State RY, MARYLAND
21. SIGNATURE OF FUNERAL SERVI	115		22. NAME AND ADDRESS OF FA	NEWNA	M FUN	ERAL HOME TON, MD. 216
23. PART i. Enter the diseases	, or complications that cause ure. List only one cause on a	d the death. Do not			^	t, Approximate interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):			U	
PART II. Other significent con-	litions contributing to death b	out not resulting in	the underlying cause given in	Part I. 24a. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 2	AL HOSPITAL: 1 Unpatient 2 ER/Out		26. PLACE OF DEATH (Ch TTHER: Nursing Home 5 Residence	6 Other (Specify)		
1 Natural 5 Pending 2 Accident Investigs 3 Suicide 6 Could in 4 Homicide determin	(Month, Day, Year) tion 28e. PLACE OF INJURY building, etc. (Soe	INJUR	WORK? M 1 YES 2 NO	261. LOCATION (Street a City or Town, State)		
			at the time, date end piece, end due in my opinion, death occured at the			euse(s) end manner es stated.
296. SIGNATURE AND TITLE OF CER	TIFIER	/11 1 1 A	29c. LICENSE NUI	MBER .	29d. DATE 8	IGNED (Month, Day, Year)

608 DUTCHMAN'S LANE

BOHAN, M.D.

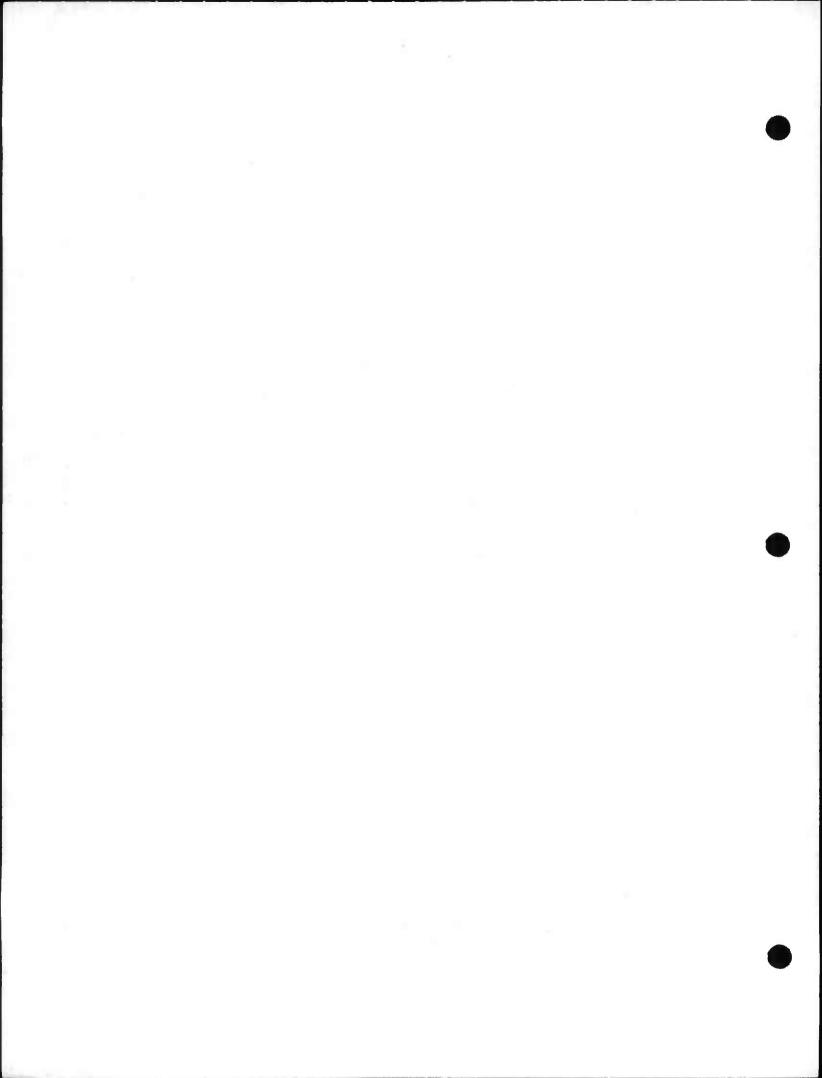
LAWRENCE

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MD.

EASTON,



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ITAL OR ATTENDING PHYSICIAN: T	3AL DIRECTOR: After this certificate

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The peach certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate is sent and whental Hygiene prior to burial, cremation, or removal.

Be filed within 72 hours after death with the State Description. The permit of the permit of the prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 16757 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND MEN ATE OF DEATH	TAL HYGIENE REG. NO.	16/57
	1. DECEDENT'S NAME (First, Middle, Last) ERNES+ G. G.	RAFFErnest Gordon	n Graff 2. D	ATE OF DEATH DAY Q 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-3429		THE DAYS HOURS MIN.	fonth, Day, Year)	BIRTHPLACE State or Foreign Country) Detroit MI
ron	FACILITY NAME (If not institution, give street a		CITY, TOWN OR LOCATION OF DEATH		of DEATH 190Mery
DIRECTOR	10e. STATE 10b. COUNTY MD MONT	10c. CITY, TO	OWN OR LOCATION	~ /	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Company Con	THERS BUR	10g. CITIZEN	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?
FUNERAL		WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ ND	13. WAS DECENDENT OF HISPANIC OR If yea, specify Cuben, Mexican, Pue		RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR DR DATES TO	1 YES 2 NO Specify:	no rican, etc.)	Specify: White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col		done during most of working	166. KIND OF BUSINESS/INDUST	RY
MP	10	Mechanic		Construction	1
	17. FATHER'S NAME (First, Middle, Last)			st, Middle, Meiden Surneme)	
BE	Alfred Gordon Gra 190. INFORMANT'S NAME (Type/Print)		Adele Ma	ary Ferris	
2	Ronald A. Graff		ambourne Court, G		
	20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal 1	20b. PLACE AND DATE OF DE	SPOSITION /Name of	ATE 20c. LOCATION — City	
	4 Donation 5 Other (Specify)	rom State cometery, crematory acother Mt. Comfor	t Crematory 5	/27 Alexandr:	ia, VA
- 0	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE A	22. NAME AND ADDRESS OF FACILITY Joseph Gawler's	Song Inc	
	Michaeld.	helson	5130 Wisconsin		rton-DC 20016
	23. PART i. Enter the diseases, or comp ahock, or heart failure. List of	plications that caused the death. Do not only one cause on each line.	enter the moda of dying, auch as o	eardiec or respiratory arrest,	Approximata interval Between
	immediate cause (final disease or condition resulting in death)	CARBON MONOX DUE TO (OR AS A CONSEDUENCE OF):	IDE INTOX	ICATION)	24 HVS
NO	Sequentially list conditions,	DEPRESSIE DUE TO (DR AS A CONSEDUENCE DE):	/		NDEF
CAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEDUENCE OF):			
	DAGT II Oshara landilana and Mal				
PHYSICIAN: MEDICAL	PANT II. Other aignificant conditions col	ntributing to death but not reaulting in the	e underlying cause given in Part i	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
₹ :					1 TES 2 NO
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only	y one)	
rsic	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HER: Nursing Home 5 Residence 6 0	ther (Specify)	
PH	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE DF INJURY (Month, Day, Year) 26b. TIME OF INJURY	28c. INJURY AT 28d. WORK?	DESCRIBE HOW INJURY OCCUR	ED
BY	2 Accident Investigation	03 20 93 A	M 1 YES 2 DANO	OSE IN CAR	2
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street building, etc. (Specify)	r, ractory, office	OCATION (Street and Number or Ricity or Town, State)	Nurtel Route Number,
	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	: To the best of my knowledge, death occurred at	The time date and place and days in	, , ,	
COMPLETED		the basis of exemination and/or investigation, in			use(s) end menner es stated.
	290. SIGNATURE AND PITCE OF CERTIFIER	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	29c. LICENSE NUMBER		GNED (Month, Day, Year)
O BE	France	MUYER	00709	9 15	-22-92
2	10. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin		-1-2× 11/	()
	PRANCIS (IMAG	THE TOURS FEDALI	WOODA DA	180111	MARIY T

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ig.	24 NC	SIN	afte	death.	Pag	9 9	may	2	retained	3	the hospit	tal or	atte	Due	De	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.		
erte	stely filled in by the mation, or removal.	in in	by th	e funer	es de	recto	, E	90e	5 should	2	detached	Ď	nse	SS	the	the field in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages mation, or removal.	permit.	Pages
=	then	peu	Cal	BYAM	ner	Ë	1	9	at the medical examiner must be notified at once	K	0000							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.O. BOX 68760,

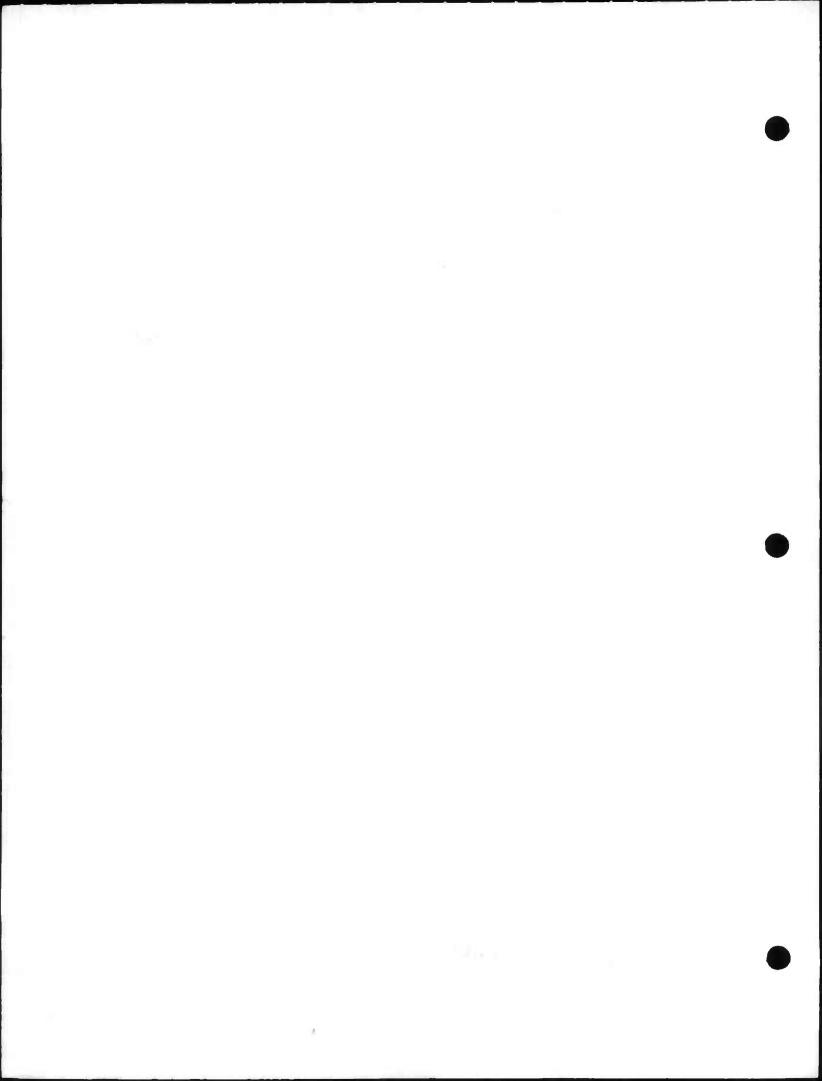
CA	>	3	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the present of practian and completely fi	be filed within 72 hours after death with the State Dept. of Health and New York and prior to burial, cremation	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the
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577-09-7244 1	2:35 A M
James W. George 4. SOCIAL SECURITY NUMBER 5.77-09-7244 1	2:35 A M
4. SOCIAL SECURITY NUMBER 5. SEX 6. B. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 1 HRS. ADATS OF BIRTH (Month, Day, Velar) April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. APRIL FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. APRIL FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. APRIL FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. APRIL FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. April 7, 1915 FUNDER 1 HRS. AP	
Se. FACILITY NAME (If not institution, give street and number) 1003 Scott Avenue Rockville Rockville Mo: Testidence of Decedent 10e. STATE 10b. COUNTY Maryland Montgomery Rockville Rockville	BIRTHPLACE (State or Foreign
Se. FACILITY NAME (If not institution, give street and number) 1003 Scott Avenue Rockville Mo: Residence of Decedent 10e. STATE 10b. COUNTY Maryland Montgomery Rockville	Georgia
	ntgomery
	10d. INSIDE CITY
	LIMITS?
	OF WHAT COUNTRY?
1003 Scott Avenue 20851 United	l States
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14. F	RACE — American Indian, Black, Whits, etc.
IF YES GIVE WAR OR DATES	Black, Whits, etc. Specify:
1 1000 11	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTR	RY
Elementary/Secondary (0-12) College (1-4 or 5 +) 2 Army Officer U.S. Army	
a Hill Officer	
19a INFORMANT'S NAME (Respired)	
Ellen E. George 1003 Scott Avenue, Rockville, Marylan	
209. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 5 /20 /02 DATE 20c. LOCATION — City of	
14 Buris 2 Cremation 3 Removal from State	Virginia
22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Hom 300 West Montgomery Avenue Rockville, Maryland 20850-28	o /Posky illa
M00198 300 West Montgomery Avenue	inc.
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest,	Approximata
shock, or heart failure. List only one cause on sech line.	interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition MVA 400)	
resulting in death) a	ACUTE
disease or condition resulting in death) a. MYOCARDIA) DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCOBROTIC ARDIOVASCOUAR AISEAS Sequentially list conditions.	or INDE
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	
S cause. Enter UNDERLYING	
CAUSE (Disease or Injury	
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY DESCRIPTION.	24b. WERE AUTOPSY FINDINGS
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I.	AVAILABLE PRIOR TO
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DNO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Residence 28d. DESCRIBE HOW INJURY OCCURE INJURY (Month, Day, Year) 1 Natural 5 Residence 1 Natural 5 Residence 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DNO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 1 Nursing Home 5 Residence 28d. DESCRIBE HOW INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURE WORK? 28d. DESCRIBE HOW INJURY OCCURE WORK? 28d. DESCRIBE HOW INJURY OCCURE WORK? 28d. DESCRIBE HOW INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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mes and the earth certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The property of the property of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial permit. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law in fores TO THE FUNERAL DIRECTOR: After this community has been use be field within 72 hours after death with the State Dept. or year.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HI	EALTH AND I	MENTAL HYGIEN		10707
	1. DECEDENT'S NAME (First, Middle, Last)	O M	aude Gra	ives		2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	Maude	(9-p	aves			5 2	6 9.5	NAMES A M
	4. SOCIAL SECURITY NUMBER		0.67	FUNDER I YEAR	# UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	018-30-4511	1 DM 2 DF 8	YRS.	MINS DATS	HOURS MIN.	11/25/0		Virginia
<u>~</u>	9a. FACILITY NAME (If not institution, give st	reet and number)	91	b. CITY, TOWN OF	LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
P	HOLY (VOSS	HOSP		Silve	er S	Spring	Mo	nt
DIRECTO	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCATION	ON	-		10d. INSIDE CITY
H	MD	Touto.	R	0+600	al a			LIMITS?
A.	10a. STREET AND NUMBER	an g	() (101.	ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?
1 111	5721 Gra	gvenor	hans		20814	(-	ed States
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE - American Indian.
BY F	1 🕅 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES		If yes, spec	ify Cuban, Maxica	n, Puarto Rican, etc.)		Black, White, atc. Specify:
								Black
ETED	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	16a. DECEDENT'S USI (Give kind of work	done durina most	of working	16b. KIND OF BUS	SINESS/INDUST	RY
"	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use re	etired.)				
COMPL	Unknown 17. FATHER'S NAME (First, Middle, Last)		Nanny			Private	_	
E O		Czava	•			ME (First, Middle, Maiden	,	1.2.
TO BE	Johnson 19a. INFORMANT'S NAME (Type/Print)	Grave			Virgie		navail	
10 T		(Noice)				Noute Number, City or Tow		
9	Barbara Lewis ((Neice)				Silver Sprin	0,	20910
must	1 Burial 2X Cremation 3 Remo	oval from State cen	netery, crematory or other	place)			CATION — City	
101	21. SIGNATURE OF FUNERAL SERVICE LIC		Suburban C		AOORESS OF FAC		ver Sp	ring, MD
examiner	10	01				Services,	P.A.	
6	, 2001-10.	Cul	M00827	933 Gi	st Ave,	Silver Sp	ring, I	MD 20910
medical	23. PART i. Enter the diseases, or c shock, or heart fellure. I	omplications that cause List only one cause on a	d the deeth. Do not each line.	enter the mode	of dying, such	ss cerdiec or reapi	ratory erreat,	Approximate Interval Between
the n	IMMEDIATE CAUSE (Finel disease or condition	(Onset and Death
il.	resulting in death)	. Lepsus	A CONSEQUENCE OF):					5/4)
other traumatic event,								5/63
her traumatic FICATION	Sequentially liet conditions,	DUE TO (OR AS	CONSEQUENCE OF):					31-7
AT	if sny, leading to immediate cause. Enter UNDERLYING	at	assertim	D	·			5105
F	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS /	CONSEQUENCE OF):					
or of	resulting in desth) LAST	Dulet	s melli	Tus, J	mlin	Depend	7	5/42
를 Ö	PART II Other significant condition							1
18	PART II. Other significant conditions			he underlying	cause given in i	Part I. 24s. WAS AN PERFOR	14500	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	A) CUD (VA	rentar	7.7			1 YES 2	(LNO	OF DEATH?
M M								1 TYES 2 .NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
or item 23 YSICIAN	EXAMINER?	HOSPITAL:	o	26. PLA	CE OF DEATH (Che	ck only one)		
1 XS	1 YES 2 YOU	1				6 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF	WOR	(?	28d. OEŞCRIBE HOW II	URY OCCURE	ED C
BY	2 Accident Investigation	-	At home form store		S 2 10			
8 H	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	**	it, factory, offica	İ	26t. LOCATION (Street a City or Town, State)	nd Number or A	ural Route Number,
LET CH	29a. CERTIFIER	NE						
IMPORTANT: If item 28 O BE COMPLETE	(Check only	CIAN: To the best of my know						
CO		R: On the basts of exemination	n and/or investigation, in	n my opinion, dea	th occured at the t	time, deta and place, and	d dua to the ca	use(a) and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			2	9c. LICENSE NUM		1	INEO (Month, Day, Year)
0	DB Potrus	(国)			דוע	729	> 5	16/43
	30. NAME AND ADDRESS OF PERSON WHO				Ru	SJ, Mu;	20 410	
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURA COO					
	MAY 28 1993	guna vavidos	-Nashana					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the democratic be executed within 24 Lours after death. Page 6 may be retained by the hospital or attending physician.

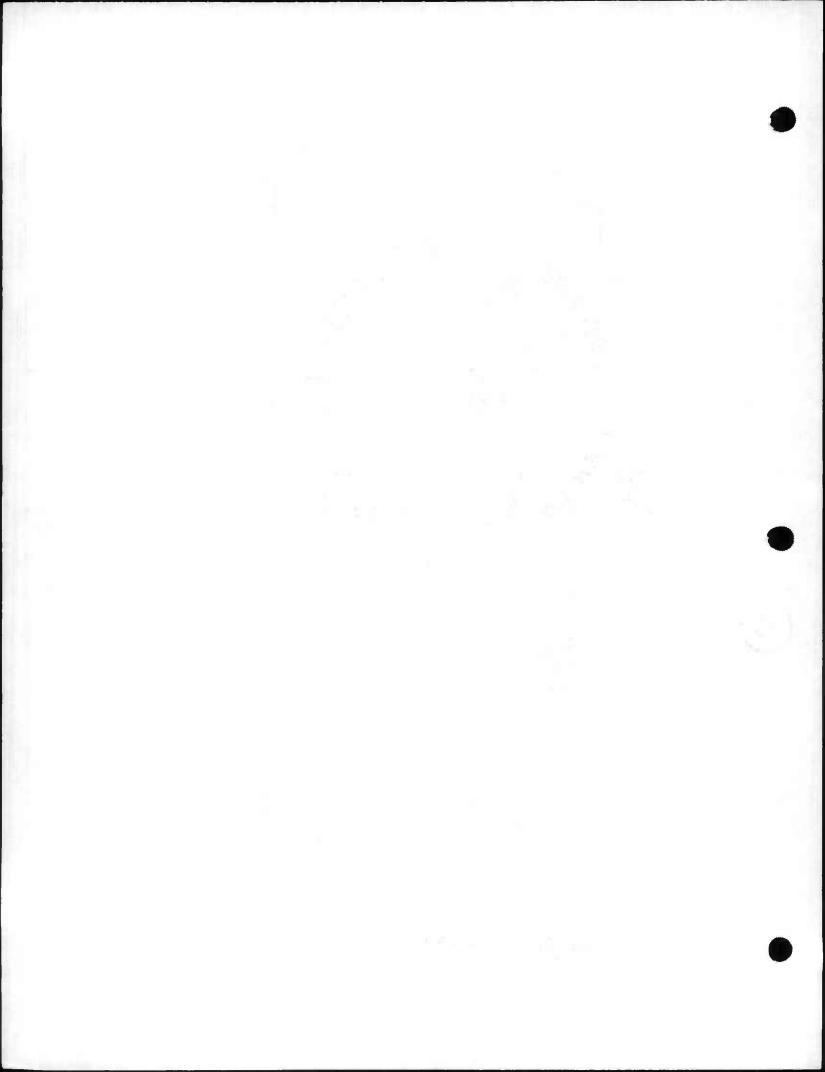
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the many properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merral Companies, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

X 68760,	executed with	and namaled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deminior of incombine betweented with	TO TUE BINEDA! DIDECTOD: After this cartificate has been elected by the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

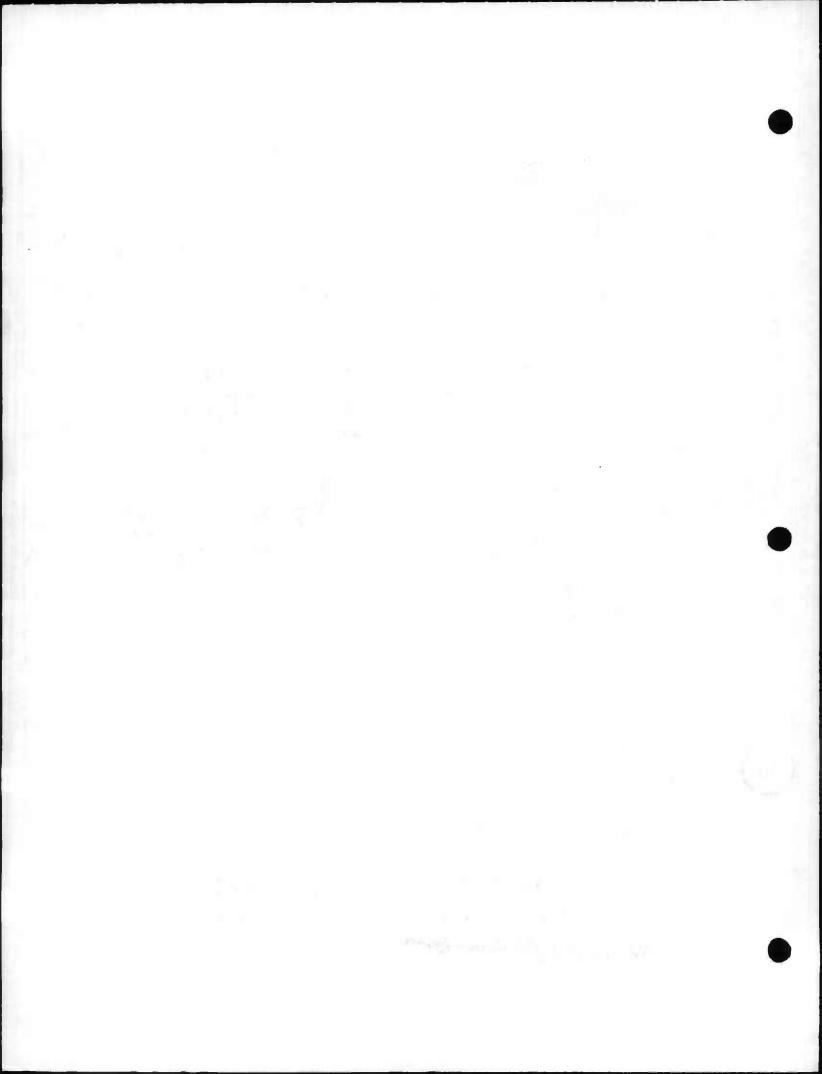
						IVAII	_ 01	DLA		P	IEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)							,	2. DATE OF	DAY		YEAR	3. TIME OF DEATH
	Et.hel		1	Mae					ode		8-93			4:00am M
	1000		5. SEX	6. AGE (In yrs. last		IF UNDER	DAYE	HOURS	24 HRS.	7. DATE OF I (Month, De	y. Year)		8. BIRTHI Country	PLACE (State or Foreign
	577-07-352		1 🗆 M 2 📈 F	89	YRS.	3-4-04)4	D.C.		
2		9e. FACILITY NAME (If not institution, give street and number)						OR LOCATI	ON OF DE	ATH		9c. COUNTY OF DEATH		
DIRECTOR	Chesapeake Manor Conv. Ctr.						Arnold					Arme Arundel		
ן ני	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
5	MD	Anr	ne Arunde	1	Α	rnol	а							LIMITS?
7	10e. STREET AND NUMBER					11473		f. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
LONGRAL	628 Oaklan	d Hill	ls dr.					210	12			U	.S.A	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13.	WAS DEC	ENDENT (F HISPAN	IC ORIGIN? (S	pecify Yea		14. RACE	- American Indian.
	1 Never Married 2 3 Nover Married 2 1 Nover Married 2 Nover Married 2 1 Nover Married 2 Nover Marr		IF YES, GIVE W	YES 2 X	,			2 X NO		, Puerto Ricar	ı, atc.)		Specif.	, White, etc. y:
														White
	(Specify onl	EDENT'S EDU y highest grade	completed)	(Giv	EDENT'S	VOIK done	CCUPATE during mo	ON est of working	10	16b. KIN	D OF BUS	NESS/INC	DUSTRY	
	Elementary/Secondary (6	1-12)	College (1-4 or 5 +)	mema					TTO				
COMPL	17. FATHER'S NAME (First, M	Vicidia Last)		ПО	mema	Ket		44 1407	AFOIO NA	ME (First, Middl	me			
5	Harry	, , , ,		Shirley				-	isv	MC (First, Milour	e, Maloen 3		risor	
	19a. INFORMANT'S NAME (1	ype/Print)			MAILING	ADDRESS	S (Street)			oute Number, C	Way or Town			1
2	Barbara Ge	t.z.			2115					napoli				
	20a, METHOD OF DISPOSIT			20b. PLACE AF					מנו	DATE			City or Toy	en Stata
	1 Donation 5 Other		novel from State	cemetery, crem	atory or of	ther place!		Cem.		5/21			d, MI	
1	21. BIGNATURE OF FUNERA	L SERVICE LI	CENSES	1 2 0	4010			ND ADDRE	SS OF FAC					
П	K 6()	12	(5			_ D	w							e Hwy.
-	23. PART /. Enter the d	Seeses or	complications that	Council the dea	- Co.									Ck MD21146
NOUNCE IN THE	Sequentially list condition in any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate NG Iry	b. GAST. DUE TO	OR AS A CONSEOU	JENCE OF	~)01. 7:	~19							
	readiling in death) LAS		d											
	PART II. Other algnifica	nt condition	na contributing to	death but not re	suiting i	n the un	derlyin	g cause g	iven in i	Part I. 24a	. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
	1 two Ger									- 1	PERFORM	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	No.									_ ''	YES 2	_ NU		OF DEATH? 1 YES 2 NO
										_ [1 163 2 100
	25. WAS CASE REFERRED TO	MEOICAL.					26. PL	ACE OF D	EATH (Che	ck only one)				
	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		e 5 🗆 Re	sidence	B C Other (Sp	ect(v)			
	27. MANNER OF OEATH		28a. DATE OF (Month, De		26b. TIMI		28c, INJ			2ad. OESCRIE		JURY OC	CURED	
		Pending Investigation		7. 552		М		YES 2	NO					
		Could not be	28a. PLACE OF building,	F INJURY — At hometc. (Specify)	e, ferm, s	treet, fact	ory, offic	•		26f. LOCATIO City or To	N (Street an	d Number	or Aural Ac	oute Number,
	4 Homicide	determined												
			ICIAN: To the best of											
	2 MEDI	CAL EXAMINE	R: On the basis of an	emination and/or in	vestigation	n, In my o	pinion, d	eath occur	ed at the t	lime, data end	place, and	due to th	ne Cause(a)	and menner as stated,
1 II	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	Month, Day, Year)
	1-1	-	1	7				D.	233	55/		1	5-04	17.7
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITEM	27) (Туре,	Print)								
	31. DATE FILED (Month, Day, MAY 2 5	(ACC)	32. REGISTRA	R'S SICHATURE										
	G Z TAM	1333	Total Davido											



DIVISION OF WITAL RECORDS, P.O. BOX 68760,

AL OR ATTENDING PROCESS. We requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: Any the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to the burial transition of purial commander, or removal.	if tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTEN	FUNERAL DIRECTOR: within 72 hours after	TANT: If Item 28 h
TO THE	De filed	IMPOF

FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEP/	IFICATE O	E DEATH				
1. DECEDENT'S NAME (First, Middle, Las Joseph	Francis			P DEATH	2. DATE OF DEATH MONTH D5/18/5	NAV .	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthda	aghty IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		10:00a	
130-28-1081 9a. FACILITY NAME (If not institution, give	1 M 2 F	56 YRS		YN OR LOCATION OF E	(Month, Day, Year) 03/05/37		NY	
87 Premier Cour				na Park	DEATH	Anne Arundel		
10a. STATE 10b. COUR	e Arundel		everna Pa			7-	10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 87 Premier Cour				101. ZIP CODE 2114	46	10g. CITIZE	1 TYES 2 NO	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes,	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		4. RACE — American Indian, Black, Whita, etc. Specify: White	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	T'S USUAL OCCUP. of work done during T use retired.)	ATION I most of working	Westing			
17. FATHER'S NAME (First, Middle, Last) Peter Geraghty				Anna Ur	AME (First, Middle, Maider	Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLI	ING ADDRESS (Stre	et and Number or Rural	Route Number, City or Tov	vn, State, Zip C	ode)	
Mrs. Celia Gera	ahty		remier Co				MD 21146	
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	20b. PLACE AND DAT	or other place)		DATE 20c. LC			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Lakemont	Cemeter	rv	l David	SONVI	lle, MD	
1 - 7								
23. PART I. Enter the diseases, of an article of the control of th	r complications that	e on each line.	22. NAME Barrar o not enter the	E AND ADDRESS OF F	ACILITY 495 RE al Home Sev ch an cardlec or resp	itchie verna (Hwy. Park MD 21146 st. Approximate interval Between	
23. PART I. Enter the diseases, o shock, or heert fellun immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (c	e on each line.	Barrar o not enter the	E AND ADDRESS OF F	495 Ri al Home Sev	itchie verna (Hwy. Park MD 21146 st. Approximate interval Between	
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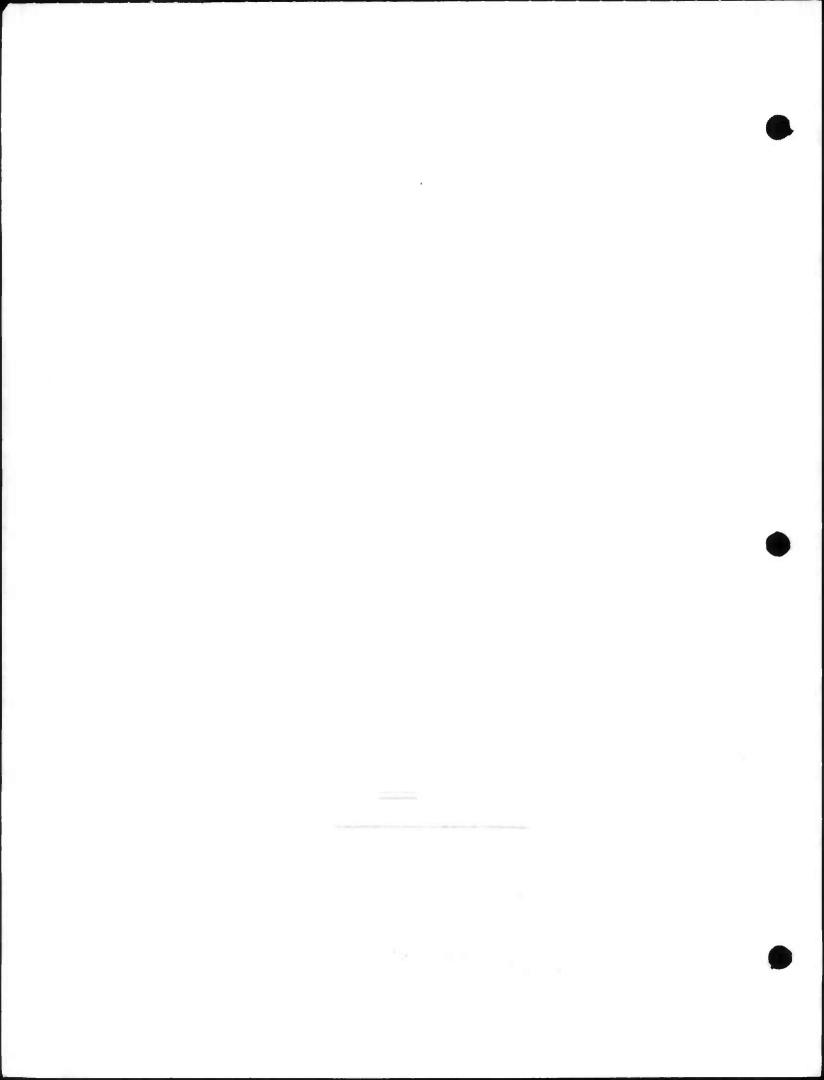
marked.

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ECORDS, P.O. BOX 68760,

as that the death certificate be executed within attending physician a intal Hygiene prior to other igned by the attenderal H inlury. this cert with the DIVISION OF HOSPITAL OR ATTENDING PHYSIC After hours after the litem 28 lk FUNERAL within 72 h MPORTANT: If THE BE 23

16762 93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 17-SUSAN PAMELA 05-1993 **GLOSS** 1305 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-74-6600 HOURS 1 🗌 M 2 🔀 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR mouth of west river; in water ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? A.A everna 1 TES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? undel 14 Read 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea. specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 14. RACE — America Black, White, etc. 1 Never Merried 2 Mer IF YES, GIVE WAR OR DATES ΒY 1 TES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes /Secondary (0-12) AACC UDEN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maider G-6055 HN D TROU BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number 2 (FLOSS 0 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 3 🗆 4 Donatton 5 Other (Specify) avven · CL SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY RANCO 23. PART I. Enter the diseases, or complications that caused the shock, or heart fallure. List only one cause on each line. leath. Do not enter the mode of dying, such as cerdiac or respiratory arreat, Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition DROWNING resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 - Residence 6 (XOther (Specify) IN WATER 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED $\frac{\text{(Month, Day, Year)}}{05-17-93}$ 1 Naturat 5 Pending Investigation 1 TES ВУ 2 Accident SUBJECT DROWNED PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 X X Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be 4 Homicide west river A.A county occurred at the time, data and place, and due to the cause(s) and manner as stated. investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) end manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 05-18-1993 2 o.c.m.e SE OF DEATH OTEM 271 (Non Post) Penn Street, Baltimore, Maryland 21201 05-17-1293



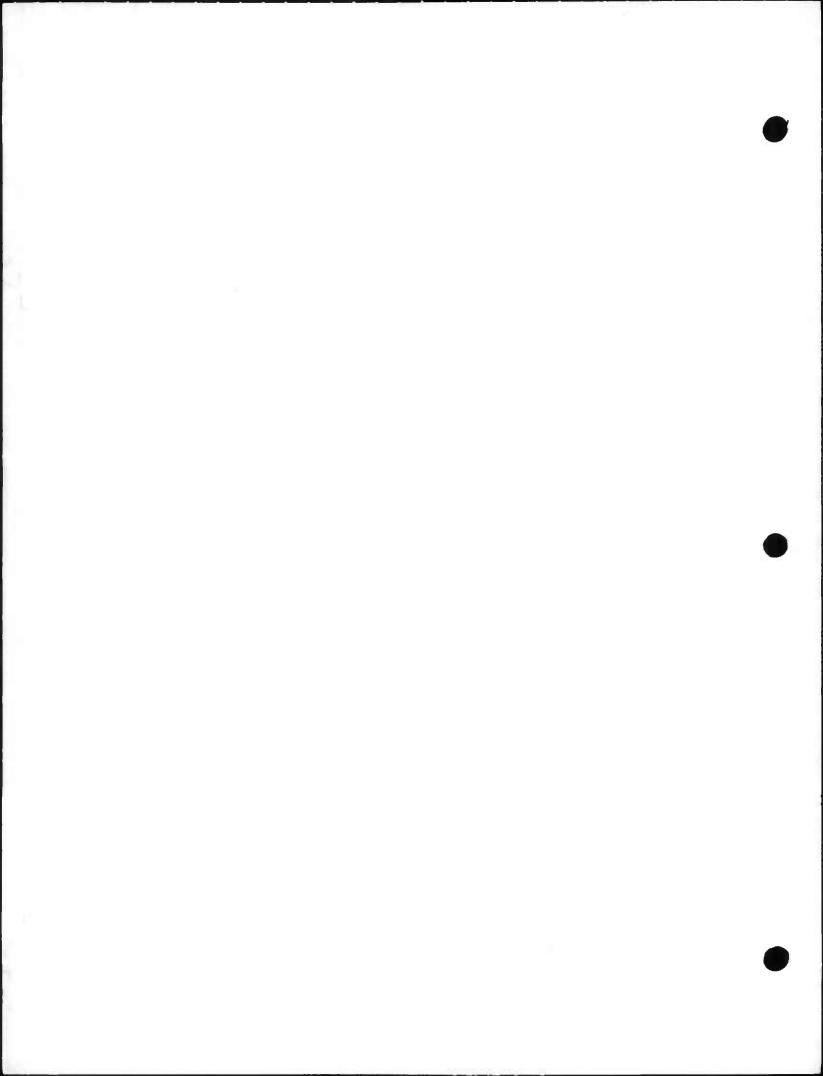
a within 24 nours after death. Page 6 may be retained by the hospital or attending physician. It is a function to the function of the function

BALTIMORE, MARYLAND 21215-0020

went, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Memtal Hygies IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other

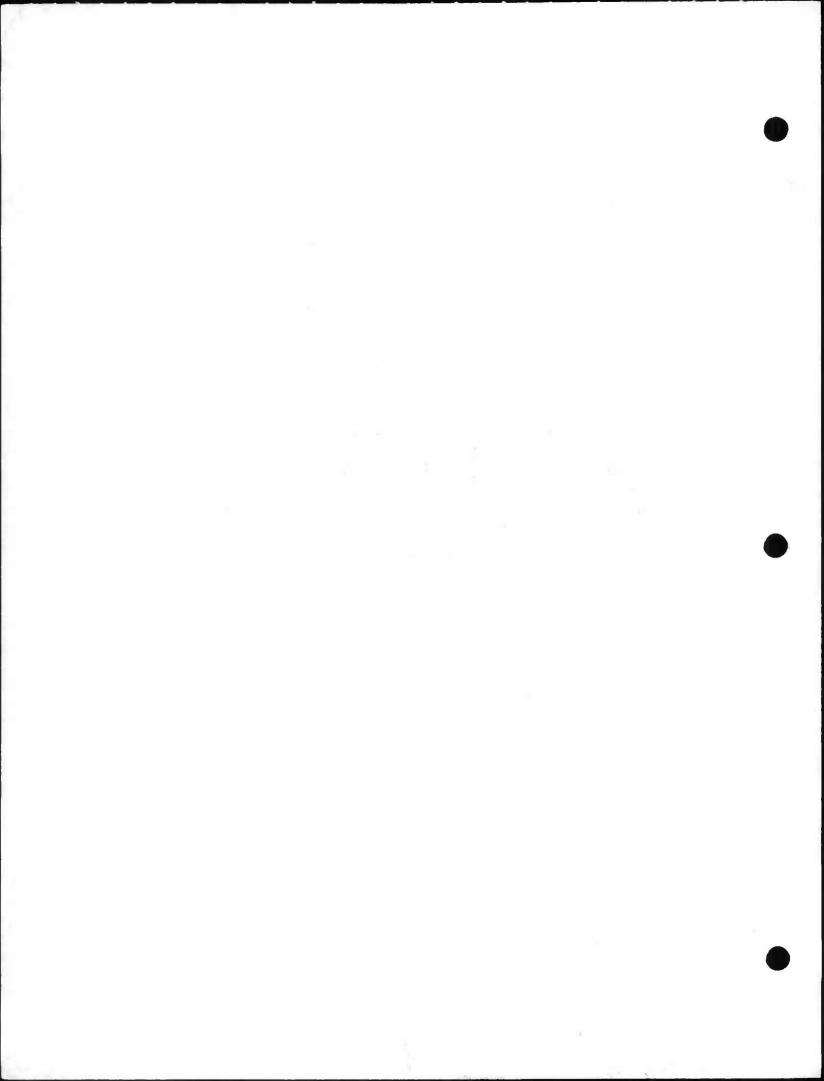
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL	HYGIENI REG. NO.	E			
2000		EEN SUS	SIE V. GF	REEN		2, DATE O	OF DEATH	3 9	3. 3.	TIME OF DEATH	
	217-52-4337 1	□ M 2 F	4 3 YRS. MC	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MM.	01	Day Year		MARY		
TOR.	9a. FACILITY NAME (If not institution, give street ANNE ARUNDEL MEDI RESIDENCE OF DECEMENT	EATH	ATH 9c. COUNTY OF DEATH ANNE ARUNI								
DIRECTOR	MARYLAND 10b. COUNTY ANNE A								10d, INSIDE CI LIMITS? 1 YES 2 [
FUNERAL	106. STREET AND NUMBER 106. BARK COURT			101.	21012				S.A.	COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 ADVorced	P. WAS DECEDENT EVER IN L FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2. NO	If yes, spe	ENDENT OF HISPAI Incity Cuben, Mexica 2 X MO Specifi	in, Puerto Ri	(Specify Yes ican, etc.)	20.00	14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	1ON 1 Inploted) 2 College (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n LPN N	done during mos	N at of working	16b.	KIND OF BUS	INESS/INDUS	THY		
BE COM	17. FATHER'S NAME (First, Middle, Last) OLIVER KYLER				18. MOTHER'S NA			Surname)	-		
TO E	190. INFORMANT'S NAME (Type/Print) GRACE DORSEY		196. MAILING AE 106 BAF	PORESS (Street ar RK COUR'	nd Number or Rural I ARNOLD	, MD.	or, City or Town	n, State, Zip Co 2	ode)		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State	LACE AND DATE OF C	Mce PAR	K 5		3 AN	NAPOLI	or Town,	State D •	
	Harry 13	Leese		REESE 821 W	& SONS EST ST.	MORTU ANNAF	OLIS,	MD. 2	21401		
	23. PART I. Enter the diseases, pr comshock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	polications that ceused to tonly one cause on each only one cause on each one of the course on each of the course	h line.	enter the mod	de of dying, suc	h as cardi	ac Dr respir	ratory arres	t,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					21			
MEDICAL	PART II. Other significant conditions c	ontributing to death but	not resulting in t	he underlying	ceuse given in		24a. WAS AN / PERFORM	MED?	COF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
HYS	1 U YES 2 NO 27, MANNER OF DEATH	Inpatient 2 ER/Outpati	ent 3 DOA 4	Nursing Home F 26c. INJL				JURY OCCUR	RED		
BY	2 Accident Investigation								Abrahas		
ETED	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								Nomber,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the basis of examination a							ause(s) and	f manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CONTURER	1	STUANT S		29c. LICENSE NUI	MBER /		D 5	123,		
-	STAMEY / WI	OMPLETED CAUSE OF DEATH	m	900	BESTE	8118	= P1	z /	ANI	v mo	
	MAY 2 5 1993	32. REGISTRAR'S SIGNATION	Pandelle.		-						



-14	y	Pages	
BALTIMORE, MARYLAND 21215-0020	a nours after death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physics be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		10.0.		
	1. DECEDENT'S NAME (First, Middle, Last)	. Goo	DRick			2. DATE OF DEATH MONTH DO		3. TIME OF DEATH A		
	579-16-8975	□ M 2 XXF 85	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/19/07	Ma	ATHPLACE (State or Foreign unity) ryland		
стоя	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH PAINCE GEOWGE RESIDENCE OF DECEMENT									
FUNERAL DIRECTOR	Maryland Prince 100. STREET AND NUMBER	George's		r Marlb	oro			10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO		
NERA	9509 Sherwood Dr.			2	0772		USA	F WHAT COUNTRY?		
ВҰ	1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 100	If yes, sp	ENDENT OF HISPAN ocity Cuben, Mexica 2 XXO Specify	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	В	ACE — American Indian, lack, Whita, atc. secily: 110		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) T \(\text{T} \)	ION npleted) College (1-4 or 5+)	(Give ided of work ide. Do NOT use ided Pr	rk done during mo retired.)	N st of working	Dry Cle		,		
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
BE C	Ernest R. Mayhew					R. Padgett	,			
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street a		loute Number, City or Town				
	Gladys R. Goodrick	Alan a		as item		· · · · · ·				
	1 XBurial 2 Cremetion 3 Remova 4 Donation 6 Quier (Specify)	from State / 1 comet	EACE AND DATE OF	r placel		ery5/14/93	CATION — City or			
	21. SIGNATURE OF JONERAL SERVICE LICEN	SEE / Wa	SHIHELOH	22, NAME AN	O ADDRESS OF FAC	YTLIK		na, Ma.		
	Ant. Ka	lall				as Funeral 1 Rd. Oxon		Md 207/5		
	23 ART Enter the diseases, or com- ahock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a	t only one cause on eec	laca C	anter the mo	cle of dying, such	n an cerdiac or reapi	ratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								
AL	PART II. Other algnificant conditions of	contributing to death but	not reaulting in	the undarlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
N: MEDIC	000	bete	<i>J</i> '					1 YES 2 NO		
PHYSICIAN:		OSPITAL:	I	26. PL	ACE OF DEATH (Che	ck only one)				
HYS	1 YES 2 DNO 1,	Inpatient 2 ER/Outpati	ent 3 DOA 4	☐ Nursing Hom	5 Residence	6 Other (Specify) 26d, DESCRIBE HOW II	ILIEN OCCUBED			
ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO	ava. Degonibe now in	WONT OCCORED			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, atc. (Specify	At home, ferm, stre	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Run	tl Route Number,		
COMPLETED		N: To the best of my knowled on the basis of axamination a						e(a) and manner so stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Same	ella	Wi		29c, LICENSE NUM	274	29d. DATE SIGN	ED (Month, Day, Year) -93 12 30		
	30. NAME AND ADDRESS OF PERSON WHO CO	1 431	17 N	STLVU	w Dri	ne Bo	wie Y.	MD 2020		
	MAY 1 2 1993	32. REGISTRAR'S SIGNAT	m- Pandall							



1 - STATE REGISTRAR		STATE OF N			TMENT (IENTAL HYGIEN	_		
1. DECEDENT'S NAME (First,	Middle, Last)							T	2. DATE OF DEATH			3. TIME OF DEATH
MARGARET	V.	GRO	NLUND						. монти в		YEAR	2.05AM M
4. SOCIAL SECURITY NUMB	ER	5. \$EX	B. AGE (In yrs. Is	ast birthday)	IF UNDER 1 Y	EAR I	F UNDER 24	HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
578-62-4495		1 🗆 M 2 💢 F	85	YRS.				MIN.	(Month, Day, Year) 6-17-07		Country	N.C.
PRINCE GEOR					OHEVE		LOCATION	OF DEA	TH	96. COUNT PRINCE		
RESIDENCE OF DEC												
10a. STATE	10b. COUNTY	•			, TOWN OR L		N					10d. INSIDE CITY LIMITS?
Md.	Prince	e George	'S		Clint	on						1 TYES 2 1 NO
100. STREET AND NUMBER 5920 Surra	tts Vil	Llage Dr:	ive			10f. ZI	2073	35				AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	OECEN	DENT OF	HISPANI	C ORIGIN? (Specify Yes		4. RACE	American Indian
1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1	YES 2 X	NO	If ye	s, specif	ly Cubsn, NO	Mexican,	Puerlo Rican, atc.)		Black, Specify	White, etc.
15. DEC	EDENT'S EDUCA	TION	18a, D	ECEDENT'S	USUAL OCCU	IPATION			16b. KIND OF BU	SINESS/INDII	CTDV	WILLE
(Specify onl) Elementary/Secondary (0)	highest grade co	College (1-4 or 5 +		Give kind of w b. Do NOT us	rork done durir e retired.)	ng most o	of working		100. KIND OF BO	DINESS/INDO	SINI	
12	-12,	College (1-4 or 5 +	' ·	Home	emaker	-			Own	Home		
17. FATHER'S NAME (First, Mi	Iddle, Last)			_		1	8 MOTHE	D'S NAM	E (First, Middle, Maiden	Cumamal		
James Frank	lin Car	rr				- 1 "			Edwards	Surname)		
19a. INFORMANT'S NAME (7)			1	DA MAILING	ADDRESS (C)				ute Number, City or Tow			
Carolyn Wae	sche				Same a				ute Number, City or Tow	n, State, Zip C	iode)	
20a METHOD OF DISPOSITI 1 Z-Burlal 2 Crematio 4 Donation 5 Other	n 3 🗆 Remov	rel from State	cemetery, cr	ematory or off	her place)			0 0		CATION — CI		
21. SIGNATURE OF FUNERAL		MERK	Ceuc	T UTI	1 Cem	E LEI	ADDRESS	OF FACI	Lee Fun	itland		Tna
· 487	Tater	\rightarrow			663	3 OJ	ld Al	Lexa	nder Ferr	y Road	d	, Inc.
23. PART I Erker the di	seasea, or co	mplications that	caused the d	eath. Do n	ot enter the	mode	of dvino	. 207	as cardiac or readi	ratory arres	et.	Approximate
iMMEDIATE CAUSE (Fin	art Isliure. Li	st only one cau	se on each lin	e.							,	interval Batween Onset and Death
resulting in death)	*	A DUE TO	an and course	QUENCE OF	non		_					
		hu	mora	4 1	eko	خد						
Sequentially list conditi if any, leading to immed	liate	The TO	OR AS A CONTRA	QUENTY OF	4	1		0	. 0	h)		
cause, Enter UNDERLY! CAUSE (Disease or injur		Chu	not .	mi	nuc	بكر	we-	λu	of che	soof	7	
that initiated events resulting in death) LAST		DUE TO	OR AS A CONSE	QUENCE OF	k				V			
resulting in death) LAS	La											
PART II. Other significan	nt conditions	contributing to	death but not	resulting is	n the under	dylan c	ause obe	on in D	ert i. 24a, WAS AN	ALITODOU .	a	
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Jano	1	1 1							1 YE\$ 2	NO		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
	7											
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:	8. PLAC	E OF DEAT	TH (Chec	k only one)			
1 TES 2 THO	1	IDSPITAL:	ER/Outpetient	3 🗆 DOA		Home 5	5 🗌 Reald	lence 8	Other (Specify)			
	Pending	28a. DATE OF (Month, Da		28b. TIME INJU	JRY	WORK	AT 2 N		284. DESCRIBE HOW II	JURY OCCU	RED	
T C PACKOGIN	nvestigation	28a PLACE OF	INJURY — At h			_	2	-				
	Could not be letermined	building,	ntc. (Specify)	oma, tarrit, as	reet, factory,	omce			City or Town, State)	nd Number or	Rurel Ro	ute Number,
29a. CERTIFIER (Check only	FYING PHYSICIA	AN: To the best of	my knowledga, d	eath occurred	d at the time.	data and	d place, er	nd due to	the cause(s) and man	ner es stated		
												and manner as stated.
	OF CERTIFIER	11	0	1	100		e. LICENS			29d, DATE 6		South Clay March
James	w <	Har	derg	10	UX	i	DO	94	75	▶ 5	10	193
30 NAME AND ADDRESS OF	2W 950	7505	1/	1000								,
31. DATE FILED (Mog(r, Day)	ding M	32. REGISTRAL	15 SIGNATURE	Los		#316	5,Gre	enh	elt.Md.20	770-3	525	
MALT	7 1227	June	Davidson	Manag	الناك							



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

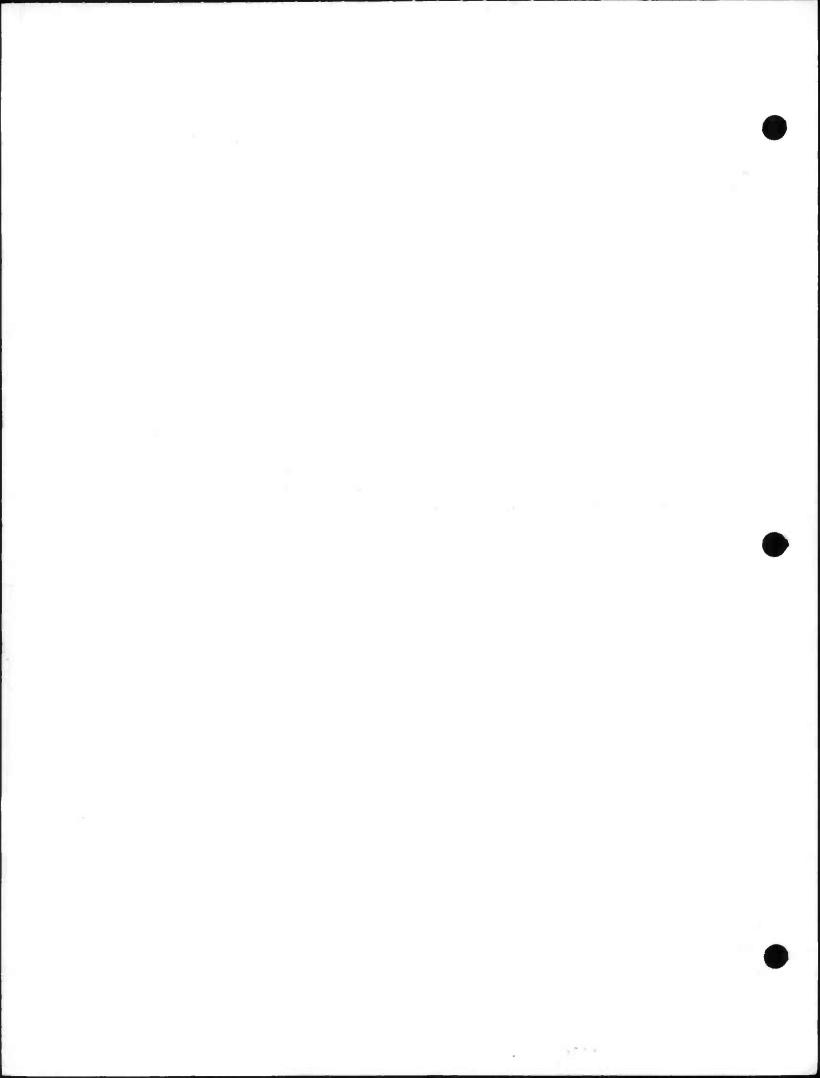
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

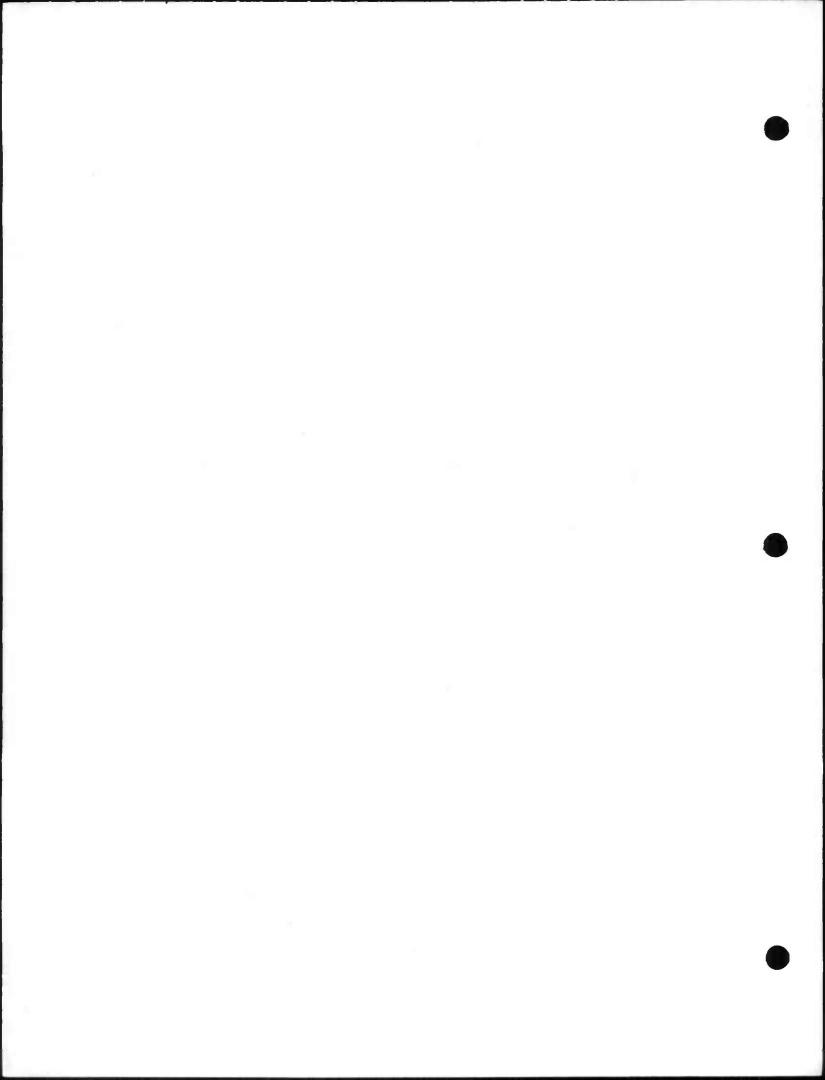
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within	pletely	сгетав
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	/ be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov
e	ian	N N
ificate	physic	ane pric
cert	guipu	Hygi
death	afte	ental
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at	3	and
uires th	signed	Health
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분	분	filed
2	2	8
_	-	-

		REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.					
		1. OECEDENT'S NAME (First, Middle, Last) Alice		Gamb	le		2. DATE OF DEATH DATE OF THE D	9.3				
٤.		4. SOCIAL SECURITY NUMBER 578-52-3586	1 🗆 M 2 🖰 F		IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JAN. 3, 1	000 0	BIRTHPLACE (State or Foreign Country) VIRGINIA			
	CTOR	Southern Maryland Hospital Clinton Prince George RESIDENCE OF DECEDENT Southern Maryland Hospital Clinton Prince George										
	DIRECTOR		Y CE GEORGES		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	FUNERAL	100. STREET AND NUMBER 8912 PINEHURST		ZIP CODE 20744			OF WHAT COUNTRY? USA					
	D BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spec	NDENT OF HISPAN ifty Cuban, Mexica E NO Specifi	HIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) v:		RACE — American Indian, Black, White, etc. Specify: BLACK			
ad.	ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during most	of working	166. KIND OF BUS	VATE	RY			
d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) HAYWOOD LEW	IS				ME (First, Middle, Maiden ELLE GEORG)	,	T			
be notified	10	190. INFORMANT'S NAME (Type/Print) JACQUELYNN SPEN	CE				Poute Number, City or Town					
must		JACQUELYNN SPENCE 1444 KAREN BLVD, CAPITOL HEIGHTS, MARYLAND 20743 20e. METHOD OF DISPOSITION 1 K Burlel 2 Cremation 3 K Removal from State 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licenses 21. Signature of Funeral Service Licenses										
examiner		J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD, LANDOVER, MARYLAND 20785										
event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory street, ahock, or haert failure. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Approximate interval Between Onset and Death of Cause of Caus										
traumatic	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
y, or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
shows any injury,	: MEDICAL	PART II. Other significent condition	s contributing to death b	out not resulting in	the underlying	cause given in	Part I. 24a. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Che						
6	BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outp 26e. OATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	OF 28c. INJUI WOR	TA YE	6 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURE	0			
n 28 is marked,	ETED B											
MPORTANT: If Item	COMPLE	2 MEDICAL EXAMINE	CIAN: To the best of my know						use(a) and manner ea stated.			
IMPORT	O BE	SIGNATURE AND TITLE OF CERTIFIEF				D 28		29d. DATE SIG	NEO (Month, Day, Year)			
	Ĭ							Wall.	da J MD			
		31. DATE FILED (Month, Day, Year) MAY 1 3 1993	2EPHRIN 32. REGISTRAR'S SIGN	don-Randelle	2				/			



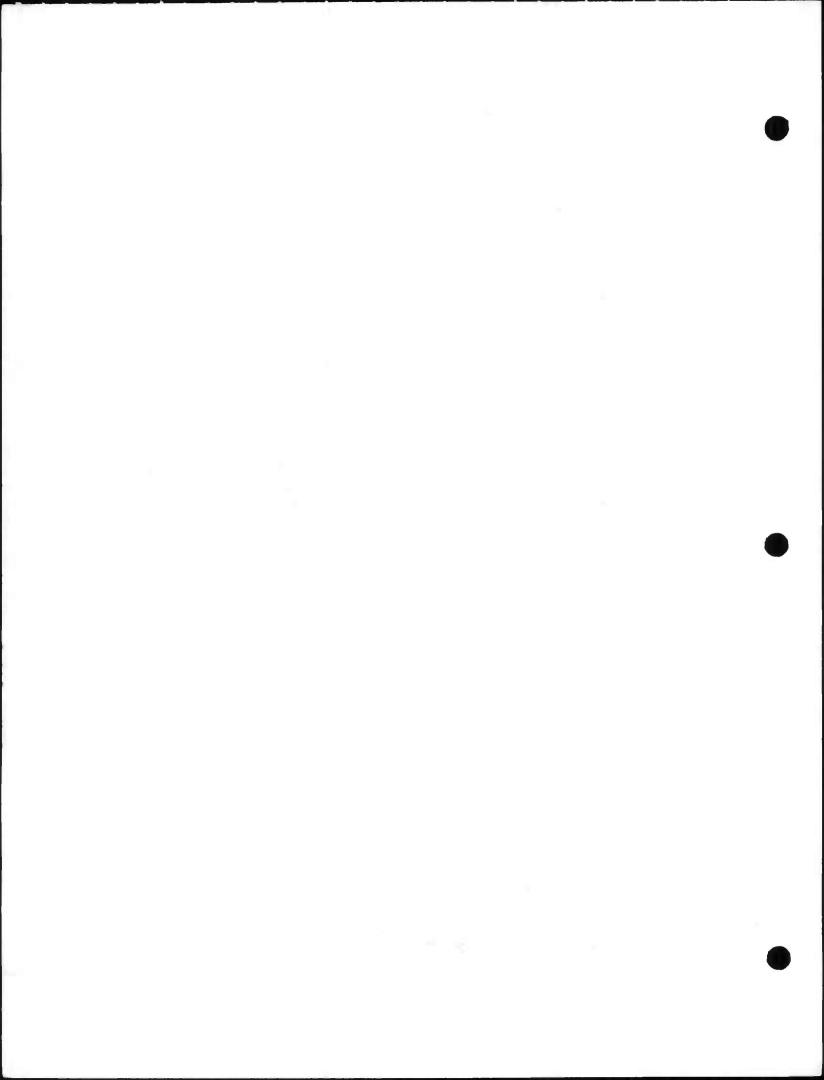
The state of the s	the funeral director hape 5 should be detached	Nal.	si examiner must be notified at once.	
TO THE MICEITAL OR SITENDING DAYCHIAN. The law requires that the death nervisions he expended within 22 bours when death. Done & man to account a few to the contract of the c	TO THE FUNERAL DIRECTOR. After this certificate has been stoned by the attending physician and completely filled in by the funeral director care. S should be described	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	HEGISTRAN					ICALE	01 0			REG. NO.			
18	1. DECEDENT'S NAME (First, M	fiddle, Last)							2. DATE OF				3. TIME OF DEATH
- "		Jame	s F. He	nnon	Sr.				итиом ТУ	May 29, 1993 YEAR 0245			0245 "
	4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birthday)	IF UNDER 1	VEAR E	-					
	201-20-7672	2	1 🕅 M 2 🗆 F					UNDER 24 HRS.	(Month, D	lay, Year)		Count	HPLACE (State or Foreign ry)
					3 YRS.	6-17-2				7-29			PA
	9s. FACILITY NAME (If not instit	tution, give s	treet and number)			9b. CITY, 1	OWN OR LO	CATION OF D	EATH		9c. COU	NTY OF D	PEATH
18	Calvert M	lemor	ial Hos	pita	1	Pri	nce	Frede	arick		C:	alve	rt
151	RESIDENCE OF DECE	DENT						22000				A I V C	LU
l iii	10a. STATE 1	10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
Calvert Memorial Hospital Prince Frederick RESIDENCE OF DECEDENT 10e. STATE MD Calvert 10e. CITY, TOWN OR LOCATION Prince Frederick 10e. STREET AND NUMBER 10e. STREET AND NUMBER										LIMITS?			
FUNERAL	1451 Foxta	1 1 T-	220								10g. CIT	IZEN OF V	WHAT COUNTRY?
9		TIT DO	ane				1 3	20678				J	J.S.A.
5	11. MARITAL STATUS		12. WAS DECEDEN' FORCES? 1			13. W	S DECEND	ENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indian,
	1 Never Married 2 AM		IF YES, GIVE W	AR OR DATES	S INO	11	YES 2 kg	NO Specif	n, Puerto Rici	en, etc.)		Spec	k, White, etc.
B	3 Widowed 4 Divorce	ed	1946-				LO L 3	ino apocin	y .				hite
유	15. DECED	ENT'S EDUC	CATION	16:	a. DECEDENT'S	USUAL OCC	UPATION		18b. KI	ND OF BUS	SINESS/INC		11100
<u>E</u>	(Specify only h	1			(Give kind of life. Do NOT u	work done du se retired.)	ring most of	working			J. 100/11/10		
15	1 1	"	College (1-4 or 5+	,	Tro	n Wor	bar			Come	struc		
COMPLETED					11(711 WOI						:0101	
8	17. FATHER'S NAME (First, Midd		_				18.	MOTHER'S NA	ME (First, Mide	de, Meiden	Sumame)		
ш	James F1	Loyd I	lennon					Racl	hel Th	omas			
8	19a. INFORMANT'S NAME (Type	e/Print)			196. MAILING	ADDRESS (Street and N	umber or Rural	Route Number,	City or Town	n, State, Zic	Code)	
2	Carmella M.	Henno	on						nce Fr				20678
	20a. METHOD OF DISPOSITION	N		205 01				-					
	1) Burial 2 Cremation	3 🗌 Remo	oval from State	cemeter)	ACE AND DATE: y, cremetory or of CEMONT	ther place)	ON (Name of		OATE		CATION -		
1 1	4 Donation 5 Other (S)			Tu K	emont	Mem.	Grans	6-2-	.93	Dav	idso	nvil.	le, MD
	21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE			22. N/	ME AND A	DORESS OF FA	CILITY				
	1 12	-				Pa		D	. 1 . 17		_		
\vdash	24 DART I February								al Hom				gs, MD
1	23 PART I. Enter the dise shock, or hea	rt fallure.	omplications that List only one cau	csused the	e death, Do i	not enter ti	ne mode D	f dying, suc	h as cardiad	or respl	natory sn	rest,	Approximata
1 1	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disesse or condition		V	ent	Wic	ule	:A.	11/2	sil	100/1	27/20	1	COLFAC
resulting in death)									2010		11 604 /1/1		
	resulting in death)	1	DUE TO	OR AS A CO	IMMEDIATE CAUSE (First disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death)		DUE TO	OR AS A CO	NSEQUENCE O	A:	in L	,2	1100	1	- 6	7/2	pan 1
NO	Sequentially list condition		DUE TO	OR AS A CO	NSEQUENCE O	clei	wh	12 /	Lea	1	- 6	7136	eare
ATION	Sequantially list condition if any, leading to immedia	ite	DUE TO	OR AS A CO	NSEQUENCE O	F): C/e/ F):	wh	12/	Hea	nt	- 6	1156	eare
ICATION	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or Injury	ite G	DUE TO	OR AS A CO	est de	re	wet.	2/	Hea	nt	21	115 6	eare.
TIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIND CAUSE (Disease or Injury that initiated events	ite G	DUE TO	OR AS A CO	NSEQUENCE O	re	w F.	12/	Hea	rt	21	115 e	eare.
ERTIFICATION	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or Injury	ite G	DUE TO	OR AS A CO	est de	re	cot.	12 /	Hea	nt	21	115 e	eare.
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	DUE TO	OR AS A CO	NSEQUENCE O	n: Ve	/	ees	N	nt E	- 6	115 e	eare.
	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIND CAUSE (Disease or Injury that initiated events	ate G	DUE TO (OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	n: Ve	/	ees	N	e. WAS AN	AUTOPSY	1w	WERE AUTOPSY FINDINGS
	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	DUE TO (OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	n: Ve	/	ees	Part I. 24	e. WAS AN	AUTOPSY MED?	1w	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE
EDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	condition	DUE TO DU	OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	F):	erlying cau	se given In	Part I. 24	e. WAS AN	AUTOPSY MED?	1w	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	condition	DUE TO DU	OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	F):	erlying cau	ees	Part I. 24	e. WAS AN	AUTOPSY MED?	1w	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	condition Ci	DUE TO DU	OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	F):	erlying cas	ee given in	Part I. 24	e. WAS AN	AUTOPSY MED?	1w	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER?	condition Ci	DUE TO DU	OR AS A CO	NSEQUENCE OF THE PROPERTY OF T	in the under	erlying cas	se given In	Part I. 24	e. WAS AN	AUTOPSY MED?	1w	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	condition Ci	DUE TO DU	COR AS A COM	NSEQUENCE OF THE PROPERTY OF T	in the under	erlying cat	OF DEATH (Ch	Part I. 24	e. Was an Perfor	AUTOPSY MED?	1w	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	condition Ci	DUE TO DU	OR AS A COM	not resulting	OTHER:	28. PLACE g Home 5 lc. INJURY	OF DEATH (Ch	Part I. 24	WAS AN PERFOR YES 2 Pecify)	AUTOPSY MED?	246	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per	condition.	DUE TO DU	OR AS A COM	not resulting	OTHER:	26. PLACE g Home 5 IC. INJURY WORK?	OF DEATH (Ch	Part I. 24 1 eck only one) 6 Other (S	WAS AN PERFOR YES 2 Pecify)	AUTOPSY MED?	246	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Investigation of the conditio	condition.	DUE TO DU	(OR AS A CO) death but r ER/Outpatier INJURY Year)	NSEQUENCE O	OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES	OF DEATH (Ch	Part I. 24 1 eck only one) 8 Other (S) 28d. DESCR	a. WAS AN PERFOR	AUTOPSY MED? NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vetural 5 Per Accident Inv. 3 Suicide 8 Co.	condition.	DUE TO (DUE	(OR AS A CO) death but r ER/Outpatier INJURY Year)	not resulting	OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES	OF DEATH (Ch	Part I. 24 Lock only one) B Other (S) 26d. DESCR	a. WAS AN PERFOR	AUTOPSY MED? NO	24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Per Accident Inw 3 Suicide 8 Code determined to the significant Inw 4 Homicide Code determined to the significant Inw	condition.	DUE TO (DUE	(OR AS A COI (O	NSEQUENCE O	OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES	OF DEATH (Ch	Part I. 24 Lock only one) B Other (S) 26d. DESCR	a. WAS AN PERFOR	AUTOPSY MED? NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Stutural 5 Per Industry 29 Accident 3 Suicide 8 Code 29a. CERTIFIER (Check only)	condition: Ci MEOICAL Inding restigation suited not be termined	DUE TO (DUE	(OR AS A COM (OR A	NSEQUENCE OF THE ACT O	OTHER: 4 Nursin E OF UNY M	26. PLACE g Home 5 lc. INJURY WORK? 1 YES	OF DEATH (Ch. Residence	Part I. 24 1 1 Cock only one) 8 Other (S 28d. DESCR	a. WAS AN PERFOR	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inwald Suicide 8 Condet Inwa	condition. Circulation of the condition	DUE TO (DUE	(OR AS A COI (O	NSEQUENCE OF THE PROPERTY OF T	OTHER: OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES , office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 eck only one) 8 Other (S 26d. DESCR 26f. LOCATIC City or 7	a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCC Ind Number There as stated discussions and discussions are stated.	24b 24b CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Code of Code of Check only 29a. CERTIFIER (Check only)	condition. Circulation of the condition	DUE TO (DUE	(OR AS A COI (O	NSEQUENCE OF THE NSEQUE	OTHER: 4 Nursing the time, in my opin	26. PLACE g Home 5 lc. INJURY WORK? 1 YES 1, office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 eck only one) 8 Other (S 28d. DESCR 28f. LOCATIC City or 3 to the cause(time, deta are	a. WAS AN PERFORM PERFORM YES 2 DN (Street a bown, State) e) end man d place, and	AUTOPSY MED? NO NJURY OCC Ind Number and due to lith 29d. DATi	CURED CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inwald School Sc	condition: Circumstance MEOICAL Inding vestigation used not be termined YING PHYSIC IL EXAMINER	DUE TO DU	(OR AS A COMMON	NSEQUENCE OF THE ACT O	OTHER: OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES 1, office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 eck only one) 8 Other (S 26d. DESCR 26f. LOCATIC City or 7	a. WAS AN PERFORM PERFORM YES 2 DN (Street a bown, State) e) end man d place, and	AUTOPSY MED? NO NJURY OCC Ind Number and due to lith 29d. DATi	CURED CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inwald Suicide 8 Condet Inwa	condition: Circumstance MEOICAL Inding vestigation used not be termined YING PHYSIC IL EXAMINER	DUE TO DU	(OR AS A COMMON	NSEQUENCE OF THE ACT O	OTHER: OTHER:	26. PLACE g Home 5 lc. INJURY WORK? 1 YES 1, office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 eck only one) 8 Other (S 28d. DESCR 28f. LOCATIC City or 3 to the cause(time, data are	a. WAS AN PERFORM PERFORM YES 2 DN (Street a bown, State) e) end man d place, and	AUTOPSY MED? NO NJURY OCC Ind Number and due to lith 29d. DATi	CURED CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inwald School Sc	condition: condition: condition: condition: condition: condition: dispersion: dispersion: did not be be be be be be be be be be be be be	DUE TO DU	(OR AS A COMMON	NSEQUENCE OF THE ACT O	OTHER: 4 Nursin E OF URY M street, factory n, in my opin	26. PLACE g Home 5 tc. INJURY WORK? 1 YES t, office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 1 1 26t only one) 8 Other (S 26t. DESCR 26t. LOCATIC City or 3 to the cause(time, data and dBER 2 6 3	a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCC Ind Number and due to lith 29d. DATi	CURED CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Period Suicide 8 Condition of	condition: condition: condition: condition: condition: condition: dispersion: dispersion: did not be between the betwe	DUE TO DU	(OR AS A COMMISSION OF AS A COMI	not resulting not 3 DOA 28b. TIM NN 28b. TIM NN (TEM 27) (Type.	OTHER: 4 Nursin E OF URY M street, factory n, in my opin	26. PLACE g Home 5 tc. INJURY WORK? 1 YES t, office	OF DEATH (Ch Residence AT 2 NO	Part I. 24 1 1 1 26t only one) 8 Other (S 26t. DESCR 26t. LOCATIC City or 3 to the cause(time, data and dBER 2 6 3	a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCC Ind Number and due to lith 29d. DATi	CURED CURED or Rural F	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)



ΔI	THE HOSPITAL OR /	E FUNERAL DIRE	d within 72 hours
	든) THE	filed
8	5	-	[

1 - STATE REGISTRAR		CF	RTIE	ICATE	OF	DEAT	TH	THE IT IS	IL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	_ 01	DEA		2. DATI	REG. NO.			3. TIME OF DEATH
JOHN Weslev	HOOPER , J	r						MON	TH DA		YEAR	
4. SOCIAL SECURITY NUMBER							MAY	26, 19 OF BIRTH	993	a auny	01:30 N	
215-26-3633	1 ☑ M 2 □ F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	_	Count	γ)
9e. FACILITY NAME (If not institution, give s	A	04		a. 0/7/	701101	OR LOCATE		DEATH 9c. COUNTY OF DEATH				
					-		teritri 50					EATH
CALVERT MEMORIAL	HOSPITAL			PRIL	VCE .	FREDI	SRICE	K		CAL	VERT	
10a. STATE 10b. COUNT	7		10c. CIT	Y, TOWN C	OR LOCAT	ION	_					10d. INSIDE CITY
CALVERT MEMORIAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Calve	rt		Dr	inco	Fro	dori	ale				1	LIMITS?
10. STOREY AND NUMBER									1 TES 2 NO			
E 5000 Siros Bood	FOOO Given Pool										WHAT COUNTRY?	
Too. STREET AND NUMBER 5000 Sixes Road 11. MARITAL STATUS 1. Newer Married 2 X Married	12. WAS DECEDENT										.A.	
	FORCES? 1	YES 2 N		13.	WAS DEC	ENDENT Cobs	F HISPAN n, Mexicar	ilC ORIGI n, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	F YES, GIVE WA	R OR DATES		1	T YES	2 🕅 NO	Specify	y:			Spec. Whi	'y:
15. DECEDENT'S EDU		10a DEC	FOFNITIO	IIDIII D	2010171							UE
(Specify only highest grade	completed)	(Giv	e kind of t	USUAL OC work done of se retired.)	during mo	on Slofworkin	g		b. KIND OF BUS		DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)								Marylan			
Elementary/Secondary (0-12) Grade 6 17. FATHER'S NAME (First, Middle, Lest)		For	eman	/ S1	uper						ay A	dministrati
						18. MOTH	IER'S NAI	ME (First.	Middle, Maiden S	Sumame)		
John W. Hooper, S	r.						la B		_			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural A	Route Nun	nber, City or Town	, State, Zij	p Code)	
Rose Marie Hooper	(wife)	50	000	Sixe	s Ro	ad,	Prin	ce F	rederi	ck,	MD 2	0678
20a, METHOD OF DISPOSITION 1 (V Burial 2 Cremation 3 Ram	mel from State	20b. PLACE A	ND DATE	OF DISPOS				OAT		_	City or To	
4 Donation 5 Other (Specify)	ovar from State	Centra	al Ce	ther place) emete	rv	5-28-	1993	3	Bars	stow	. Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.1	NAME AN	O ADDRES	S OF FAC	CILITY				
► AL C A:	4			Ra	uscl	h Fur	eral	1 Ho	me, 440)5 B	roome	es Isl. Rd.
- Jh 7. Jm	M								ryland			
23. PART I. Enter the diseases, or a shock, or heert fellure.	complications that List only one caus	caused the dea e on each line.	th. Do r	not enter	the mo	de of dyl	ng, such	h as cer	diac or respir	atory ar	rest,	Approximete interval Between
IMMEDIATE CAUSE (Final			_	0		R		0		1.		Onset and Death
disease or condition resulting in death)	Kus	stare	D ,	173	do	777/7	~		1901	MZ		214-6
	DUE TO (C	OR AS A CONSEQUE	UENCE O	P: /		/		-	men	1.6	~/	1-12s.
z I	· ~	ith	5	ho	el	</td <td></td> <td>6</td> <td></td> <td>/</td> <td></td> <td></td>		6		/		
Sequentially list conditions, if any, leading to immediate	DUE TO	H AS A CONSECU	JENCE OI	F):	-/	-	~		4.0			
Cause. Enter UNDERLYING CAUSE (Disease or Injury	. (7	then	0 SC	un	1 7	5	Ca	nd	47 - Y	000	cul	au
that initiated events	DUE TO (OR AS A CONSEOL		_						-		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	5/6	n	700	con	clis	L	. 9	no	aret.	m	188	1.
PART II. Other significant condition	s contributing to d	leeth but not re	_	-		ceuse g	iven in I	Part I.	24a. WAS AN A PERFORE		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	orving	p TVY	15	ep	1	<u></u>			1 TYES 2			COMPLETION OF CAUSE OF DEATH?
MY	ocards	e.	91	800	Nes	hon						1 TYES 2 TNO
(2) Hypent	ensiv	e. H	oa	~1	-	95	200	and	7			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH					26. PL	ACE OF DE	ATH (Che	ck only o	ne)		_	
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 🗆 Ra	eldenes (e [] (W)	on (Consulta)			
27. MANNER OF GEATH	28e, DATE OF II	VAULA	28b. TIM		28c. INJ		sidence (SCRIBE HOW IN	ILIDY OC	CUREO	
	(Month, Day	Year)		URY	WO	RK?	luo I	20u. VE	SCHIEL HOW IN	JUNT OC	CONED	
2 Accident investigation	26a PLACE OF	INJURY — At hom	o form a				140					
3 Suicide 6 Could not be	building, at	c. (Specify)	ie, term, s	Rreet, Tacto	ory, office	,		281. LOC	or Town, State)	nd Number	r or Rurel R	loute Number,
The Control of												
29a. CERTIFIER (Check only	CIAN: To the best of m											
Orie) 2 MEDICAL EXAMINE) and manner as stated.
					T	29c, LICE						
\sim \sim \sim	Chah	m	7			D-2			,			(Month, Dey, Year)
30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALLER		-	Doint)		-	- 20	-/		-		0 /_5.
MAHESH SHAH, M.D.		PRIN			DTA	NAT	200	70				
	22 100000000000000000000000000000000000			KEUE.	KTCK	(MD	206	7/8				
MAY 28 1993	wa Davidson	SSIGNATURE										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mertial Hygiene prior to burial, the manufaction presenting an antitled of the property of the propert
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											3	16769			
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAR	TMENT	OF H	DEAT	AND N	MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT		YEAR :	. TIME OF DEATH			
	Robert H. 4. SOCIAL SECURITY NUMBER	Haru 5. SEX							05	dies	93	955 M			
	218-34-2432	1 2 1M 2 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS 2	4 HRS.	7. DATE OF BIRTI (Month, Day, Yo	ir)	8. BIRTHPI Country)	LACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give str		58		Oh CITY	TOWAL OF	LOCATION	U OF OF		1934	MD				
2	Mercy Hospi	,					imon		ATH		TY OF DEA				
E	RESIDENCE OF DECEDENT				Dall	TIIOI	re		Bal.	timo	re City				
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C		700				1	0d. INSIDE CITY LIMITS?			
	10o. STREET AND NUMBER	arroll		W	estr		ter				1 YES 2 NO				
FUNERAL	Lucabaugh	. Mill	2024			101.	2115	- 17			EN OF WH	AT COUNTRY?			
Š	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AD	MED	13. 1	WAS DECE			C ORIGIN? (Specif	US	14 DACE	- American Indian,			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 Y	10	'	f yes, spe	cify Cuben,	Maxican	, Puerto Rican, etc	-)	Black, Specify:	White, atc.			
<u></u>	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL OC	CCUPATION	1		166, KIND OI	BUSINESS/INDI		ur ce			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	- Illin	Do NOT us	work done one retired.)	during most	of working								
MP				Labo	rer				co	ntruct	tion				
	17. FATHER'S NAME (First, Middle, Last)	T							IE (First, Middle, Mi						
BE	William R. H	larvey					El	iza	beth	Slade	2				
2	Douglas Harvey								oute Number, City o						
	20a, METHOD OF DISPOSITION		20h DI ACE A	MODATE	AE DIEBAR	TION WALL	E /	01	Westm	10000000	4				
	1 Burial 2 Cremation 3 Remo	val from State	cemetery, crei	matory or o	ther place)	tho	diet	20	moton	lulo en-	aty or low:	ster, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1044201	2001	22.1	NAME AND	AUURESS	OF FAC	LITY						
	Robert K. P	ni ++a	Cn		1	rit	ts F	'une	ral Ho	me & C	hap	el			
	23. PART I. Enter the diseases, pr co	omplications tha	t ceused tha de	eth. Dp r	10t anter	tha mod	wasn	a. such	ss cerdiac pr	espiratory em	stmij	ster M			
	shock, or hasrt fellure. L IMMEDIATE CAUSE (Final	lat only one cau	ise on each ilne.							,		Interval Between Onset and Death			
	disesse or condition resulting in death)	Pno	eumon	19								240			
		-	(OR AS A CONSEC									1			
NO	Sequentially list conditions, b.	Or DUE TO	GANIC OR AS A CONSEC	Br	911		yndi	rom	e			6 mo			
ERTIFICATION	If any, leeding to immediate cause. Entar UNDERLYING	As	piratio	V C	٦.										
Ĕ	CAUSE (Disesse or Injury that initieted events	DUE TO	(OR AS A CONSEC	UENCE OF	ŋ:							İ			
	resulting in death) LAST	CV	monic	6h	5 tru	ch	re 1	Lur	e dis	eose					
C	PART II. Other significant conditions	contributing to	death but not re	esuiting (n the un	darivino	ceuse giv	en in P	Part I. 24n WW	S AN AUTOPSY	24b W	ERE AUTOPSY FINDINGS			
2	Closed head in	ĵury.	Gastro	1	er Xx	01	BK	200/	PEF	FORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE			
MEDICAL	Alcohol abus	ed					1 2		J '''	S 2 NO		F DEATH?			
ž									_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DEA	TH (Chec	k only one)						
XSI	1 VES 21 NO	Minpetiant 2		□ DOA	CT N		5 🗆 Raale	denca 6	Other (Specify)						
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF (Month, D	ny, Year)	28b. TIM	E OF URY M	28c. INJUI WOR 1 YE			28d. DEŞCRIBE H	OW INJURY OCCI	JRED				
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE O building,	F INJURY — At hor atc. (Specify)	ne, farm, s	dreet, facto	ory, offica			281. LOCATION (St City or Town, S	reet and Number o	or Rural Rou	te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DESCRIPTION OF THE CONTROL O														
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENS					fonth, Day, Year)			
TO BE	200 ADDRESS OF PERSON WHO	COMPLETED CAUS	Hore	Br	il	tra	7			1	/2//	/_			
	Rose Backt Me		5 Green			B.	16.	M	0 212	01					

22 5 Greene 5

32. REGISTRAR'S SIGNATURE

193

193

31. DATE FILED (Month) Day, Year)

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	OIAIL OI II	CE	RTIF	ICATE OF	DEAT	ANU N		REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME										3. TIME OF DEATH	
	James Sherman	Hill Jr.						м онти 5	25		993	7:45 A.M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.						7. DATE OF BIRTH			0. BIRTH	PLACE (State or Formion	
	196-22-6302	2-6302 1 □ M 2 □ F 63			MONTHS DAYS	HOURS	MIN.	2-15	30 – 30		Penr	nsylvania
1	9a. FACILITY NAME (If not institution, give s				96. CITY, TOWN	OR LOCATION	ON OF DE			9c. COU	INTY OF DE	
HO H	415 Cherry Oak C	t.			Tane	ytow	n				Carro	011
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v										
E		rroll			y, town on Loca aneytown							10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER											YES 2 NO
RA	415 Cherry Oak C	t.			10	ZIP CODI	1787				U.S.A	HAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARI	AED	42 490 050							-
	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If yes, sp	ecify Cube	n, Mexicar	IC ORIGIN? (S 1, Puerto Rice	n, etc.)	or No-		— American Indian, White, etc.
ĕ	3 Widowed 4 Divorced	Korean C				2 🙀 NO	Specify.	:			Specif	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	EDENT'S	USUAL OCCUPATION	ON .		16b. KII	ND OF BUS	INESS/INI		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) ///0.	Do NOT u	work done during mo se retired.)	st of workin	g	L				
MPI	12	***	M	achi	nist			Teledyne Energy				Systems
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							NE (First, Midd	le, Melden :	Surname)		
BE	James S. Hill S	r.					h Mo					
2	19a. INFORMANT'S NAME (Type/Print) David Brown		19b	MAILING	ADDRESS (Street a	nd Number	or Rural A	oute Number, (City or Town	, State, Zip	Code)	
				_	Cherry C		t. T	aneyto	own,	Md.	21787	7
	20a. METHOD OF DISPOSITION 1 Department 2 Cremation 3 Rem	oval from State	20b. PLACE A cemetery, cren		OF DISPOSITION (Na ther place)	me of		OATE	20c. LOC	CATION -	City or Tov	rn, Stata
	4 Donation 8 Other (Specify)	SWEET	Meador	w Br	anch Cem	eter	7	5/28	Wes	min	ster,	Md.
į	21. SIGNATURE OF FUNERAL SERVICE EX	40-	1		22. NAME AI Thoma	s D.	Flet	tcher	& Soi	n Fu	neral	Home
	Marcy X.	Kelep	w		254 E	ast 1	Main	St. W	estm.	inst	er,Mc	1. 21157
	23. PART I. Enter the diseases, or cahoek, or heart failure.	complications that	t caused the dea	ith. Do r	not enter the mo	de of dyi	ng, auch	an cardiac	or reapir	atory an	reat,	Approximata
	IMMEDIATE CAUSE (Final						Α -	_				Interval Between Onset and Death
	disease or condition											
	DUE TO (OR AS A CONSEQUENCE OF): (ACO) AC ACCEPTATION A											
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEO	LIENCE OF	171409	Liti	<u> </u>	<u> </u>				
¥	if any, leading to immediate cause. Enter UNDERLYING	H	YPER	F	UCIV:	F	HE	ART	Di	(F)	AIK	-
트	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE O	F):			1100	0.	3 []	-10	
ᇤ	resulting in death) LAST	L P	ENO	VA	AU WZ	n 1	HY	PEN	F	751	NOI	' !
- 1	PART II. Other aignificant condition											
DICAL	1) END STAGE	NENA	Oly E	A C4	in the underlying	L R	iven in F >		PERFORI	MED?	- 3	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	2) CHANNIC	ORCT	11100010	= 0	117 640 (1)	101	7.7	1200	YES 2	NO		COMPLETION DF CAUSE OF DEATH?
Σ	2) CHRONIC 2° SM	00001	100 Q10	CE	Ga-o h	7114	בוע	FATE	/	,		1 - YES 2 10
AN	25. WAS CASE REFERRED TO MEDICAL	orriva	MISU	UE								
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER:	. /		ck only one)				
Ě	27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIM	4 - Nursing Hom	_/	sidence 8				0.1050	
	1 Natural 5 Pending	(Month, De		INJ	URY WO	RK?	NO.	28d. DESCRI	DE NOW IN	JUHY OC	COMED	
B	Accident investigation 3 Suicide Could not be	26s. PLACE OF	F INJURY — At hor	90, farm, s			-	281. LOCATIO	N (Street or	ad Number	or Pural Pr	usta Mumbar
	4 Homicide 8 Could not be determined	building,	etc. (Specify)		,		- 1	City or To	wn, State)	IO NUMBER	or nurei no	ure Number,
COMPLETED	29a. CERTIFIER	NAAL To the board						-				
₽ B		CIAN: To the beat of av										and menner as stated.
				veatigatio	n, in my opinion, o				place, and	dua to th	re cause(a)	and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	FRI	mely	M	Q = 1	29c. LICE	NSE NUMI			29d. DAT		Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WILL	(27) (5	Print)		/ 21	960			>/2	6143
	LUIS F		AM7		10 · (am	Can	MALIT	Van /	Mic	DITA	4.
	31. DATE FILEO (Month, Day, Ybar)	-	R'S SIGNATURE	,	- (ywy	7.11	7114	710	1107	4 1 134	
	MAY 2 7 '93	Ler.										
		فاختاك بالخالات	ARCHITATION AND ADDRESS.	Of the last								

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BALTIMORE, MARYLAND 21215-0020

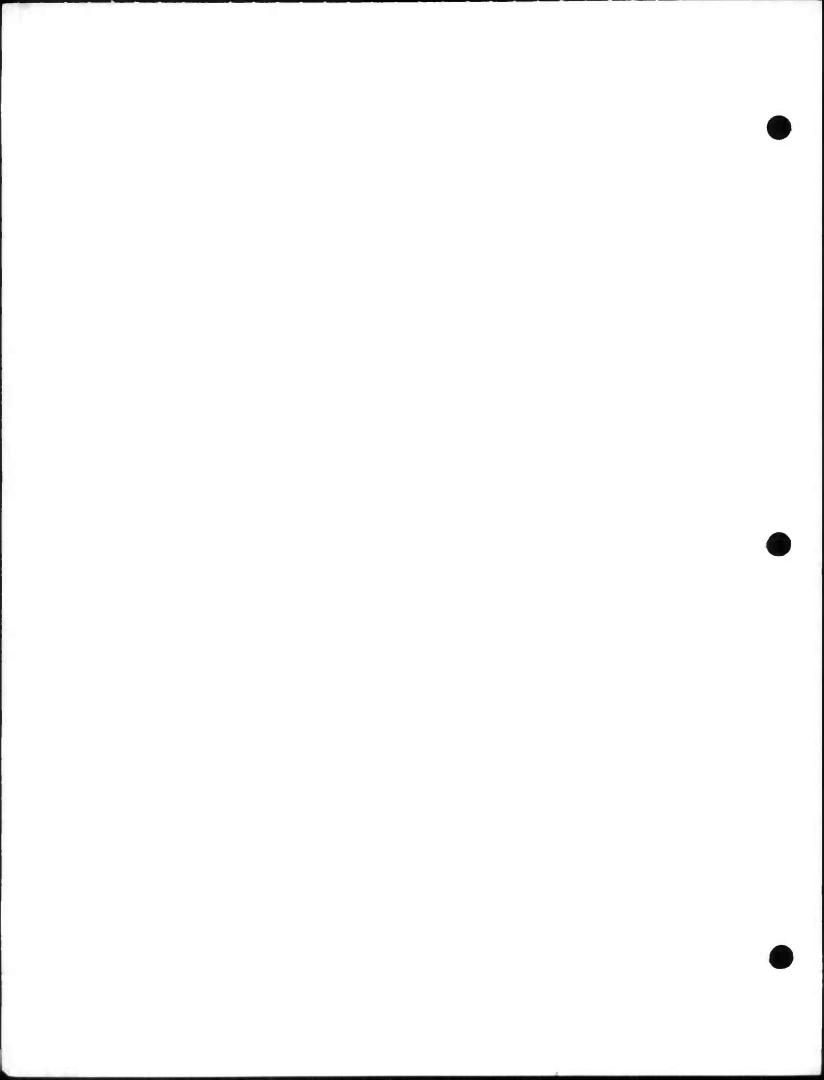
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO	_	
	1. OECEDENT'S NAME (First, Middle, Last) Marion Bolles HAMMOND				May 1, 1		3. TIME OF DEATH 6:45 AM
	064-14-9805 1 □ M 2XXF 71	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Dec. 19,19	21	BIRTHPLACE (State or Foreign New York
TOR	9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT			derick	ATH	9c. COUNTY Fr	of DEATH ederick
DIRECTOR	Maryland Frederick		r, TOWN OR LOCA ederick	TION			10d. INSIDE CITY IMITS? THYES 2 NO
FUNERAL	318 Selwyn Drive, Apt. 1A		10	21701			OF WHAT COUNTRY? S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIdowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	ONO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexicar 2 XXIO Specify	IC ORIGIN? (Specify Yea 1, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. SpecWhite
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +)	e. DECEDENT'S (Give kind of wife. Do NOT us Homena		DN st of working	16b. KINO OF BUS		RY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Albert Allen Bolles			18. MOTHER'S NAM	ME (First, Middle, Melden viede Grov	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. James B. Hammond				oute Number, City or Town		
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ACEANDDATEC	rete Ceme	tery May	4, 1993	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RICHARD E JUNE	MO0255	Keene		stord P.A.		al Home c, Md. 21701
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CO)	iine.	ot anter tha mo	de of dying, such	aa cerdiac or reapi	ratory arreat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NSEQUENCE OF	ry fail	sease /	nyocard	ial my	2 hrs 2 wks buck 3 wks
DICAL C	PART II. Other significant conditions contributing to deeth but in		/		Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ME	lar Caseer denertia,			Krolem		□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Appatient 2 ER/Outpetler	2 0 001	OTHER:	ACE OF DEATH (Chec			
ву РНУ	27. MANNER OF DEATH 1 Netural S Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME	OF 28c. INJ	S S Residence 8 URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURE	0
8	3 Suicide a Could not be building, etc. (Specify)	At home, farm, at	treet, factory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and	e, death occurre	d at the time, date	and place, and due t	o the cause(a) and man	ner as stated,	use(a) and manner as stated,
TO BE C	Susano Aprello			29c. LICENSE NUMI D 433	- 0	29d. DATE SIG	NED (Month, Day, Year)
	SUSAN BRINKLEY M. 2 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	913		400SE1	AVE. SUITE	E 203	PREDERICK MD 21701
	MAY 3 1993 Julia Jairdson		,	· · · · · · · · · · · · · · · · · · ·			OHMH-16 Pey 1/80



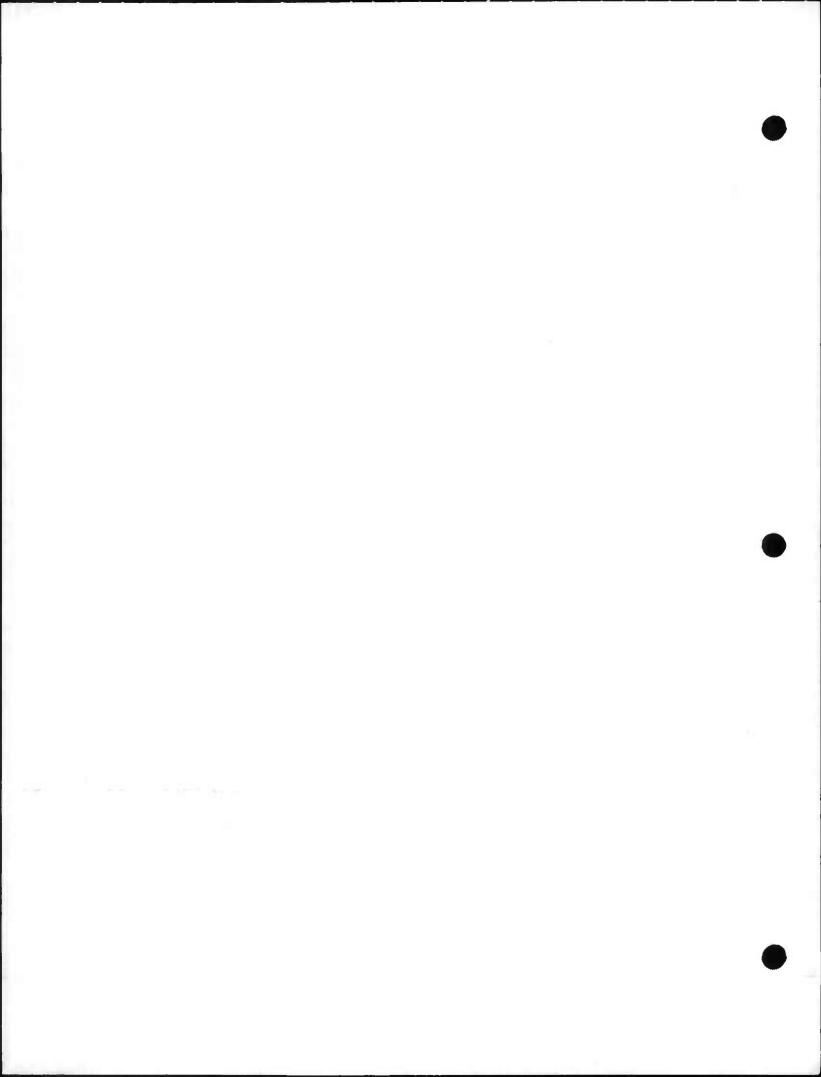
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 OD ATTENDIAG DEVOICINAL The last requires the death confidents in secondary author 22 hours
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)	examiner must be notified at once.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
mit. Pa	the funeral director, page 5 should be detached for use as the burial-transit perrial.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	ITEMS: 28d	& f, PER ME	0 G-702	8/12/	93 t.t	c/s.w			0	3 16772
	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT	OF H	EALTH AND DEATH	MENTAL HYGIEN	E	0 10112
	1. DECEDENT'S NAME (First, Middle, Last)	Z ZZ A MITTE TO TO	V TRICK		177777			2. DATE OF DEATH MONTH	AV V	3. TIME OF DEATH
		KATHLEE			KEY			5 3	93	3 1935 H
		5. SEX 6	AGE (In yrs. las	t birthday)	IF UNDER 1	DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street		/ C	YRS.				7-1914		Illinois
DIRECTOR	Frederick Memoria		al			deri	ck	EATH	Frede	of DEATH erick
0	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATI	ON			10d. INSIDE CITY
1 2	Maryland Frede	rick		Fr	ederi	ick				LIMITS?
A.	100. STREET AND NUMBER Meridi	an Nursi	ng Cent				ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?
FUNERAL	400 North Avenue		O				21701		П. 9	S.A.
5		12. WAS DECEDENT	VER IN U.S. AR	MED	13. W	AS DECE	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	OR DATES	ю	1	Yes, spe	city Cuben, Mexico 2 NO Specia	nn, Puerto Rican, etc.) ly:		Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a, DE	CEDENT'S	USUAL OC	CUPATIO	N t of working	16b. KIND OF BU	SINESS/INDUS	TRY
		College (1-4 or 5+)	IIIo.	Do NOT us	e retired.)					
MP		6 years	U.S	. Go	vernn	nent	Librari			
	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Malden	Surname)	
H	Rial Clinton Iris	h					Eva Les		_	
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow		
1	Michael K. Irish							It. Airy, N		
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE A cemetery, cre	matory or ot	her place)					or Town, State
1	21. SIGNATURE OF FUNERAL SERVICE CICES	berr a	Warre	nton			D ADDRESS OF FA	5/6 War	rentor	, Virginia
	Sopet EX	alley	Y		ROE	BERT	E. DAII	LEY & SON I	EDERTO	HOMES, P.A.
	23. PART I. Enter the diseases, or cos shock, or heart failure. Lis	malications that o	used the de	ath. Do n	ot enter t	the mod	le of dying, suc	h as cardiec or reap	iratory arrest	, Approximata
î î	IMMEDIATE CAUSE (Final	only one cause	Jun each line					-		Interval Between Onset and Death
1 1	disease or condition resulting in death)	Juban	reloi	x W	emor	who	ge and	Subdune	lkeni	tran
		DUE TO (O	R AS A CONSEC	DUENCE OF	7):					
Z	Sequentially list conditions, b.	tall	C H	wh	do	and the	X			
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEC	DUENCE OF): <i>*</i>	0				
일	CAUSE (Disease or Injury C.	DUE TO (O	R AS A CONSEC	HENCE OF	n.					
Ē	that initiated events resulting in death) LAST	502 10 (01	n AS A COMSEC	OENCE OF);					İ
빙	d									
-	PART ii. Other algnificant conditions	contributing to de	eath but not n	esulting i	n the und	derlying	ceuse given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICA	alghermen's	clines	2					1 TES	- 4	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME	_ old landron	predy B	ساراب	Si.						OF DEATH?
	with of u	hna						_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only one)		
Sic	1 XYES 2 □ NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:		5 🗆 Residence	6 Other (Specify)		
1	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY Year)	28b. TIMI INJ		28c. INJU WOR		28d. DESCRIBE HOW	NJURY OCCUR	SUBJECT COLLAPSE
1 N 1		5- 3	-93	8:40	AM	1 YE		400 South	me To	SUBJECT CULLAPSET
1 9	1 Natural 5 Pending 2 Accident Investigation	1 2 2			treet, facto	ry, office		28f. LOCATION (Street	and Number or i	Bural Bouda Mumbar
À	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF II	NJURY — At hor :. (Specify)	me, term, s				City or Town State		war noble monos,
ED BY	2 Accident Investigation	280. PLACE OF II building, etc.	:. (Specify)		7-00	-	rick	City or Town, State)	FREDER	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Meridio att	Les Very	الم الم		reli	nick	City or Town, State) MERIDIAN N.H		
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	Mendic AN: To the best of m	knowledge, de	oth occurre	d at the tin	nele	and place, and due	City or Yown, State) MERIDIAN N.H to the cause(a) and mai	mer as stated.	
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	Mendic AN: To the best of m	knowledge, de	oth occurre	d at the tin	nele	and place, and due	City or Yown, State) MERIDIAN N.H. to the cause(a) and mail time, data and placa, ar	nner as stated, id due to the c	ICK, MD.
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	Mendic AN: To the best of m	knowledge, de	oth occurre	d at the tin	nele	and place, and due oth occured at the 29c. LICENSE NU	City or Yown, State) MERIDIAN N.H. to the cause(a) and mail time, data and placa, ar	oner as stated, id due to the ci	LCK MD . suse(s) and manner as stated. GNED (Month, Day, Year)
E COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my	t knowledge, dei	ath occurre	nd at the tim	nele	and place, and due oth occured at the 29c. LICENSE NU	City or Town, State) MERIDIAN N, H to the cause(s) and mai time, data and place, an	oner as stated, id due to the ci	ICK, MD.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my	r knowledge, dei	nth occurre	nd at the tim	me, data a	end place, and due oth occured at the 29c. LICENSE NUI	City or Town, State) MERIDIAN N, H to the cause(s) and mer time, data and place, an	oner as stated, id due to the ci	LCK MD . suse(s) and manner as stated. GNED (Month, Day, Year)



	1 - STATE REGISTRAR	SIAIE OF I	/ MAKYLAND CE			T OF H E OF			MEN	TAL HYGIEN REG. NO.	E		1011	
	1. DECEDENT'S NAME (First, Middle, Last)								2. 0	ATE OF DEATH			3. TIME OF DE	ATH
	WILLIAM	JENNING	SS]	HALL		SR	M.	°Y 24,19	93	YEAR	11:33P	м
	4. SOCIAL SECURITY NUMBER 213-12-2641	5. SEX	6. AGE (In yrs. less		IF UNDE	DAYS	IF UNDER	24 HRS.	7. D	ATE OF BIRTH Honth, Day, Year)	0	Count	HPLACE (State or	Foreign
	9s. FACILITY NAME (If not institution, give s	1 🖾 M 2 🗆 F	83	YRS.	-			-		Acr. 5, 1	_	Mar	yland	
R			DTT A I			, TOWN O		ON OF DE	EATH			NTY OF E		
5	PHYSICIANS MEMO		LIAL		1	A PL	AIA				Ch	IARLE	70	_
DIRECTOR	Maryland C	v harles		10c. CIT		wbur							10d. INSIDE CIT	TY
	10e. STREET AND NUMBER						ZIP COD	£			40- 017	TEN OF	1 TYES 2 WHAT COUNTRY	
ER/	11755 Edgehill Ro	ad, PO Bo	ox 212			1		2066	4		10g. CI1	US		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. ARI YES 2XXX		- 1	WAS OECI If yes, spe 1 YES	city Cubs	ın, Mexica	in, Pua	liGIN? (Specify Yes irto Rican, etc.)	or No—		CE — American Inche, White, etc.	dian,
	15. DECEDENT'S EDU	0.000			_							W	Mite	
ETE	(Specify only highest grade	completed)	(Gr	CEDENT'S ve kind of Do NOT u	work done	CCUPATIO during mos	N st of worldi	ng		16b. KIND OF BUS	INESS/IN	DUSTRY		
PL	Elementary/Secondary (0-12)	Cotlege (1-4 or 5 -		ane '	Oper	ator				Const	ruct	ion		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-		18. MOT	HER'S NA	ME (FI	rst, Middle, Maiden	Surname)			
BE	Amos Lee Hall									C. Catte				
2	190. INFORMANT'S NAME (Type/Print) Delores A. Wathen		19th	. O.	BOX	S (Street at 212	, Ne	wbur	Aoute I	Number, City or Town MD 2066	7, State, Zij 4	Code)		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cempetery, crer	ND DATE	OF DISPOS	rial	Gar	dens			ation –		own, State	
1	21. SIGNATURE OF FUNERAL SERVING LIC	Maur	0053	201	Hu.	name an	Fune	ss of FA	HO	me				
	23. PART I. Enter the diseasea, or o			ath Do r						aldorf,			Approxi	
	anock, or neart reliure.	a. Chr.	se on each line.	bat	rue								Interval	Between
		DUE TO	(ON AS A CONSEC	MENCE O	- "	0,-	. 7	7	7/				-	
CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A CONSEQ		and the same		7 1) c	-				_	
SAT	If any, leeding to immediate cause. Enter UNDERLYING	at	riel	FA	by	M	at	To	~				i)	
E	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO	OR AS A CONSEQ	UENCE O	7			2-	1	4 th.	P			
Ä	readiting in death) LAST	d. Chr.	nec V	en	· Ce		2	000		y m	ua			
CAL	PART II. Other aignificant condition						cause (given in	Part i	. 24a. WAS AN		24b	. WERE AUTOPSY	
	Cormany ar	ling on	ypan	9	//			Vi	tr	PERFOR			AMAILABLE PRIOR COMPLETION DF OF DEATH?	
MED	frank falle	u. R	asper	AC.	ma	ne	U	0					1 YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					20 21	105.05.0	FATH (0)						
SICI	EXAMINER?	HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER	₹:		EATH (Ch						
ž	27. MANNER OF DEATH	28a. DATE OF	YRULNI	28b. TIM	E OF	28c, INJU	RY AT	sidence	_	Other (Specify) DESCRIBE HOW IN	JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ry, reser)	INJ	URY	1 🗌 Y	1K? ES 2 □] NO						
ED	3 Suickde 8 Could not be detarmined	28e. PLACE Of building,	F INJURY — Al honetc. (Specify)	ne, ferm, s	street, fact	ory, office				LOCATION (Street a City or Town, State)	nd Number	or Rurel I	Route Number,	
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	nth occurre	d at the t	lme, date a	and place.	and dua	to the	cause(s) and men	ner as etal	ed.		
COMPLET		R: On the basis of ax											s) and manner as	stated.
BE C	205. SIGNATURE AND TITLE OF CERTIFIER	0.11		4 6			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year	•)
TO B	July gut	check	coci	1D			D-O	8370)		13	/2	15/93	3
-	30. NAME AND ADDRESS OF PERSON WHO													
	PAUL E. PRITCHET		118 LA G	RANG	E AV	ENUE	Р.	O. B	SOX	1317 L	A PL	ATA	MD.2063	6
	31. DATE FILED (MOVIE), PRI TORE 1	Julia	Davidson	Pande										

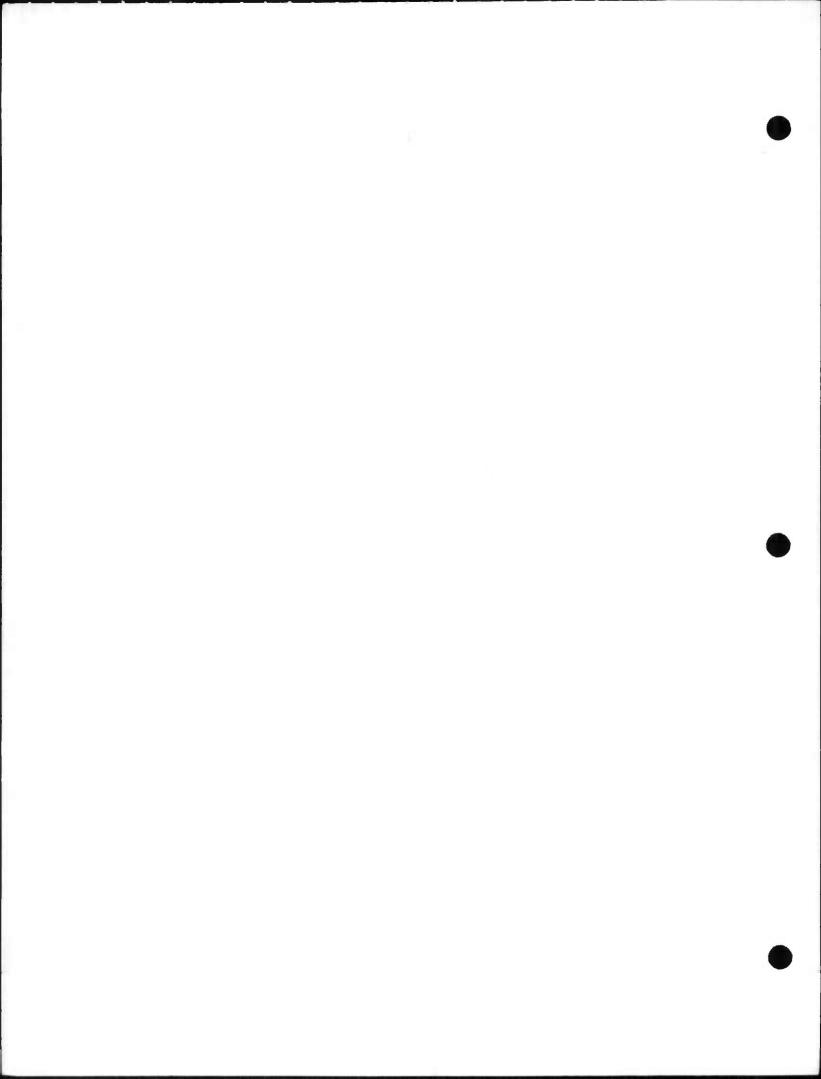
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year) MAY 24 '93

	1 - REGISTRAR	02 01 1	CI		ICATE				REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)		1						2. DATE OF DEATH			3. TIME OF DEATH
		lbert	Holth	rams	e Sr.	_				DAY	93	7:10 P.M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1		IF UNDER		7. DATE OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	215-01-2614	1 ☑ M 2 ☐ F	78	YRS.	MONTES	DAYS	HOURS	MIN.	May 8, 19	15		yland
~	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, T				ATH		NTY OF O	
5	Harbor Hospital				Ва	altin	more	<u> </u>		Ba1	Ltimo	re
EC	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	LOCATIO	ON					TO A MINING MEN
DIRECTOR	Maryland	Caroli	ine		1, 101	- Lower Co		ston	ì			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					T 101, Z	ZIP CODE			100 CIT	TEN OF Y	1 ☐ YES 2 🙀 NO WHAT COUNTRY?
FUNERAL	Rt. 1 Box 22D	Dove	r Road					216	155		S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AP	AMED	13. W	AS DECEN	NDENT O	F HISPAN	IIC ORIGIN? (Specify Y			E — American Indian,
ВУ F	1 Never Merried 2 Merried	FORCES? 1 [YES 2	NO	lf y	yes, speci	offy Cuber	n, Mexican	n, Puerto Rican, etc.)		Black	k, White, etc.
	3 Wildowed 4 Divorced						1.00					casian
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S	USUAL OCC work done dur se retired.)	UPATION ring most	of workin	ig .	16b. KIND OF B	JSINESS/INC		didirect to the same of the sa
Y.E	Elementary/Secondery (0-12)	College (1-4 or 5+)	' '			_			67 1 F			
N N	Unimown 17. FATNER'S NAME (First, Middle, Last)			Paint	<u>:er</u>						ng a	Dry Dock
	The state of the s	TTo 1 Llanca	_			'	18. MOTH		ME (First, Middle, Meide	•		
BE	Joseph 19e. INFORMANT'S NAME (Type/Print)	<u>Holthause</u>		- MAILING	ADDRESS /	Charles and	* 44 : mb . c		nie Phelp Poute Number, City or To		- 1.	
2	Barbara A. Gerard											
	29a. METHOD OF DISPOSITION		20h PLACE		. Heat Of DISPOSITI			e, N	Linthicu	m, MD		
	1 Donation 5 Other (Specify)	val from State	Ridge	matory or o	ther piece)	T/	801					uryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	there (7111090	<u> </u>		_	ADDRES	SS OF FAC		uger	, 110	Гутана
I	* Kan Ool	50,V/	Dure		Moc	ore I	Fune	ral	Home, P.A	1.		
	22 PART I Sorby the diseases of hi	24.	100-		Dra	wer	В,	Dent	on, Maryl	.and	2162	.9
	23. PART I. Enter the diseases, of co shock, or haert fallure. L	let only one caus	e on each line	atn, vo r	not entar tri	te mode	a of dyli	ng, such	ss cardiec or reep	stratory arr	reet,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition											Onset and Death
1	resulting in death) a.	DUE TO (OS IS	OUFNCE OF	F).							
z				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate	DUE TO (C	OR AS A CONSEC	DUENCE OF	F):							<u> </u>
S	cause. Entar UNDERLYING CAUSE (Disesse or Injury	•										!
E	that initieted events resulting in death) LAST	OUE TO (C	OR AS A CONSEC	DUENCE OF	F):							
H	d.											
	PART II. Other significant conditions	contributing to d	leeth but not r	eeuiting	in the unde	erlying c	cauae g	Iven in F	Part I. 24a. WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	- 1004							1993	PERFO	RMEO?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀	- CRF								1 □ YES	2 ∐110		DF OEATH?
-									_			1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	CE OF DE	EATN (Cher	ck only one)			
Sign	_ 1/	HOSPITAL: 1 ☑ Inpatient 2 ☐ I	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Rei	sidence (8 Other (Specify)			
刮	27. MANNER OF OEATN	28e. OATE OF IN (Month, Day,		28b. TIMI		8c. INJUR WORK	TA YF		28d. DEŞCRIBE NOW	INJURY OCC	CURED	
<u>M</u>	1 Natural 5 Pending 2 Accident Investigation				4.4	1 YES		NO				
	3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY At hor ic. (Specify)	me, farm, a	itreet, lactory	, office			281. LOCATION (Street City or Town, State	and Number	or Rural R	oute Number,
릴									lo the cause(e) end me			
COMPLETED	2 MEDICAL EXAMINER	: On the beele of exam	mination end/or is	nvestigation	n, in my opin	nion, deat	th occure	ed at the ti	lime, date end place, e	nd due to th	e cause(e)	end menner ee atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11.0				2	9c. LICE	NSE NUME	BER	29d. DATE		(Month, Day, Year)
ဥ	Mambun	Illia	1 M.O) .						>	5.	20.93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)							
- 11	M Coup Coulte	M: M·D.	-> 30	10	200th	1 H	MINI	ver	Sti BAC	NIG	10 7	1775

32. REGISTRAR'S SIGNATURE



HORSEMAN, HERMAN

93 16775

		FUR
1	_	STATE
	_	REGISTRAR

1 - STATE REGISTRAR		STATE OF I		/ ULTAN					MENTA	AL HYGIEN REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEATH			3. TIME OF DEATH	
HERMAN	LERO	Y HORSE	MAN						MON	pril	26,1	YEAR		
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH			LACE (State or Foreign	on.
220-03-	5329	15∰.M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	7/192		Country)	Md.	***
Sa. FACILITY NAME (If not in			7.1		9b. CITY	TOWN C	R LOCATIO	ON OF DE	-	1/132		ITY OF DE		_
SALISBURY N	URSTNG	A .E.AB	CENTER	2			RY,					OMICO		
SALISBURY N RESIDENCE OF DEC		d Reliab	CHAIL		DAL	TODO	1/1/	· U			MICC	MILCO		_
10a. STATE	10b. COUNTY	-		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY	
Md.	Wor	chester		E	den								LIMITS?	j
10e. STREET AND NUMBER						100	. ZIP CODE	E		-	10g. CITE		HAT COUNTRY?	_
6807 M	eadow:	bridge	Road				218	322			11	.S.	Δ	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC			IIC ORIG	IN? (Specify Yes		14. RACE	- American Indian	_
1 Never Married 2X		FORCES? 1	X YES 2 [NO		If yes, sp	ecify Cuba 2 ⋈ NO	n, Mexica	n, Puerto	Rican, etc.)		Black, Specify	White, etc.	
3 Wildowed 4 Divo	Proed	IF YES, GIVE Y	WW2				- 25	apoon,				Specify	White	
15. DEC	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	N et of weeds	-	16	b. KIND OF BU	SINESS/IND	USTRY		_
Elementary/Secondary (1	College (1-4 or 5	+)	(Give kind of the Do NOT us	se retired.)	unny 1110	at Ur WUFIN	¥	-					
11		4		Lak	ore	r								
17. FATHER'S NAME (First, M	liddle, Last)						18, MOTH	IER'S NA	ME (First,	Middle, Maiden	Surname)			
Jeff Ho	orsema	an					Lu 1	a P	ark	er				
19a, INFORMANT'S NAME (19b. MAILING	ADDRESS	S (Street a				nber, City or Tow	n, State, Zip	Code)		
Harriett	E. He	orseman											21822	
20a. METHOD OF DISPOSIT			20b. PLAC	EANDDATE	OF DISPOS						CATION — C			_
X□ Burial 2 □ Crematic 4 □ Donation 5 □ Other		oval from State	cemetery, o	remetory or o	ther place!		ery			9 Biv			•	
21. SIGNATURE OF FUNERA	L SERVICE LIC		E NOTE	valve			D ADDRES	SS OF FA		DIV	alve	, mc	<u> </u>	_
1000	1	Su and	0-417	/	M	ess:	ick	Fun	era	1 Hom	e, P	.0.	Box 61	
23. PART I. Enter the d	no /	12013	LANN.	10	В	i va	lve.	Ma	ev1	and 2	1814			
disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING Iry	b. Nee	(OR AS A CONS	P/V SEQUENCE OF	Der P:	ugu	na (_
PART II. Other significa		CVO	death but not		In the un	See	cause g	ilven in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
		0 0	- 33											
25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DE	EATH (Che	ick only o	ine)				_
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Mun		5 ∏ Be	eldence	8 [] Oth	er (Specify)				_
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJI	JRY AT			SCRIBE HOW I	NJURY OCC	URED		_
	Pending	(Month, D	ey, Year)		URY	WO	RK? 'ES 2	NO						
3 Suicide B	Investigation Could not be determined	28e. PLACE O building,	F INJURY — At lete. (Specify)	home, ferm, s	street, fact					CATION (Street of or Town, State)	and Number	or Rural Ro	ute Number,	_
		CIAN: To the bast of R: On the basis of e											and manner as state	d.
296. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICE	NSE NUN	BER		29d. DATE	SIGNED (Month, Day, Year)	_
	m	as					D	39	18	2	D 4	12	6/93	Þ
30. NAME AND ADDRESS OF	PERSON WHI	TKIN:	SE OF DEATH (IT	D.		4/	Hea	1+	Hu	DAY +	DR,	SA I	SBURY	4

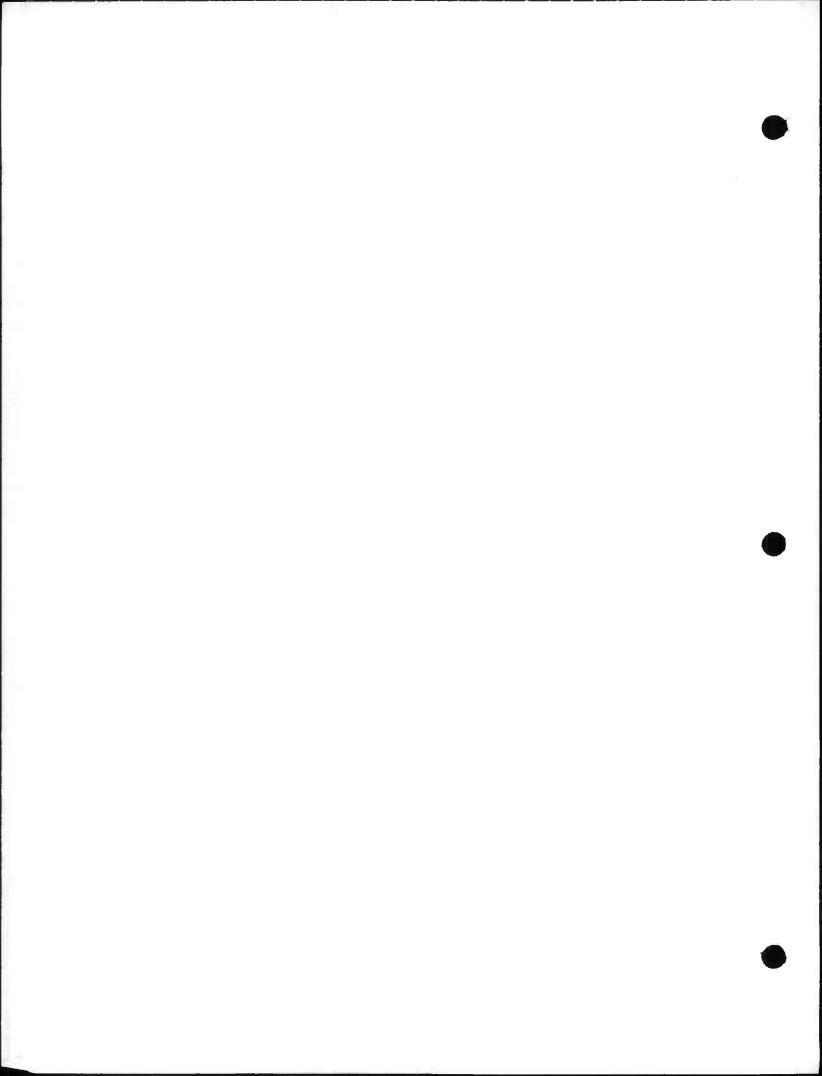
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 10

DHMH-16 Flev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	Once of month	CERTIF	CATE OF	DEATH	REG. N			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
JAY I	JYNN	HURLE	ΞY		5 2		93 11:00 A	M
	. SEX 6. AGE	(In yrs. lesi birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Forei	
213-60-7602 x	(X M 2 □ F 3:	3 YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) 08 08 1	959	Maryland	
9n. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION OF D		_	Y OF DEATH	
ROUTE 50-IN PR	IVATE DR	VEWAY				DOR	CHESTER TALB	30T
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	TION			10d. INSIDE CITY	
Maryland Dor	chester						LIMITS?	
10e. STREET AND NUMBER	CHESTEI			nbridge		10- 01717	1 TYES 2 N	ю
2 Bellevue	Ave.			216	13	20	.S.A.	
	2. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or No— 1	4. RACE — American Indian,	i,
1 📉 Never Married 2 🗌 Married 3 🗍 Wildowed 4 🗍 Divorced	IF YES, GIVE WAR OR			S T NO Specif	an, Puarto Rican, etc.)		Black, White, etc. Specify: White	
15. DECEDENT'S EOUCAT (Specify only highest grade cor	ION	18a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINO OF B	USINESS/INDU	STRY	
	College (1-4 or 5+)	life. Do NOT us	rork done during n e retired.)	lost of working				
12		owned	and of	perated	conveni	ence s	store	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		30010	
Jesse Birds	<u>el Hurley</u>				Joan Mur	phy		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip C	Code)	
Jesse B. Hurley	Jr.	2 B	ellevu	ie Ave.,	Cambri	dge Mo	1. 21613	
20a. METHOD OF DISPOSITION 1 □ Burial X Cremation 3 □ Ramova		b.PLACE AND DATE O	F DISPOSITION (A	lame of	OATE 20c. L	OCATION — CI	ty or Town, State	
4 Donation 5 Other (Specify)		alisbur	v Cran	atory 5	5/24 Sa	lishu	cv MD.	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1	22. NAME /	ND ADDRESS OF FA	Thomas	Fune	eral Home	
1 sent of	Thomas	4	700	Locust	St. Caml	ridae	Md. 2161	2
23. PART I. Enter the diseases, or com	plicetions that ceuse	the death. Do n	ot enter the m	ode of dying, suc	h as cerdiac or res	piratory arres	et, Approximate	
shock, or heart failure. Lia iMMEDIATE CAUSE (Finel	t only one ceuse on o	ech line.				•	interval Bats Onset and D	ween
disease or condition	CARBON MONO	XIDE INTOX	ICATION				Onset and E	Peatri
resulting in death)		A CONSEQUENCE OF						-
							1	
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or injury							T.	
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in death) LAST							100	
PART II. Other significant conditions of	ontributing to deeth i	out not reaulting in	n the underlyis	O ceuse diven in	Part I. 24s, WAS A	N AUTOBEV	24b. WERE AUTOPSY FIND	
				g code given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU)
		-			1 Z ZES	2 NO	OF GEATH?	,,,,
					_		XXYES 2 NO	,
25. WAS CASE REFERRED TO MEDICAL			28 8	LACE OF OEATH (Ch	eck only one!			
	OSPITAL:	patient 3 DOA	OTHER:			DTTTT	JAV DOUBE	E 0
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. OESCRIBE HOW	NYTAE!	WAY-ROUTE REO SUBJECT INHA	50
1 Natural 5 Pending	FOUND: 5-22-9	ILMI	JRY W	YES 2 X NO				ALEU.
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, farm, st		-		S FROM		
4 Homicide determined	building, etc. (Spe	clfy)		~	TALBOT			
29a. CERTIFIER 1 CERTIFYING PHYSICIAL	FOUND I		4-444		DODOHECTER		YLAND	\dashv
(Check only one) 2 WEDICAL EXAMINER: C								led.
298. SIGNATURE AND TITLE OF CERTIFIER	-1-4	a har standardly						
May 7 Mills	0.			29c. LICENSE NUI		29d. DATE S	SIGNED (Month, Day, Year) 23 19	93
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CALISE OF OF	ATH (ITEM 27) /Time	Print1	UCI	111		20 19	93
HARGAMAN DICC	Por mo	111 Pen	n Stre	eet, Ba	ltimore,	Mary	land 2120	1
JUN - 1 93	32. APRISTRASIO SIGN	on-Pandale			-			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

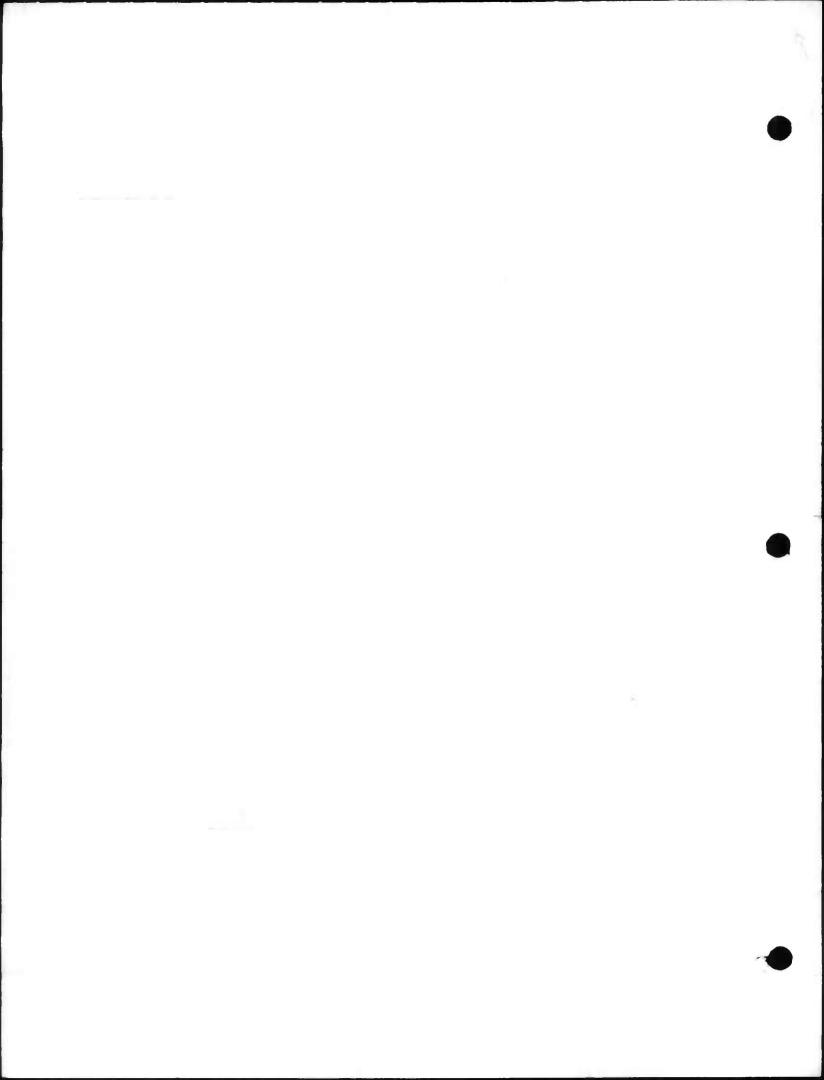
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or remoral. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	FOR
1	STATE
•	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

					FUAL	E OF	DEALH		BE	G. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2, 0	DATE OF D				3. TIME OF DEATH
Donald Edwa	rd Har	lay Sr						M	IONTH	DA		YEAR	
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs	last birthday)	IF LIND	ER 1 YEAR	IF UNDER 24 HRS		lay	1.)	1993	11:30 a ^M
570 20 2026		1 2 M 2 □ F		1 YRS.	MONTHS		HOURS MIN.	(1	Month, Day,	Year)		Country	0
579-38-2036)	-		71 1110.					lay 1	, 19			ash.,D.C.
	110-0				9b. CI	TY, TOWN OF	LOCATION OF	DEATH			9c. COU	NTY OF DI	EATH
Malcolm Grow	USAF 1	Medical_	Center		And	rews	Air Fo	rce	Base		Pri	nce G	eorge
10a, STATE	10b. COUNTY				V TOWN	OR LOCATION	DN .	_					
Md.		ce Geo:	~~~ ~				JN .						10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	LTTII	ce Geo.	rge s		CTI	nton							1 YES 2 NO
and the same of th						101.	ZIP CODE						THAT COUNTRY?
9204 Lin	hurst	Drive					20735				Ur	nite	d States
11. MARITAL STATUS 1 Never Married 2 🔀		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13	. WAS DECE	NDENT OF HISE Hy Cuben, Mex	ANIC OF	AIGIN? (Sp	cify Yea	or No—	14. RACE	— American Indian, , White, atc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR OATES				NO Spe		nto meen,	etti.)		Specif	V:
			-1976										Black
15. DEC (Specify only	EDENT'S EDUCA highest grade o	NTION ompleted)	16a.	Give kind of	work don	e during most		Ì	18b. KIND	OF BUS	INESS/ING	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5 d	-)	life. Do NOT us	se retired.	.)		1					
12		2		Bro	<u>ske</u> i	r			Re	eal	Est	ate	
17. FATHER'S NAME (First, MI							18. MOTHER'S				- 7		
George P	. Harı	ey,Sr.					Est	ell	e P	. Ca	anno	n	
19a. INFORMANT'S NAME (7)		-		19b. MAILING	ADDRE	SS (Street and	1 Number or Run	Il Route	Number, Cit	y or Town	, State, Zip	Code)	
Linette 1	L. Har	ley			San	ne as	10a.	-10	f.				
20a. METHOD OF DISPOSITI			20b. PLA	CEANDDATE	OF DISPO	OSITION /Nam	e of 5 – 20	4	DATE	20c. 1.00	ATION	City or Tox	un State
NXBurlat 2 ☐ Crematio 4 ☐ Donation 8 ☐ Other		rel from State	cametery.	crematory or o	ther place	Na+!	L Cem.	1-91					
21. SIGNATURE OF FUNEIA		HINE?	LALI	Lingt	22	NAME AND	ADDRESS OF	FACILITY	T O	AL	Ting	ton	lome, Inc.
1611	1101				6	633	Old A	Lex	ande	rF	'err	v Ro	ad
1440	101	an			lc	lint	on, Md	20	735			7	
23. PART i. Enter the di	seases, or co	mplications that	caused the	daath. Do r	not anta	r the mod-	e of dying, so	ich as	cardlec o	r respir	atory sn	reat,	Approximate
IMMEDIATE CAUSE (Fin		et only one cau	se on each i	lína.									interval Batween Onset and Death
disease or condition		Doors	ant Ea	1	. 1	0							Olisat and Death
recuiting in death)	8.	Recurr	(OR AS A CON			Cance	r						;
			(OLOULIVOL O	1.								
Sequentially list conditi													
		DUE TO	OR AS A CON	SEQUENCE OF	FI.								
If any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CON	SEQUENCE OF	F):								
If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju-	diate NG							-					
If any, leading to immediates. Enter UNDERLY	diate NG ry c.		(OR AS A CON										
if any, leading to immediate. Enter UNDERLYii CAUSE (Disease or injusthat initiated events	diate NG ry c.												
if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST	diate NG ry c.	DUE TO	(OR AS A CON	SEQUENCE OF	7:	underlying	cause given	n Part	1, 24a,	WAS AN /	WTOPSY	24b.	WERE AUTOPSY FINDINGS
if any, leading to immediate. Enter UNDERLYii CAUSE (Disease or injusthat initiated events	diate NG ry c.	DUE TO	(OR AS A CON	SEQUENCE OF	7:	underlying	cause given	n Part		PERFOR	MED?		WERE AUTOPSY FINDINGS AMBILABLE PRIOR TO COMBIT STUN GE CAUSE
if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST	diate NG ry c.	DUE TO	(OR AS A CON	SEQUENCE OF	7:	underlying	cause given	n Part			MED?		
if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST	diate NG ry c.	DUE TO	(OR AS A CON	SEQUENCE OF	7:	underlying	cause given	n Part		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant	flate NG c. T d.	DUE TO	(OR AS A CON	SEQUENCE OF	7:	underlying	cause given	n Part		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST	diate NG c. ry d. nt conditiona	DUE TO	(OR AS A CON	SEQUENCE OF	in tha u	28. PLA	cause given i		1 🗆	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other significant	diate NG c. c. d. d. ont conditions	DUE TO	(OR AS A CON	SEQUENCE OF	othe	28. PLA		Check on	1 [YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	diate NG c. c. d. d. ont conditions	DUE TO contributing to CONTRIBUTION TO THE T	death but no	Dt resulting	OTHE 4 No	28. PLA ER: unsing Home 28c, INJUR	CE OF DEATH (1) 5 Residence	Check on	1 [YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAS? PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Netural 5 ☐	diate NG c. ry d. d. D. MEOICAL	DUE TO	death but no	Dt resulting	OTHE	28. PLA ER: ursing Home 28c, INJUR	CE OF DEATH (1) 5 Residence	Check on	1 Dither (Special	YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAS? PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Natural 5 □ 1	of MEOICAL Pending myestigation	DUE TO contributing to HOSPITAL: inpettant 2 28e. DATE OF (Month, Di	death but not grade the second	Dt resulting (OTHE 4 OF NOTHER WAY	28, PLA ER: unsing Home 28c, INJUI WORI 1 YE	CE OF DEATH (1) 5 Residence RY AT K?	Check on	1 Dither (Spec	YES 2	JURY OCC	CUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other signification 25. WAS CASE REFERRED TO EXAMINER? 1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH 1 ☐ Natural 5 ☐ 6 2 ☐ Accident 6 3 ☐ Suicide 8 ☐ 6	diate NG c. ry d. d. D. MEOICAL	DUE TO contributing to HOSPITAL: inpettant 2 28e. DATE OF (Month, Di	(OR AS A CON death but no ER/Outpetient INJURY 19, Year)	Dt resulting (OTHE 4 OF NOTHER WAY	28, PLA ER: unsing Home 28c, INJUI WORI 1 YE	CE OF DEATH (1) 5 Residence RY AT K?	Check on 6 - 6 - 28d.	1 Dither (Spec	PERFORI YES 2	JURY OCC	CUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
H any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1	o MEOICAL Pending envestigation Could not be letermined	DUE TO contributing to HOSPITAL: Inpettant 2 28a. DATE OF (Month, Di	death but not get the second s	ot resulting in the state of th	OTHE 4 No. E OF URY M	28. PLA ER: unsing Home 28c. INJUI WORN 1 YE	CE OF DEATH (I	Check on 6 (28d. 28d. 28l.)	1 Dither (Spec DESCRIBE	PERFORI YES 2 : cify) E HOW IN	WED? NO NO NO NO NO NO NO NO NO N	CUREO or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
If any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 6 of the control of the contro	o MEOICAL Pending envestigation Could not be letermined	DUE TO contributing to HOSPITAL: Inpettant 2 28e. DATE OF (Month, Dividing,	(OR AS A CON death but no ER/Outpetient INJURY INJURY — At etc. (Specify) my knowledge,	ot resulting in a DOA 28b. TIM INJ	OTHE UT	28. PLA ER: Insing House 28c. INJUI 1 YE ctory, office	CE OF DEATH (1 5 Residence 7 7 7 7 7 7 7 8 2 NO	28d.	Describer (Special Describer (Sp	YES 2: Offy) E HOW IN (Street are, n, State)	JURY Oct	or Aural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 6 of the control of the contro	o MEOICAL Pending envestigation Could not be letermined	DUE TO contributing to HOSPITAL: Inpettant 2 28e. DATE OF (Month, Dividing,	(OR AS A CON death but no ER/Outpetient INJURY INJURY — At etc. (Specify) my knowledge,	ot resulting in a DOA 28b. TIM INJ	OTHE UT	28. PLA ER: Insing House 28c. INJUI 1 YE ctory, office	CE OF DEATH (1 5 Residence 7 7 7 7 7 7 7 8 2 NO	28d.	Describer (Special Describer (Sp	YES 2: Offy) E HOW IN (Street are, n, State)	JURY Oct	or Aural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
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If any, leading to immedicause. Enter UNDERLY'II CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 6 2 Accident 8 6 4 Homicide 8 6 2 MEONI 29b. SIGNATURE AND TITLE PART II. Other significant 29b. SIGNATURE AND TITLE PART II. Other significant 20c. CERTIFIER (Check only one) 2 MEONI 29b. SIGNATURE AND TITLE 20c. CERTIFIER 1 2 MEONI 29b. SIGNATURE AND TITLE	D MEDICAL Depending neestigation Could not be betarmined DEFING PHYSICI. CAL EXAMINER: OF CERTIFIER PERSON WHO	DUE TO Contributing to HOSPITAL: Selection Properties 1	death but not be seen and seen	ot resulting in the state of th	OTHE OF URY M street, fa	28. PLA R: Insign Home 28c. INJUI 1 YE Ctory, office Itime, data ai opinion, des	S Pesidenc TY AT Y S 2 NO nd place, and dith occured at the	28d. 28f. 28f. UMBER	1 Dither (Special Describer Control City or Town date and p	YES 2 : Street a.m., State) W Me	JURY OCC And Number There is state due to the Ma dica	or Rural Rur	AMALBALE PRIOR TO COMPLETION OF CAUSE OF DEATHY! 1 VES 2 NO Number. end manner ee stated. (Month, Day, Year) 5 1993 nter
H any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Netural 5 □ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o MEOICAL Pending Investigation Could not be letermined IFYING PHYSICI. CAL EXAMINER: OF CERTIFIER PERSON WHO OOTIC (1)	DUE TO contributing to HOSPITAL:	death but not be to be t	Dt resulting in the second sec	OTHE OF URY M street, fa	28. PLA R: Insign Home 28c. INJUI 1 YE Ctory, office Itime, data ai opinion, des	S Pesidenc TY AT Y S 2 NO nd place, and dith occured at the	28d. 28f. 28f. UMBER	1 Dither (Specalise Location City or Town	YES 2 : Street a.m., State) W Me	JURY OCC And Number There is state due to the Ma dica	or Rural Rur	AMALBALE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Poute Number, end manner ee stated. Month, Day, Year) 5 1993

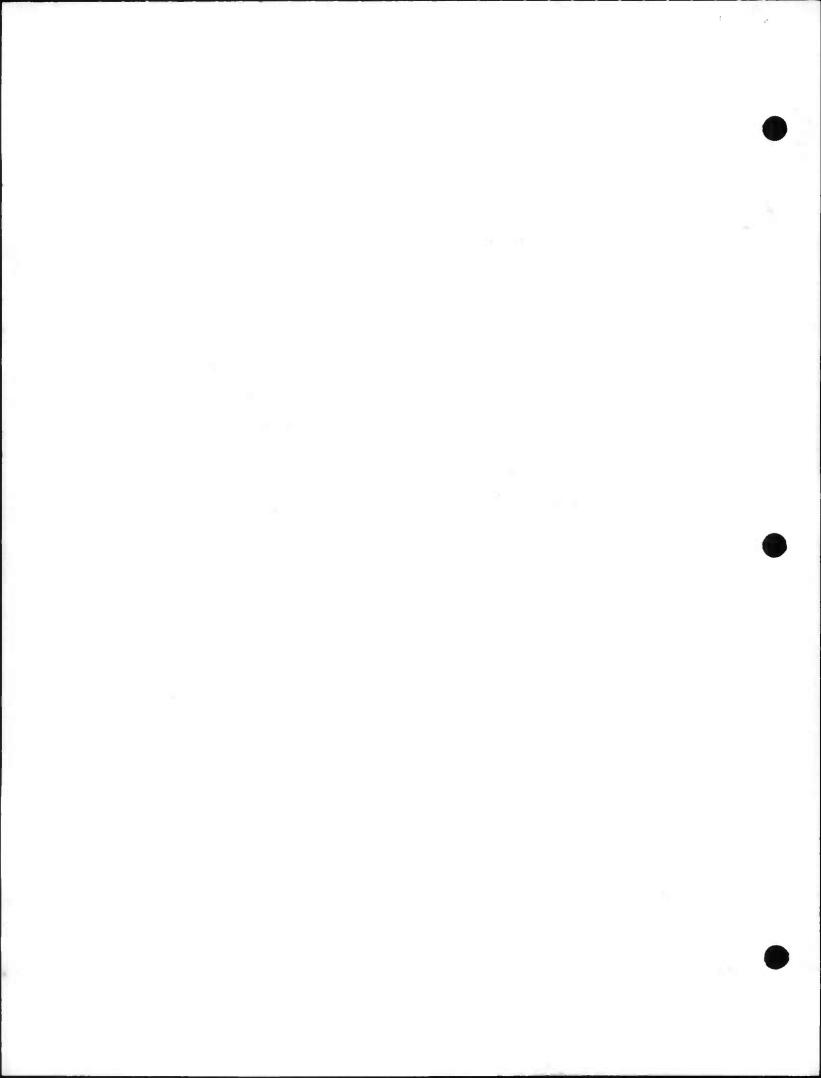
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

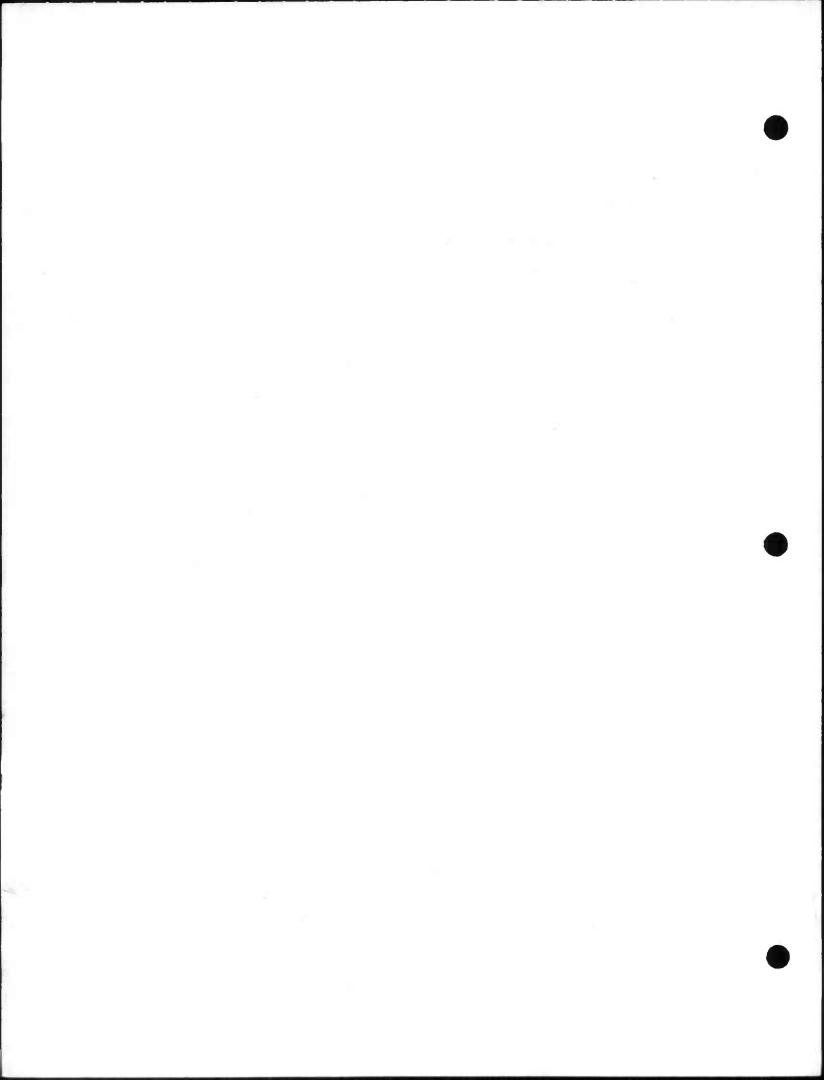
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

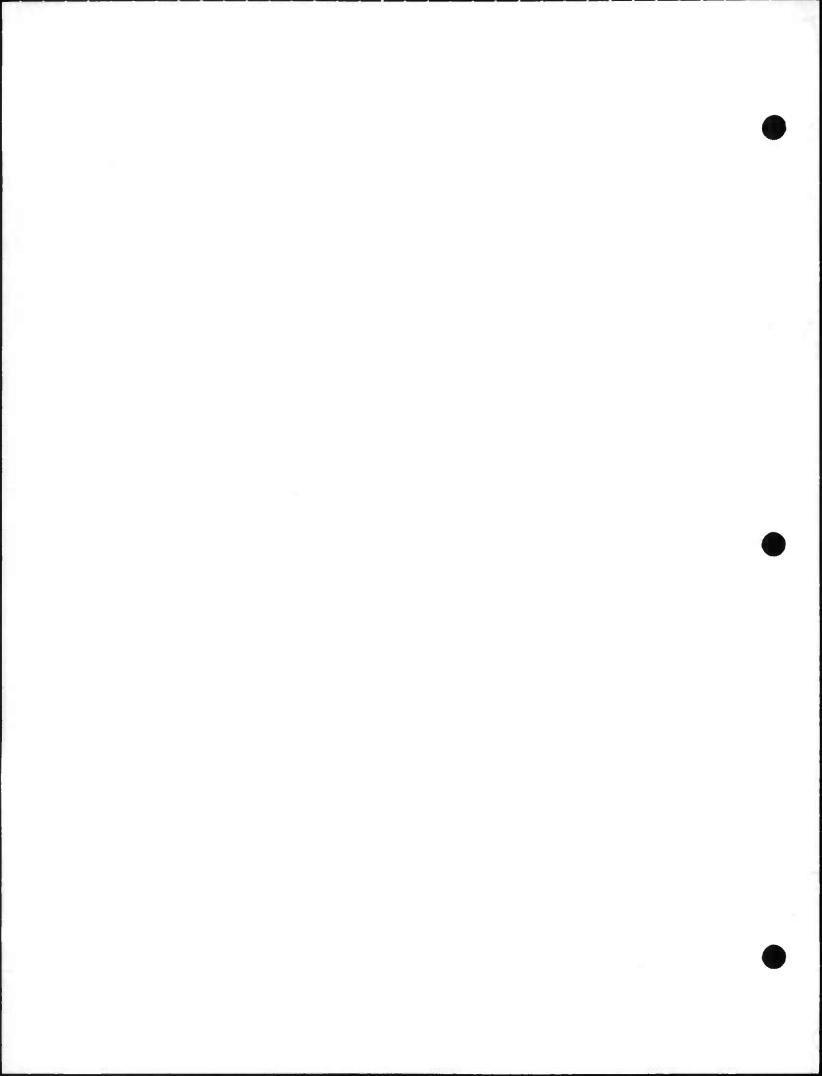
_	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	E HIAT			2. DATE OF OEATH	M// - 3	3. TIME OF	DEATH P	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr 1 \(\triangle M \(2 \) \(\triangle F \) \(7 \) 6		F UNDER 1 YEAR ONTHS DAYS	7. DATE OF BIRTH 8. BIRT		BIRTHPLACE (State Country) N.C.		
TOR	9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PALINGE PRESIDENCE OF DECEMENT								
DIRECTOR	10a. STATE TOB. COUNTY	ce George's		Washi			10d. INSIDE LIMITS	CITY	
D BY FUNERAL	13400 Reid Ci	rcle		101	20744			ted Sta	
	11. MARITAL STATUS 1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14	RACE — American Black, White, etc. Specify: Whi				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION ompleted) 164 College (1-4 or 5+)	Give kind of work Me. Do NOT use in	k done during mo atired.)	N st of working	Own H		TRY	
	17. FATHER'S NAME (First, Middle, Last) Bart Prevost		nonen	arei	18. MOTHER'S NAMED I ZA	ME (First, Middle, Melder Deth Davis	Surname)		-
TO BE	190. INFORMANT'S NAME (Type/Print) Wanda S. Staffeld	lt	19b. MAILING AD		nd Number or Rural F	noute Number, City or Tox		de)	
	Same as 10a-10f. 20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal Irom State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commettery, crematory or other place). Velva Cemetery 5-15-93 Velva, N.D.								
	21. SIGNATURE OF FUNERIAL SETRICE LICES	HSEE		22. NAME AN 6633 C Clinto	on ADDRESS OF FAC Id Alexa In Md. 207	nder Ferry 35	neral F 7 Road	lome, Inc.	
	IMMEDIATE CAUSE (Final	HBC/C A L	PV	LMO.	WARY	EDEN	1A	Interv Onset	eximate al Between and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): AND OR MYOCARPING INFACTION DUE TO (OR AS A CONSEQUENCE OF): AND OR MYOCARPING INFACTION DUE TO (OR AS A CONSEQUENCE OF): AND OR MYOCARPING INFACTION DUE TO (OR AS A CONSEQUENCE OF): CALLSE (Disease or condition) AND OR MYOCARPING INFACTION DUE TO (OR AS A CONSEQUENCE OF): CALLSE (Disease or include)								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM P(X-WH- XX	NSEQUENCE OF):	VASC	UCAX	DISCAS (
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pa ASPIKATION 1, ANEMIR MBCNUTRITION						AUTOPSY RMED?	24b. WERE AUTOP. AWAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
CIAN:	25. WAS CASE REFERRED TO MEDICAL	PATION (METABU	26. PL	CIPO 5/ J	ck only one)			
PHYSI	1 YES 2 NO 1 27. MANNER OF DEATH 1 No Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJU	JRY AT RK?	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	ED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, lerm, stre		ES 2 NO	281. LOCATION (Street City or Town, State)	and Number or I	Burat Route Number,	
COMPLETED		AN: To the best of my knowledge							-
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	On the beels of examination and	Lec	MD W	200 LICENSE NUM	DED	and DATE OF	ONED 44	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			ANIZ	7F9 0 6- 207	CEE	1 M)	,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE		N M	4 201	72	<u>. </u>	





0, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi	remation, or removal.	int. the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	DIRECTOR: After this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other fraumatic event, the medical examiner must be notified at once
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	1/./			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE (II	n yrs. lest birthday)	IF UNDER 1 YEAR	5 23 7, DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	578-09-1076A	1□ M 2 💢 F 82	_	FORTHS DAYS HOURS MIN.	(Month, Day, Year) 12-19-1910	Washington, DC			
-	9a. FACILITY NAME (If not institution, give s	street and number)	.1.1	9b. CITY, TOWN OR LOCATION OF D		OUNTY OF DEATH			
DIRECTOR	Southern //a	ryland Hos	pital	Clinto	n Pr	ince George			
I I	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION		10d, INSIDE CITY			
	Maryland Prin	ice George's	Mar	low Heights		1 🗆 YES 💥 NO			
FUNERAL	3940 Bexley Plac	e Apt. 612		20746	10g. C	USA			
F. N.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			NIC ORIGIN? (Specify Yes or No-				
æ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES 2 NO Speci		Specify: White			
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/II				
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	,,,				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		House		AME (First, Middle, Maiden Surname)	ome			
BEC	Benjamin C. Sear	`s		St	ella Sweeney	1 - 2 1 to			
2	19a, INFORMANT'S NAME (Type/Print)	1		DORESS (Street and Number or Rural					
	Brenda L. Sanfor	206.1		Accokeek Rd. Br.		Land 20613 - City or Town, State			
TO BE COM	1\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	Ar	etary, crematory or other lington N	Vat 1. Cem. 5-					
	21. SIGNATURE OF FUHERAL SERVICE LA	SENSE)	. /	22. NAME AND ADDRESS OF F	las Funeral Ho				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	shock, of heart fellure.	complications that caused List only one cause on ea	the deeth. Do no ch line.	t enter the mode of dying, suc	ch as cardiec or respiratory a	interval Between			
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Cardia	C an	sent.		Onset and Death			
	DUE TO (OR AS A CONSEQUENCE OF):								
3				t do					
NO	Sequentially list conditions,	Comas a	CONSEQUENCE OF):	eart dese	er				
CATION	if any, leading to immediate cause. Enter UNDERLYING	Comas a		eart dese	er				
MIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COMPANIE TO (O	CONSEQUENCE OF):	eart dese	er				
1 144	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COLUMN TO (OR AS	CONSEQUENCE OF):	yvass					
¥	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COLUMN TO (OR AS	CONSEQUENCE OF):	yvass	Part I. 24a. WAS AN AUTOPS! PERFORMED?	MAILABLE PRIOR TO			
¥	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COLUMN TO (OR AS	CONSEQUENCE OF):	yvass	Part I. 24s. WAS AN AUTOPS	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1XX Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION OF AS A CONTRIBUTION OF AS A CONTRIBUTION OF AS A CONTRIBUTION OF A	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in Item 3 DOA 28b. TIME INJUI At home, ferm, str	26. PLACE OF DEATH (C) OT HER: \[\begin{array}{c} \text{NVIRITY AT WORK?} \\ \text{M} & \begin{array}{c} \text{1 \cdot YES 2 \cdot NO} \end{array} \] No array \[\text{NO HC?} \\ \text{NO HC?} \\ \text{NO HC?} \\ \text{NO HC} \\ \text	Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 VES 2 NO Neck only one) 6 Other (Specify)	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO CCURED			
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COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in At home, ferm, str y) odge, death occurred	26. PLACE OF DEATH (CI OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? WORK? YES 2 NO eet, factory, office	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO 6 Other (Specify) 28d. DESCRIBE HOW INJURY Of City or Rown, State) 1 to the cause(a) and manner as at time, date and place, and due to	ARABABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED CCURED Are or Rural Route Number, teted, the cause(s) and manner as stated.			
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1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

225-50-2223

MAY 1 7 1993

Ruben

georges

10b. COUNTY

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

Cheverly

10c. CITY, TOWN OR LOCATION

HOURS

6. AGE (In yrs. last birthday)

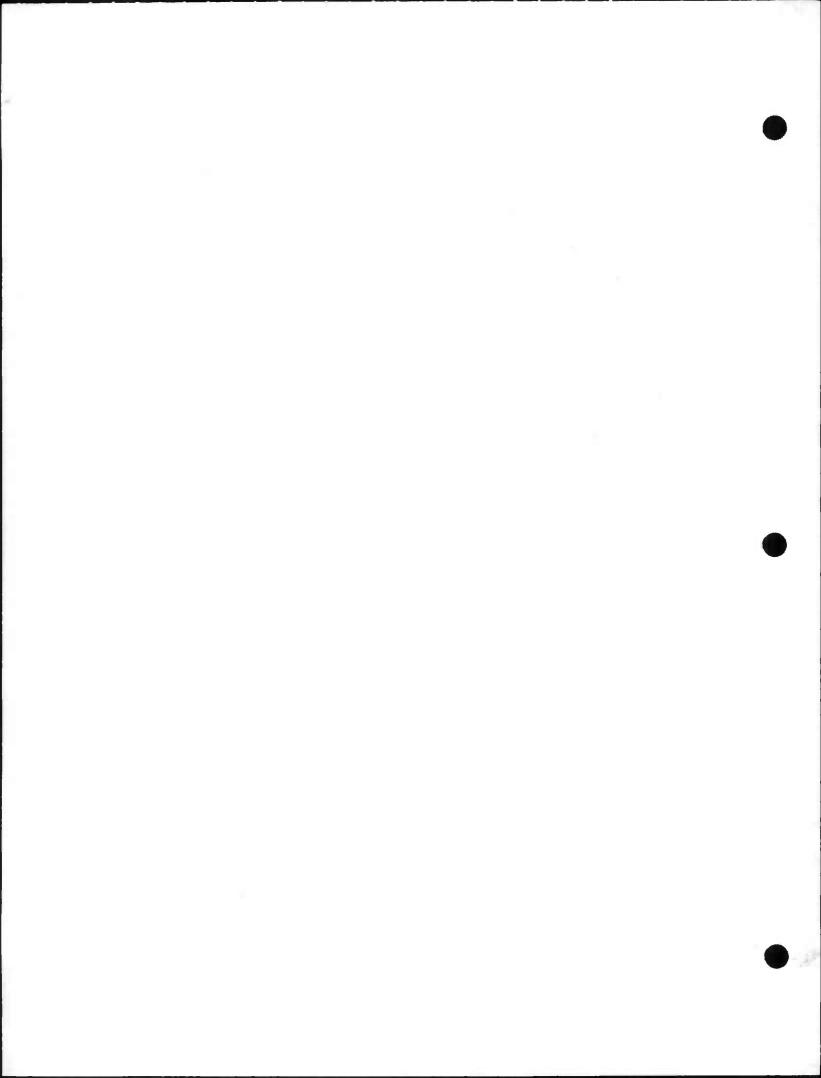
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(E	10
BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physician.
BALTIMORE.	hours after death. Page 6 may b
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
DIVISION OF VI'	OR ATTENDING PHYSICIAN

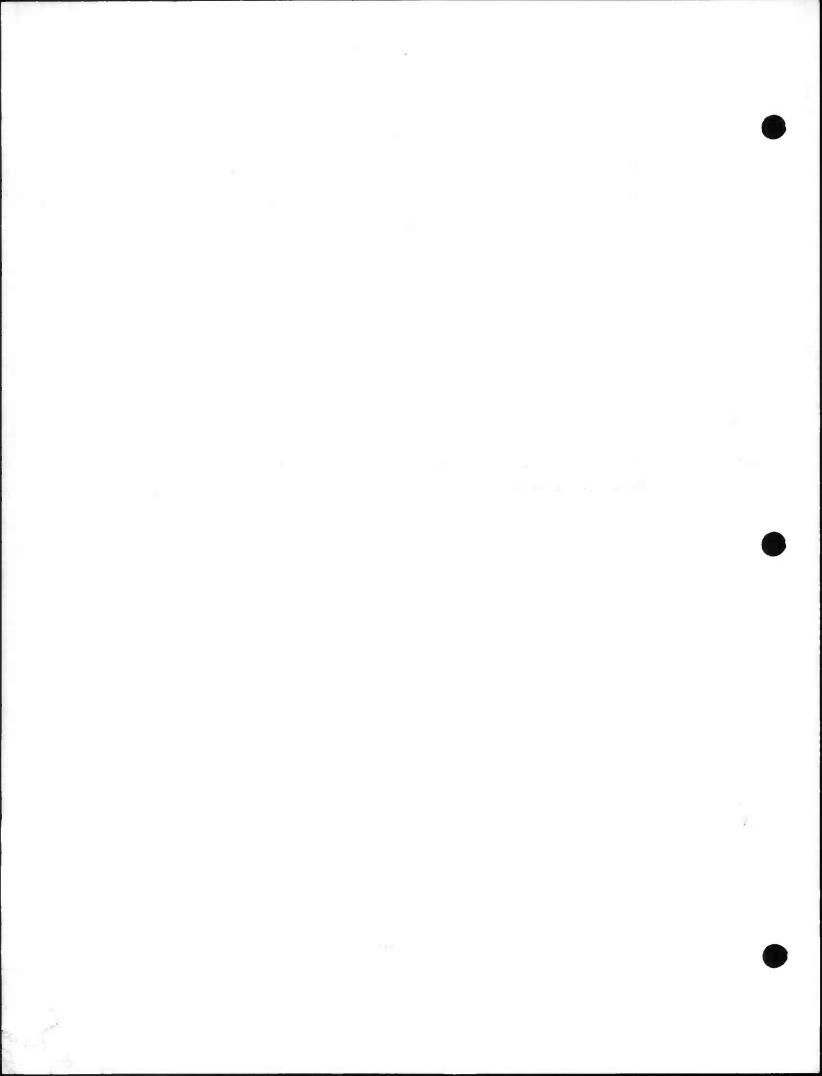
	ā	MARYLAND PRINCE	GEORGES			LA	NDOVER				
permit	₹ A	10e. STREET AND NUMBER				1	Of. ZIP CODE				
an. ransit	FUNER	6700 HAWTHORNE STRE					20785				
attending physician. use as the burial-transit	ВҰ	11. MARITAL STATUS 1 Never Married 2. Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2XOXN		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifit yea, specify Cuban, Maxican, Puerio Rican, etc. 1 Yes 2 N NO Specify:			IN? (Specify) Rican, etc.)		
× -	ETED	15. DECEOENT'S EDUCATI (Specify only highest grade con	(Gi	16e. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most at working life. Do NOT use retired.)				b. KIND OF B			
spital	COMPLE	Elementary/Secondary (0-12) 0	NSTRUCT		WORKER		P				
by the ho be detact		17. FATHER'S NAME (First, Middle, Lest) HARRY HUMES					18. MOTHER'S NA				
5 should be notified at	BE	19a. INFORMANT'S NAME (Type/Print)	RESS /Street	and Number or Rural		A FRYE					
De 19	2	RITA KENT			HORNE S'		LAND				
e 6 may rector, pa must b		20s. METHOD OF DISPOSITION 1-S Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		Ob. PLACE	IND DATE OF DIS	POSITION (iame of	OA			
24 hours after death. Page 6 m filled in by the funeral director, ion, or removal. the medical examiner musi		21. SIGNATURE OF FUNERAL SERVICE LICENS		lax	ton	22. NAME / J.B.	JENKINS LANDOVER	FUNE	ERAL H		
d in by the or removal		23. PART I. Enter the diseases, or com ahock, or heart fallure. List	pilcetions that cause on	sed the de	ath. Do not es	nter the m	ode of dying, suc	h ss ca	rdiec or rea		
nted within 24 hou completely filled I ial, cremation, or event, the mo		immediate cause (Finel disease or condition resulting in death) a. <u>Sudden Condense</u> Dearth Due to (or as a consequence or): Sequentially list conditions, b. Addus Security Conditions, Due to (or as a consequence or):									
and to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Arkura scluste: Clarolisms (Cause Consequence of): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
requires that the seen signed by of Health and shows any Ir	MEDICAL	PART II. Other significent conditions of	ontributing to death Alex-line	but not re	esulting in the	underlyl	ng ceuse given in	Pert I.	24a. WAS A PERFO 1 TYES		
V: The law cate has t State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. F	PLACE OF DEATH (Ch	eck only o	ne)		
SICIAN: The certificate the State I, or Item	YSIC	1 YES 2 - NO 1	OSPITAL: Inpetient 2 ER/O			HER: Nursing Ho	me 5 Realdence	a 🗆 Oth	er (Specify)		
DING PHYSI After this codeath with simmarked,	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s, DATE OF INJUR (Month, Day, Year		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW		
OR ATTENDIR DIRECTOR: At hours after de Item 28 Is	ETED	3 Suicide & Could not be detarmined	28e. PLACE OF INJU building, atc. (S	RY — At hor pecify)	ne, farm, atreel,	factory, offi	Ca	2af. LO	CATION (Street or Town, State		
	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0									
TO THE HOSPITAL TO THE FUNERAL OF RIGG WITHIN 72 P	B	296. SIGNATURE AND TITLE OF CERTIFIER	an				29c. LICENSE NUI				
6	٤	30. NAME AND ADDRESS OF PERSON WHO CO		CR,	127) (Type, Print) AIN He	ey					
6		MAY 1 7 1993	32. REGISTRAR'S SK	fandale	-						

REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH 7. DATE OF BIRTH (Month, Day, Year) FEB. 28, 1937 VIRGINIA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. es or No-BLACK SUSINESS/INDUSTRY RIVATE n Sumame) own, State, Zip Code) OVER, MD 20785 OCATION - City or Town, State NGE, VIRGINIA OME VER, MARYLAND 20785 piratory srrest, Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? N AUTOPSY 2 NO 1 TES 2 NO INJURY OCCUREO and Number or Rural Route Number, nd due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	nours after death. Proced makes are by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral current consists and be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be motified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Proper misses that by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner manner manner at once,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIEI		0 10/01		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM	ANTHONY	HALL		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	H.	MAL			5 2	8 9	3 11:25 "		
	217-36-6586	1 □X M 2 □ F 7			F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct. 26,		BIRTHPLACE (State or Foreign Country) aryland		
OR	90. FACILITY NAME (If not institution, give strends SOUTHERN MARY	CANDHOSA	ital "	CLIN	TON	Md	RIM	OF DEATH UCE GEORGE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	V.	10c. CITY, TO	OWN OR LOCATION	1			10d, INSIDE CITY		
	Maryland Prince	George's	Branc	lywine	P CODE		T	1 TYES 2 XX		
FUNERAL	16700 River Airpor	t Road			20613			ed States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECENE	DENT OF HISPAN	IC ORIGIN? (Specify Y		. RACE — American Indian.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (2) YES IF YES, GIVE WAR OR D. WW-2		1 - YES 2 [y Cuban, Mexica NO Specify	n, Puerto Rican, etc.)		Specify: White		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION ompleted)	18a. DECEDENT'S USI	done during most of	f working	16b. KIND OF BI	ISINESS/INDUS	TRY		
LE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use re			Λ				
NO	17. FATHER'S NAME (First, Middle, Last)	0	<u> Far</u>	mer	MOTHER'S NA	ME (First, Middle, Malde	culture	2		
BE C	Roy William Hall			"		hompson	Gurialitey			
TO B	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AD	DRESS (Street and I		Toute Number, City or To	vn, State, Zip Co	rde)		
F	Shirley Boswell		15801 Le	tcher Ro	oad - E	ast, Bran	dywine,	Md. 20613		
	29a, METHOD OF DISPOSITION XIA Burlal 2 Cremation 3 Remove	al from State 20b	PLACE AND DATE OF D	ISPOSITION /Name	of	0ATE 20c 1	CATION - CIN	or Town State		
	4 Donation 5 Other (Specify)	MI	d. State V	eterans	Cem. 6	-1-93 Ch	<u>eltenha</u>	m, Maryland		
	MENERAL BYE	Haum		The Hunt	tt Fune	ral Home,	Inc.			
	Mark G. Brohawn M00053 P.O.Box 156 Waldorf, Maryland 20604									
	shock, or heart failure. Lis	st only one cause on e	ach line.	enter the mode	of dyling, sucl	n as cardiac or resp	Hratory arrest	Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	(000)	-rov do cu	1000 0		24		Onset and Death		
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):					<u> </u>		
Z	Sequentially list conditions,	CUTC		tery	disec	ne		1		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	V						
I I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificent conditions	contributing to death b	ut not resulting in ti	he underlying or	Nice Olven In	Part I. 24e, WAS A	ALTTOREY	24b. WERE AUTOPSY FINDINGS		
CAL		strutive	nulmor	Server da	A GO GLA A	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	atrio ventria	1 1.1	ck with	nucen	N 170	1 □ YES	2 X	OF DEATH?		
ä				0	WIT IS	_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	E OF DEATH (Che	ick only one)				
IS!		☐ Inpatient 2 ☐ ER/Outp	etlent 3 DOA 4	Nursing Home 5		6 Other (Specify)				
	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	AT NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
D BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, atree		2 110	281, LOCATION (Street	and Number or	Rural Route Number		
Ш	4 Homicide 6 Could not be determined	building, etc. (Spec	effy)			City or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurred at	the time, date and	place, and due	to the cause(a) and ma	nner as stated.			
8 0								ause(s) and manner as stated,		
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER	7		29	c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)		
0 B	11 7ach	/.					> 5	-29-93		
	NACHNANI, SUNIC	0001	ATH (ITEM 27) (Type, Prin	oRd. +	1601	acinton	ma.	20135		
	JUN 0 1 '93	32. REGISTRAR'S SIGN		4			, , , , , ,			



BALTIMORE, MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proprieting the management in the heat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral orders.		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mothed at once.
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	PITA	Æ	in 7	
	HOS	S	with	M
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	10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	물
	*		_	-1

		4	۴							3	16782
	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / D	DEPARTMI RTIFICA	ENT OF H	IEALTH A	ND MI	ENTAL HYGIEN	E	, 0	10102
	1. DECEDENT'S NAME (First, Middle, Last)						- 1	2. DATE OF DEATH			3. TIME OF DEATN
	Elizabeth		Harper					5 1		93	7:50 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last b	oirthday) IF U	INDER 1 YEAR	IF UNDER 24	HRS. 7	7. DATE OF BIRTH			PLACE (State or Foreign
1 9	218-05-1601	1 M 2 X F	91	YRS. MONT	THE DAYS	HOURS	MIN.	(Month, Day, Year)	000	Country	Y)
1	9a. FACILITY NAME (If not institution, give stre	eet and number)		Oh	CITY, TOWN (OR LOCATION		Mar. 23.1			Α.
DIRECTOR	MEMORIAL HOSP		EASTON	2.2	EASTO		OF OEAT	N	5.14 - 5.55	ALBO	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
=	TOB. STATE TOB. COUNTY			10c. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
	Md. Caro	line		Fe	deral	shur	a			- 1	1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE	9		10g. CITI	ZEN OF W	HAT COUNTRY?
1 11	Maple A	venue				216	32				II C A
5		12. WAS DECEDENT EV			13. WAS DEC			ORIGIN? (Specify Yes	or No-	14 BACE	— American Indian,
	1 Never Married 2 Married	FORCES? 1 1	YES 2X NO		if yes, sp	ecify Cuban, I	Maxican, I	Puerto Rican, atc.)		Black	, White, etc.
BY	3 Widowed 4 Divorced	IEO, GAVE WALL	JN DATES		I U YES	2 NO	<i>Specify:</i>			Specif	
8	15. DECEDENT'S EDUCA		16a, DECE	DENT'S USUA	N. OCCUPATION	ON		16b, KIND OF BU	DIMESC (MC	MICTON	White
E	(Specify only highest grade of Elementary/Secondary (0-12)		(Give	kind of work do NOT use retin	fone during ma	st of working		IGE, KIND OF BU	DINESS/INL	JUSTRY	
1 2	1 1	College (1-4 or 5+)									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1 56	eamtr	ess				mst	cess	
	The second of the second of					18. MOTHER	R'S NAME	(First, Middle, Maiden	Sumame)		
BE	Adrian	Elmer B				Jose	ephi	ine Jago	ie		
0	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDI	RESS (Street a	nd Number or	Rural Rou	ite Number, City or Tow	n, State, Zip	Code)	
-	Alan J. PLanner		31	2 Mon	rris	Avenu	ue.F	ederals	burg	11 .	d. 21632
	20a, METNOD OF DISPOSITION 1	27. 000 7.002	20b. PLACE AN	D DATE OF DIS	SPOSITION (Na	me of	11.		CATION -		
	4 Donation 5 Other (Specify)	ral from State	cemetery, crema	Orde)		+	5	123/93	Pre	esto	n, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Ul			D ADDRESS	-		110	300	n, nu.
	1				Wil	liamo	s o n	Funeral	Цол	20	
	6,				Eod	Aral a	s buy	runerar	2163	22	
	23. PART i. Enter the diseasea, or co	mplications that ceu	used the deat	h. Do not er	nter the mo	de of dying	, auch a	na cardiec or reepi	ratory arr	eat,	Approximate
	snock, or neart railure. List only one couse on each line.								Interval Between Onset and Death		
	disease or condition resulting in death)	(60	2680	4)100	- 11	07	A	00,010	15		13.1
	resulting in death) / a.	DUE TO (OR	CEREBRIVAGEURA ACEI						A !		Inles
	_										i
CERTIFICATION	Sequantially list conditiona, b.	DUE TO (OR	AS A CONSEQUE	ENCE OED							
A	if any, leading to immediate cause. Enter UNDERLYING		// 00/102000	Livol Or j.							
[유 [CAUSE (Disease Dr Injury C.	DUE TO (OR	AS A CONSEQUE								
Ē	that initiated events resulting in deeth) LAST	DOE TO (OR)	AS A CONSEQUI	ENCE OF:							
H H	d.										
I ~. I	PART II. Other significant conditions	contributing to deel	th but not rea	ulting in the	. underhiler	a course obs	on in Do	m ! 04- 1100 AV	**********		
8	Hoese	SEENDS	515	anting in the	o andertymi	couse give	on mra	rt i. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
اقا	1/2 :=	SENO	2 - 0					_ 1 TYES 2	NO		COMPLETION OF CAUSE DF OEATH?
PHYSICIAN: MEDICAL	156460	nic MGA	20 (11)	50/05	-			_		1	1 YES 2 NO
ä											
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF OEAT	TH (Check	only one)			
Sic		HOSPITAL:	Outpatient 3 🗌		HER:	e 5 □ Beeld	ence #	Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJU		86. TIME OF	28c. INJ	_		ed. DESCRIBE NOW II	HINDY OCC	LIBED	
	1 Natural 5 Pending	(Month, Day, Ye	er)	INJURY	WO	RK?				Jones	
2 Accident finvestigation M 1 YES 2 NO 2 Accident finvestigation M 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LL											
a	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	, serm, street ,	ractory, office	•	28	BI. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
Ш											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my k	nowledge, dasth	occurred at t	the time, data	and place, an	d due to	the cause(s) and man	ner as state	ed.	
S	One) 2 MEDICAL EXAMINER:										and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	7	-/								
Щ	2	tre	done	100		29c. LTCENS			29d. DATE	SIGNED	(Month, Day, Year)
100	1)23962 > 5.19.93								7.7 <		

MARUELCE

32/ REGISTRARYS SIGNA THE

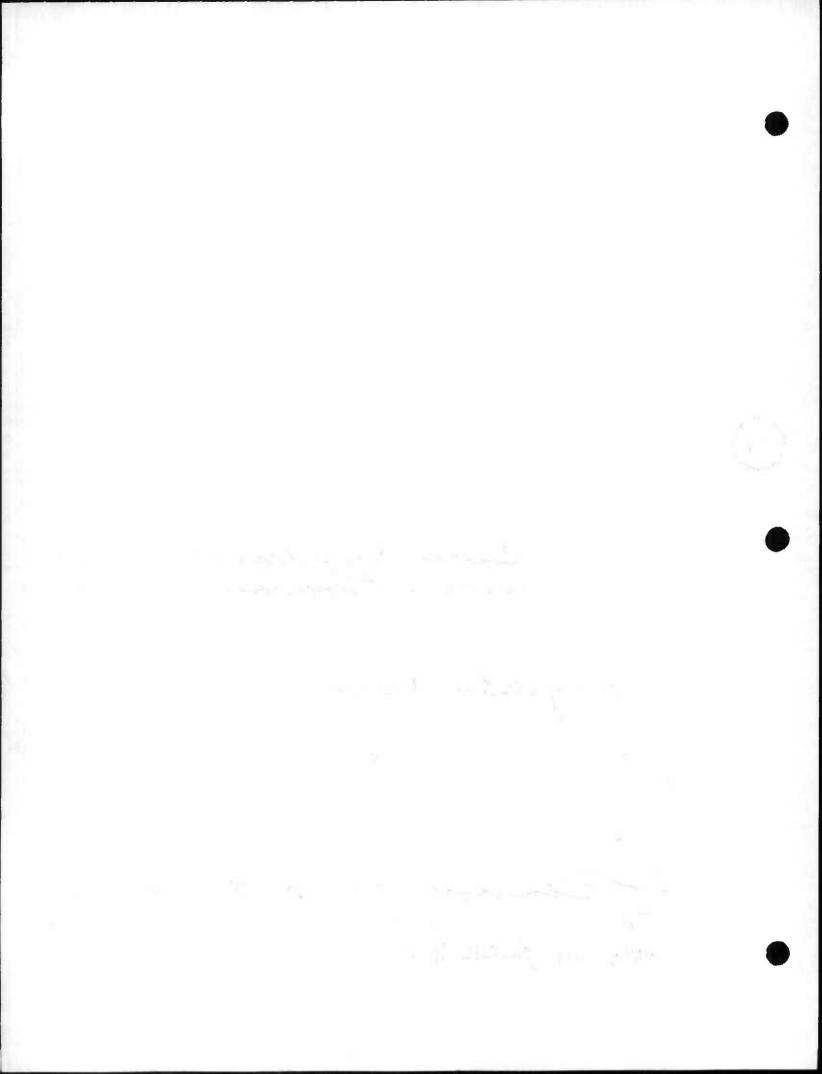
EASTON MOZIGUI

: 5

BALTIMORE, MARYLAND 21215-0020	the parent of by the hospital or attending physician.	The final be detached for use as the burial-transit permit. Par	t be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMOR	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral characteristic per size of the burial-transit permit. Par be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremanial, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

									93	16783	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND /	DEPAR	TMENT (OF DE	TH AND	MENTAL HYGIE	NE	10100	
	1. DECEDENT'S NAME (First, Middle, Lest)				107	01	Air	2. DATE OF DEATN	J.	3. TIME OF DEATN	
	RICHARD	JACKSON	HOLM	EAD				MONTH	DAY 1.0	YEAR 1 - T	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last	hirthring	IF UNDER 1 Y			MAY		773	M
	577-12-5324		88	YRS.		AYS HOU	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		 BIRTNPLACE (State or Foreign Country) 	m
								OCT. 17,	1904	MARYLAND	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) RANDOLPH HILLS NURSING HOME 9b. CITY, TOWN OR LOCATION OF DEATN WHEATON							EATN	1	ONTGOMERY	
5	RESIDENCE OF DECEDENT										
8	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY	
	MARYLAND MONT	TGOMERY		SI	LVER	SPRIN	G			1 YES 2 NO	
A	10e. STREET AND NUMBER					10f. ZIP C	CODE		10g. CITIZ	EN OF WNAT COUNTRY?	
ERAL	1403 NOYES DRI	IVE					209	10	US	2 A	
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARI	MED	13. Wh	S DECENDER		NIC ORIGIN? (Specify Y			
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If y	s, specify C	Suben, Mexica NO Specif	in, Puarto Rican, etc.)	IS OF NO.	 RACE — American Indian, Black, White, etc. Specify: 	
0	15. DECEDENT'S EDUCA	ATION	16a DEC	MOCNITIO.	HOUSE OOO					WHITE	
1 11	(Specify only highest grade of	completed)	(Gh	re kind of v	USUAL OCCU vork done duri e retired.)	ng most of w	orking	16b. KIND OF BI			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)						AMERIC	AN FEI	DERATION OF	
COMPLETED	12		TRE	<u>ASUR</u>	ER					MUSICIANS	
8	17. FATHER'S NAME (First, Middle, Last)					18. N	IOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
H		DERICK HOLM	IEAD,				ARIE		STUBBS		
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	treet and Nun	nber or Rural	Route Number, City or To	wn, State, Zip C	lode)	
-	CORNELIA H.	OPLINGER	14	03 N	OYES I	DRIVE	, SILV	VER SPRING	. MD 2	20910	
	20a. METNOD OF DISPOSITION 1X Burial 2 Cremation 3 Remov		. PLACEA	NDDATE	F DISPOSITIO	N (Name of				ty or Town, State	
	4 Donation 5 Other (Specify)	rai from State cen	OCK Cren	CRÉÉ	K CEM	ETERY		1.	HINGTO		
	21. SIGNATURE OF PUNERAL SERVICE LICE	NEE O			22. NAI	ME AND ADD	PRESS OF FA	CILITY			_
	- (Inchew)	J. Cole			FRA	ICIS .	J. COI	LINS FUNE	RAL HO	ME, INC. SP., MD 20	เจก
	23. PART I. Enter the diseases, or co	molications that cause	d the des	th Do n							70
	arrock, or neert renure. Li	et only one cause on e	ach line.		or orner tr	inode of	dynig, suc	in all cardied of reep	nratory arre	at, Approximata Interval Batwo	een
1 1	iMMEDIATE CAUSE (Finel disease or condition	1 1	/	11/		1	1	2/		Onset and Da	ath
	reaulting in death) a.	Cereb	zal	Va	rocu	lar	lee	cedent		485	
	DUE 10 (0W AD A CONSEQUENCE OF)										
RTIFICATION	Sequentially list conditions, Cerebral arteriosclesses 985										
E	If any, leading to immediate cause. Enter UNDERLYING										
5	CAUSE (Disease or injury C.	DUE TO LOT LA									
ΙĒΙ	that initiated events	DUE TO (OR AS A	CONSEC	JENCE OF):						
#	d.										
1	PART II. Other aignificant conditions	contributing to death it	out not re	sulting I	n the under	dylna cour	e alven in	Port I are uno a	LAUTOROU		
8	Con many	dotan	1	17	rea	-	e given in		RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
EDICAL	- CD 1.0-120 M	co vie ii	7 0	or.	rena			1 [] YES	2 NO	OF DEATH?	Ε
Σ		/								1 TYES 2 NO	
HYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE O	F DEATN (Chi	ock only one)			
Si		HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3	DOA	OTHER:	Nome 5	Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY		28b. TIME	OF 28	. INJURY AT		28d. DESCRIBE NOW	INJURY OCCU	RED	
ВУБ	1 Natural 5 Pending	(Month, Day, Year)		INJI		WORK?	2 NO				
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At hom	e, ferm, s				281. LOCATION (Street	and Number or	Rural Bouta Number	
윤	4 Homicide determined	building, etc. (Spec	cify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State)	nursi noute number,	
9	29a. CERTIFIER										
COMPLET	(Check only	AN: To the best of my know On the basis of examination	ledge, deal n and/or in	th occurre	d at the time, i, in my opini	data and pla on, death oc	sce, end due cured at the	to the cause(s) and ma time, data and place, e	nner as atated	i. cause(s) and manner as stated	1.
ш	25% SUPRATURE AND TITLE OF CERTOFIER		-	1			ICENSE NUM			BIGNED (Month, Day, Year)	
TO B	AT JAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN /ITEM	27) /3	200		D53	57	15/	21/93	
	R.T. BenAck	MO	41	15	Col	le l	DR.	Wheat	mi	Md 20906	,

MAY 2.4 1993

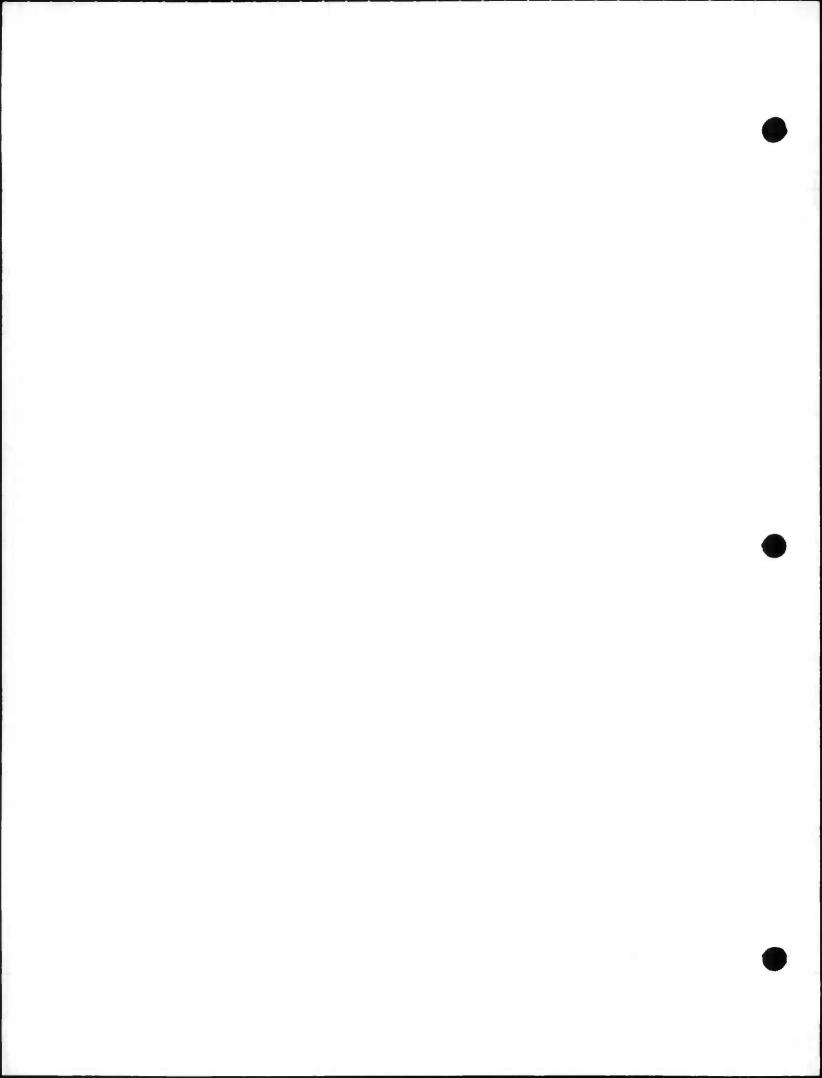


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 16781	93		6	7	8	L
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	REGISTRAR		CERTIFI	CATE	F DEATH_	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last) ELS	TE HOP	KINS			2. DATE OF DEATH	DAY Y	3. TIME OF OEATH 6:30A			
1 1			(In yrs. lest birthday)	IF UNDER 1 YE		May 20,	1993	BIRTHPLACE (State or Foreig			
- 3			82 YRS.	MONTHS DAY	YS HOURS MIN.	02-16-	1911	Maryland			
CC	9a. FACILITY NAME (If not institution, give stre	r	706		VN OR LOCATION OF D		9c. COUNTY				
DIRECTOR	1400 Fenwick Lane, Apt. 706 Silver Spring MONTGOMERY										
E	Maryland Mo	ntgomery		TOWN OR LO			_	10d. INSIDE CITY LIMITS?			
1 1	10e. STREET AND NUMBER	SIIVe	r Spring		I AND CITIZEN	1 YES 2 NO					
FUNERAL	1400 Fenwick La	ne			2091	.0		U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Middwed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 ANO ATES	If you	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 NO Specif	en, Puerto Rican, etc.)	fes or No— 14	RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S I		PATION most of working	16b. KIND OF E	USINESS/INDUS	TRY			
E		College (1-4 or 5+)	Me. Do NOT use	retired.)							
COM	17. FATHER'S NAME (First, Middle, Last)		DON	estic	18 MOTHED'S N	LME (First, Middle, Maid	an Gramama)				
6	George A. Ada	ams				liza Jac					
TO BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Str	eet end Number or Rural	Route Number, City or To	own, State, Zip Co	^{de)} 20744			
	Louis A. Adams		2412	Corr	ning Ave	, Ft. W	ashing	ton, 20744			
	20a. METHOD OF DISPOSITION 1. Murial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE AND DATE O petery, crematory or oth OFDECK	FDISPOSITION Ther place) Memor	Name of Cial Par	DATE 20c. 1	location - city	or Town, State			
0	21. SIGNATURE OF FUNERAL SERVICE LICEN	YSEE		22. NAM	E AND ADDRESS OF FA	CILITY					
	SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										
event, the medical	shock, or heart fallure (List IMMEDIATE CAUSE (Final disease or condition resulting in death) s.	Co	Cardiac W.W.	dw	est Co)	ž ·		Interval Bets Onset and D			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (DR AS A CONSEQUENCE OF): Due to (DR AS A CONSEQUENCE OF): Due to (DR AS A CONSEQUENCE OF):										
	resulting in death) LAST		TONISEOUENCE OF)• —————							
CALC	PART II. Other algnificant conditions	contributing to death b	ut not resulting in	the underl	ying ceuse given in	Part I. 24s. WAS A	ORMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU			
N: MEDICAL C	Rhely	of sid out	J-F-1			1 🗆 YES	2 g HO	OF DEATH?			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (C)	eck only one)					
IS I		☐ Inpetient 2 ☐ ER/Outp		OTHER: 4 Nursing I	- 0	6 Other (Specify)					
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY	INJURY AT WORK?	28d. DESCRIBE HOV	/ INJURY OCCUR	ED			
- 1	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st				I. LOCATION (Street and Number or Rural Route Number,				
1 ETE	4 Homicide determined					City or Town, Ste					
COMPLETED		AN: To the best of my know On the basis of examination						ause(e) and manner as state			
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	loma	1/7/1	7	29 PICENSE NU	MBER 921	29d. DATE S	SMED (Morith, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO O	J St #20	ATH (ITEM 27) (Typo.	Print)	pring	, MD 20	910	OKI KWON			
	31. DATE FILED (Month, Day, Year) MAY 9 / 1993	Julia Davidson	-Handell								



ificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

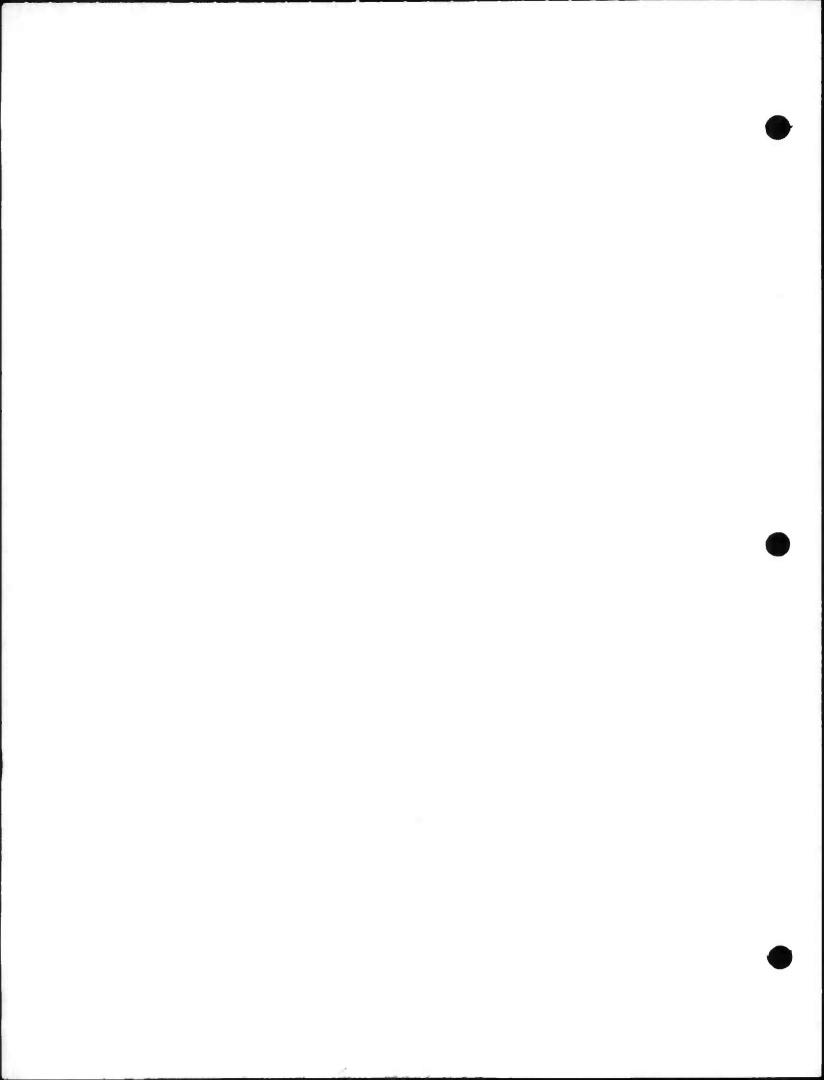
. BOX 68760, DIVISION OF VITAL RECO

find physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hypme prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires in the configurate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the property of the completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Hearn the State Dept. of He

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 24 1993

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MEN			E	70	16/	82
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE	- 01	DLA		Las		G. NO.		_		
	,	2011								ATE OF DI	EATH DA	٧	YEAR	3. TIME OF DEA	HTH
	ANTHONY	DOMINIC	QUE		H	IART				25	2	0	93	11.4	5 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDE	1 24 HRS.	7. D/	ATE OF BI	RTH		8. BIRTI	IPLACE (State or I	
1	N/A	1 🔀 M 2 🗌 F		2½	DAYS	HOURS	MIN.	102	onth, Day,	-19	93	Count M =	ryland	1	
	9a. FACILITY NAME (If not institution, give st	(met and number)				TOWN C	OR LOCATI	044.05.05		. 03					
Œ					50. Ci i i	, IOWN C			EAIM				NTY OF D		
5	MONTGOMERY GEN	IERAL HO	SPITA	I.			OLN	EY				MO	NTG	OMERY	
MONTGOMERY GENERAL HOSPITAL OLNEY BESIDENCE OF DECEDENT 10a. STATE Maryland Montgomery															
E		tgomery	7	100. 011			Sp	rinc	Y					10d. INSIDE CIT LIMITS?	γ
							Op.							1 🗌 YES 2 🕏	NO
M	104. STREET AND NUMBER	-				101	ZIP COD	_				10g. CITI	ZEN OF	WHAT COUNTRY?	
FUNERAL	14211 Georgia	Ave., #	202				20	906					U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. \	WAS DEC	ENDENT (OF HISPAN	NIC OR	IGIN? (So	acity Van	or No I	14 BACI	E — American Ind	la-
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 IF YES, GIVE W	YES Z	Mo.	1	if yes, spe	ecity Cubs	n, Mexica	in, Pue				Blac	k, White, etc.	
B∀	3 Widowed 4 Divorced	IF TES, GIVE W	MA ON DATES		,	I L YES	2 X NO	Specify	y.				Spec	₩ Bla	ick
0	15. DECEDENT'S EDUC	CATION	16a I	DECEDENT'S	USUAL OC	CCUBATIO	201			lore min	1000				
E	(Specify only highest grade			(Give kind of	work done o	during mo	st of worki	ng		190. KINU	OF BUS	INESS/INC	JUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	•) "								/ -				
ž	N/A			IV,	/A						N/A				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (Fir	st, Middle,	Maiden S	Surname)			
8	William Antho	ny Turr	er, J	r.				Sher	ra	у Н	art				
	19a. INFORMANT'S NAME (Type/Print)		,	96. MAILING	ADORESS	(Street a	nd Number	or Rural F	Floute N	lumber, Cit	y or Town	, State, Zip	Code)		
2	Sherray Hart (Mother)												, MD 2	090
	20s. METHOD OF DISPOSITION			E AND DATE											.050
	1 N Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	ovel from State		rematory F				n .				ocation - city or Town, Stata ilver Spring, MD			MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /					D ADDRE			/ - 1			. 01	Ting,	HID
	0-10-1	//	1.		S	NOW	DEN	FUN	ĬĔŔ	AL	HOM:	E. E	. A.		
	Surge n.	/sucu	udle	~			VIL				085				
	23. PART I. Enter the disesses, or co	omplications that	caused the c	leath Do r						andles o	r reamin				
23. PART I. Enter the disesses, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.										Seiniec o	atory arr	rest,	Approxim	nats	
		List only one cau	se on each iir	10.								atory arr	rest,	Interval E	letween
	iMMEDIATE CAUSE (Final disease or condition	List only one cau	se on each iir	10.								atory arr	rest,		letween
	IMMEDIATE CAUSE (Final	SUDD	lden I	nfant	t De							atory arr	rest,	Interval E	letween
	iMMEDIATE CAUSE (Final disease or condition	SUDD	se on each iir	nfant	t De							atory arr	rest,	Interval E	letween
NO	immediate cause (Final disease or condition resulting in death)	Sud DUE TO	Iden I	nfant	t De							atory arr	rest,	Interval E	letween
ATION	immediate cause (Final disease or condition resulting in death) Sequentisly list conditions, if sny, is ading to immediate	Sud DUE TO	lden I	nfant	t De							atory arr	rest,	Interval E	letween
FICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, is ading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OR AS A CONS	nfant	t De							atory arr	est,	Interval E	letween
ITIFICATION	immediate cause (Final disease or condition resulting in death) Sequentisity list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	Iden I	nfant	t De							atory arr	est,	Interval E	letween
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IL CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentisity list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSI	nfant	t De	ath De7	Syn	ndro >yı	ome NP	ro in	25			Interval E Onset sn	letween d Deeth
ا بـ	immediate cause (Final disease or condition resulting in death) Sequentisity list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSI	nfant	t De	ath De7	Syn	ndro >yı	ome NP	. 24a.	WAS AN A	UTOPSY MED?		Interval E Onset sn	letween d Dasth
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

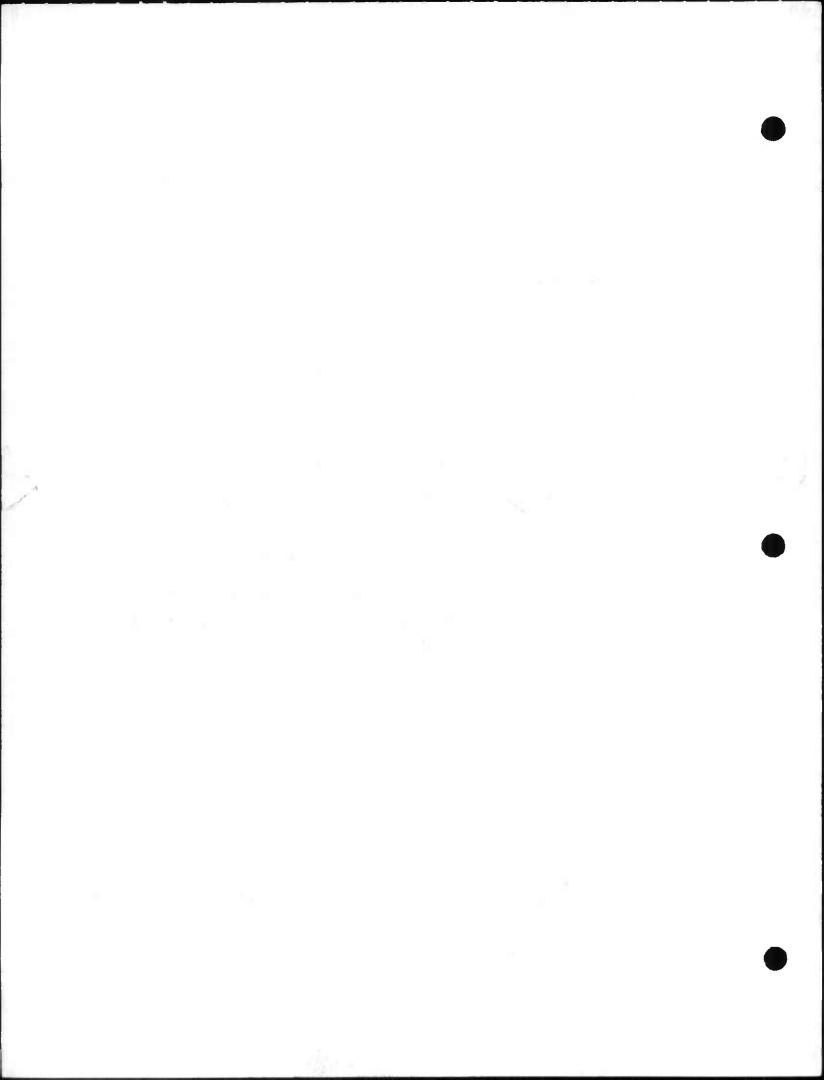
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundant director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

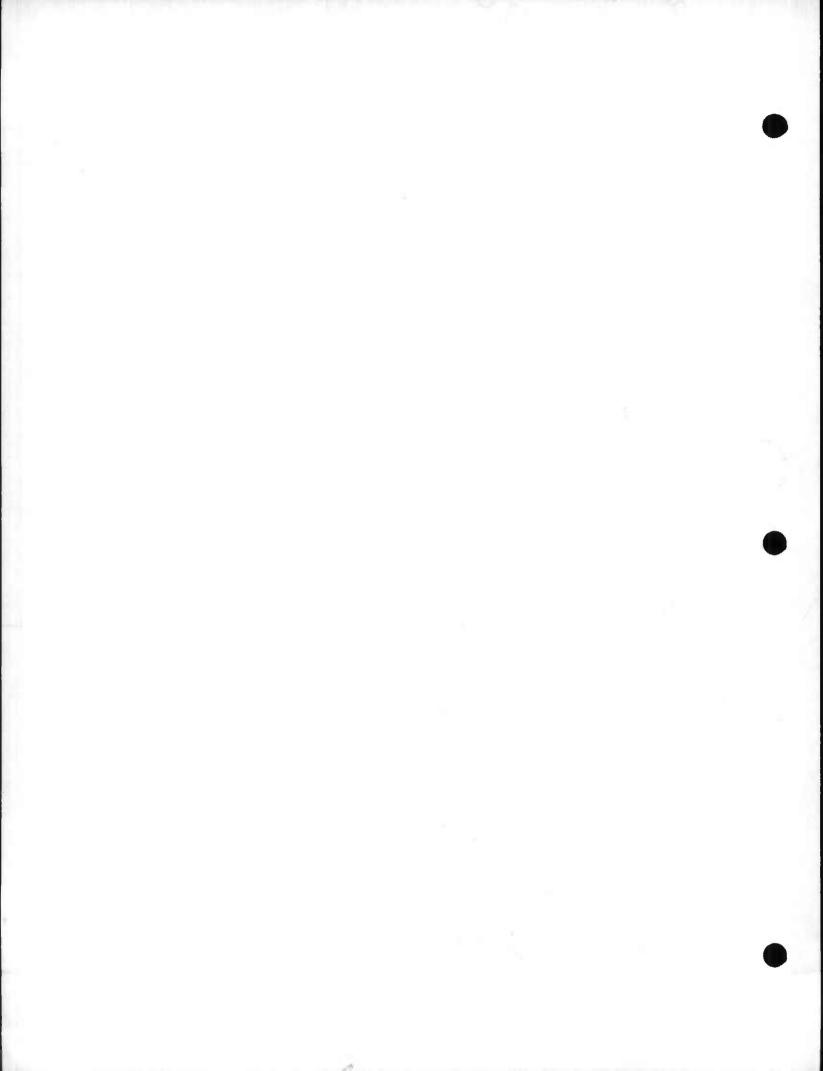
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	SIMIE UF I	MANTLAND /				DEAT		MENT	AL HYGIEN REG. NO.	E	20	10700	
	1. DECEDENT'S NAME (First, Middle, Lest) Albert Hoole	ALBERT	GNANIA		_				2. DATE OF DEATH DAY OF THE OF				3. TIME OF DEATH 07:45a	
	4. SOCIAL SECURITY NUMBER 213-15-1847	5. SEX	(iii) I dispert I read in under 24 line.					7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH Count	IPLACE (State or Foreign y) LANKA		
DIRECTOR	98. FACILITY NAME (If not institution, give st Montgomery Ge RESIDENCE OF DECEDENT		Iospita	1		у, тоwn с леу	R LOCATI	ON OF DE					EATH	
) EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION	_					10d. INSIDE CITY	
	MARYLAND M	ONTGOMER	RY			OLNE	Y						LIMITS?	
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	
NEF	18007 WAGONWHEEL						208					RI L	LANKA	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 TN MR OR DATES	MED O	13.	If yes, spi	ENDENT Color Cuba 2X NO	n, Maxica	n, Puerto	iiN? (Specify Yes o Rican, etc.)	or No—	14. RACI Black Speci	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ve kind of	USUAL C work done se retired.)	CCUPATIO during mo:	ON st of working	ng	16	Sb. KIND OF BUS	SINESS/IN	DUSTRY	110 1111	
MP	17. FATHER'S NAME (First, Middle, Last)	2	CLI	ERICA	AL W	ORKE					AL GOVERNMENT			
	EDWIN T. HOOLE							her's na SAMM		, Middle, Maiden				
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	\$ /Street a				E. mber, City or Town	LEIZI			
2	SHERINE S. PRATT	(DAUGHT											00833	
	20g. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo	20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of												
	4 Donation 6 Other (Specify)		GATE ()F H	ther place EAVE	N CEN	METER	RY	5/2	8 SILVI	ER SI	PRINC	G, MARYLAND	
	21. SIGNATURE OF TOMERAL SERVICE LICE	ENSPE	llele		FI	RANC		CO	CILITY LLIN	IS FUNE	RAL I	HOME,		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Our TO (UR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death													
MEDICAL	PART II. Other significant conditions	contributing to	death but not re	sulting	in the ur	nderlying	cause g	piven in	Part I.	24a. WAS AN PERPOR	MED?	366.	WERE AUTOPSY FINDINGS MIRICABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Che	ack only o	one)				
YSI	1 TYES 2 (PNO	1 Napotlent 2	-	DOA	4 D Nur		s □ Re	sidence	6 🗆 00	ser (Specify)	Herbert and Arte			
ВУ РН	27. MANNEN OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month) De	ny, Mentry	42/2	M	T Y	ES 2] NO	29d. DE	ESCRIBE HOW IN	JURY OC	CURED		
	3 Suicide 6 Could not be 4 Momicide determined	street, fact	lary, affice			ZBY, LO	LOCATION (Street and Number or Rural Route Number City or Yown, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	EIAN: To the beat of t: On the beals of so	my knowledge, dea camination and/or in	th occurre	ed at the t	ime, data	and place, eath occur	and dua	to the cr	ause(a) and men	ner as stat	led. ne cause(a	and manner as stated.	
BE	256. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUN	MBER		29d, DAT	E SIGNED	(Month, Day, Year)	
	11/4 Ch	- was					1)	32	81	7	> 5	1/25	1/83	
	31. DATE FILED (Month, Day, Year)	d Khan,	M.D.	1201	6 GE	ORGI	A AV	ENUE	E W	HEATON,	MD.	209	02-2004	
	MAY 28 1993	gunas	S SIGNATURE	- North										



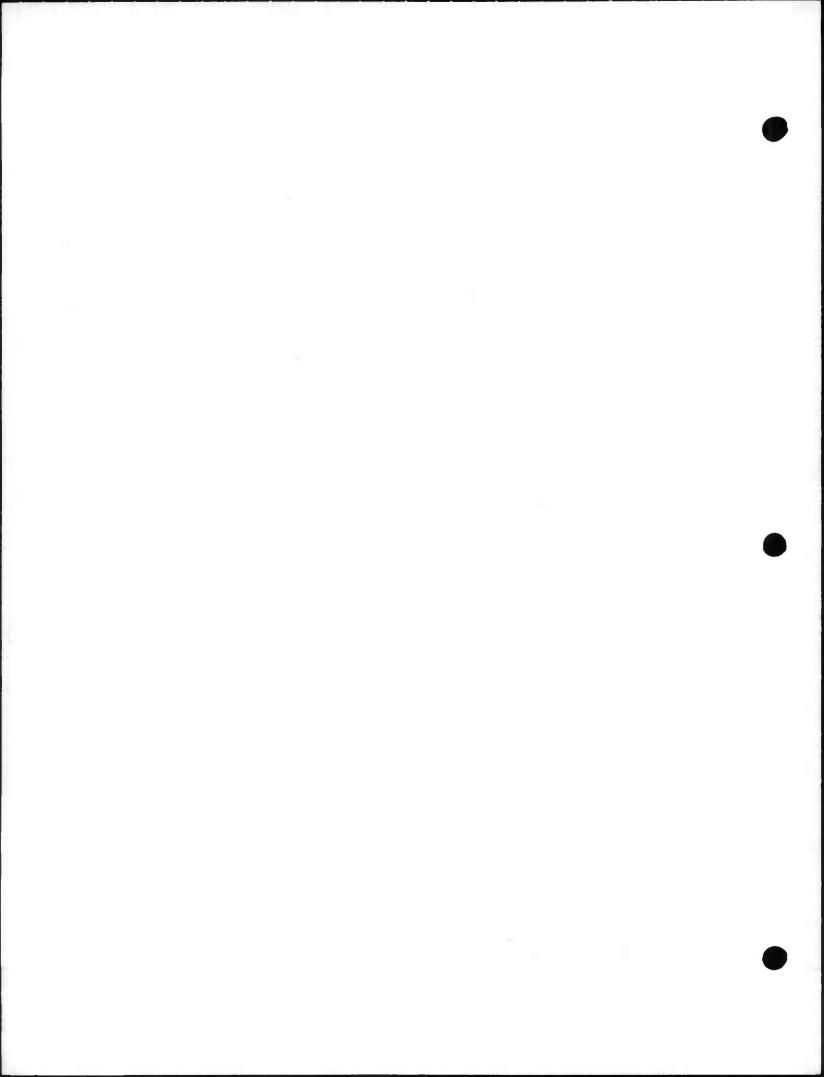
		1 DECEDENT'S NAME OF	Addeded 1							···		3. NO.	T	
	- 8	1. DECEDENT'S NAME (First, Middle, Last) Allene Holt 2. DATE OF DEATH MONTH 5- 26-								93	TIME OF DEATH A. M			
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. ia		IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRI (Month, Day, 1		8. BIRTHPL.	ACE (State or Foreign
Pin		085-03-3		1 M 2 X F	85	YRS.					2/16	108	wast	rington, DC
3 should	E C	Fernwood					_		da	ION OF DEAT	TH		nty of dea	
2, 2,	ECTOR	RESIDENCE OF DEC				I a sa						10-10		
2	DIRE	MARYLAND		TGOMERY			Y, TOWN		TION					Od. INSIDE CITY LIMITS?
permit. Pages	A P	104. STREET AND NUMBER							r. ZIP COD	ÞΕ		10g. CIT		YES 2 NO
150	155	6530 Democracy Blvd.							208	17			USA	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit outlified at once.	Y FUN	11. MARITAL STATUS 1 Never Married 2 Married 11. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR		YES 2 X	RMEO NO	13.	If yes, sp	pecify Cubi	OF HISPANIC an, Mexican, Specify:	ORIGIN? (Spec Puerto Rican, e	elfy Yes or No— Nc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify:		
15-0 ending as the	ED BY	Wildowed 4 Divorced												WHITE
2121			EDENT'S EDU highest grade		(0	ECEDENT'S Sive kind of t a. Do NOT us	Work done so retired.)	during mo	ON ost of world	ing	166, KINO	OF BUSINESS/IN	DUSTRY	
IARYLAND 212- tained by the hospital or att should be detached for use tiffled at once.	COMPLET	12				SHION	N DESIGNER				FASH	ION DES	SIGN	
LAND the hospit e detached	8	17. FATHER'S NAME (First, Middle, Last)									E (First, Middle, I	Maiden Sumame)		
MARYL retained by 5 should be notified at	H	RICHARD 19a, INFORMANT'S NAME (7)	ime/Print)	HARDES		h MAII INC	ADDRES	0 (0	SAF			McGUAII or Town, State, Zi		
-	오	MATTHEW A.	KANE									SDA, MI		814
		20a, METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE	OF DISPOS	SITION (N	ame of		7	ec. LOCATION —		
S I		1 Deurlei 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) HOLY TRINITY CHURCH CI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									ITCHELI	LVILLE	, MD	
BACTIIN after commons by the moval moval		FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090											INC.	
3OX 68760, the be executed within 24 hours ysician and completely filled in the prior to burial, cremation, or the traumatte event, the medi	RTIFICATION	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju- tat inflated events	dons, diate	a. Pela Due to Due to Due to	OF AS A CONSE	GOENCE OF	Pi:	rre,	PI	,	, D.			Approximate interval Between Onset and Death
F H	핑													
RECORI requires that the basen signed by or Health and shows any in	: MEDICAL	PART II. Other algorifica	nt condition	e contributing to	death but not	resulting	in the u	nderiyin	g cause	given in Pa	P	VAS AN AUTOPSY PERFORMED? YES 2 NO	At Ci	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	ICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL					26. P	LACE OF D	DEATH (Check	t only one)			
F VITAL SICIAN: The la certificate has the State Dep t, or item 23	YSIC	1 TES 2 THO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	esidence 6	Other (Speci	fy)		
の子等者	ву Рн		Pending investigation	28a. DATE OF (Month, D		28b. TIM INJ	E OF JURY M	WC	JURY AT DRK? YES 2		28d. DESCRIBE HOW INJURY OCCURED			
UTENOI TOR: A after d	TED	3 Suicide 8	Could not be determined	28e. PLACE O building,	OF INJURY — At he etc. (Specify)	ome, farm, :	street, fac	tory, offic	ca .	2	City or Town	Street and Numbe , State)	or Aural Rou	te Number,
DI TAL OR AL DIRI 72 hour	COMPLE			CIAN: To the bast of R: On the basis of s										ind manner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE	1)	00 011	coin ey				29c. LIC	ENSE NUMBI	885	29d. DAT	TE SIGNED (M	forth, Day, Year)
UFFE	유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	, Print)			<i>\omega</i>				, ,
		THOMAS S.			5530	WISCO	NSIN	AV)	ENUE,	#515	, CHEV	Y CHASI	E, MD	20815
		31. DATE FILED (Month, Day, MAY 2		Julia I	PS SIGNATURE	andell								



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		FOR STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E					
	1111	1. DECEDENT'S NAME (First, Middle Joseph Et	mil Hoker			2. DATE OF DEATH MONTH, DAY		3. THE OF DEATH				
Ð		4. SOCIAL SECURITY NUMBER 552-48-9444	1 M 2 🗆 F	TE (In yrs. lest birthday) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Afterth, Day, Year) NOV 25 191	8. BIR Cou	THPLACE (State or Foreign writy) (ansas				
2, 3 should	стов	Se. FACILITY NAME (If not institution Anne Arundel RESIDENCE OF DECEDE	Medical Center		96. CITY, TOWN OR LOCATION OF D Annapolis	EATH	9c. COUNTY OF					
t. Pages 1,	DIRECT	10a. STATE 10b.	nne Arundel	10c. CIT	r, town or Location Arnold		18d. INSIGE CITY LIMITS? 1 YES XX NO					
n. ansit perm	FUNERAL	100. STREET AND NUMBER 201 Glen Ober	Drive		101. ZIP CODE 2 1 0 1	2	10g. CITIZEN OF WHAT COUNTRY? United States					
enoing prysician. as the burial-transit permit. Pages	B	11. MARITAL STATUS 1 Never Married 2 Neurried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 New War Or DATES 1941 - 1965			13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 XNO Speci	en, Puerto Rican, etc.)	or No- 14. RA Ble	ICE — American Indian, ack, White, white				
of for use at	PLETED		T'S EDUCATION est grade completed) College (1-4 or 5+)	(Give kind of v		18b. KIND OF BUS						
d be detache	E COMPL	17. FATHER'S NAME (First, Middle, L Emil Hoker	5 plus	Navac C		US Nav AME (First, Middle, Meiden s bina Doleza	Sumame)					
be notified	TO B	100. INFORMANT'S NAME (Type/Pri Helen F. Hoke	r	201	ADDRESS (Street and Number or Plural Glen Oben: Drive	Arnold, N	Maryland					
own occur, rage or may be received by the funeral director, page 5 should be detached for use moval. Item examiner must be notified at once.		20a. METHOD OF DISPOSITION 1 Burlal XIX Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cognetory, crematory or other place) 1 Burlal XIX Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cognetory, crematory or other place) 1 Burlal XIX Cremation 3 Ramoval from State 20c. LOCATION - City or Town, State 20c.										
remation, or revent, the med	TION	23. PART I. Enter the disease shock, or heart find the shock, or heart	a. ASNIA A DUE TO (OR A D. V AA	S A CONSEQUENCE OF	NIEUMO	ch as cardiac or respir	ratory arrest,	Approximata Interval Between Onset and Death				
	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	S A CONSEQUENCE OF):							
seen signed by of Health and	MEDICAL			n but not resulting l	n the underlying cause given in	Part i. 24s. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 YO	HOSPITAL: 1 mpatient 2 ER/O	utpatient 3 DOA	26. PLACE OF DEATH (CI OTHER: 4 Nursing Home 5 Residence							
R. After this cer or death with the s marked, or	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investig	gation	r) INJ	M t YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURED					
DIRECTOR: A hours after d Item 28 Is	ETED	3 Suicide 8 Could determ	building, etc. (S			28f. LOCATION (Street as City or Town, State)		If Route Number,				
4 K =	COMPL	2 MEDICAL E	XAMINER: On the besia of examine		d at the time, data and place, and durin, in my opinion, death occured at the			o(a) and manner as stated.				
TO THE FUNER be filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CE	/ Uthun 1	DEATH STEM 277 (See	29c. LICENSE NU	MBER // 8	≥ J L	ED (Month, Day, Year)				
ı		STANUIZY A	WATKI 32. REGISTRAR'S SI	GNATURE RANDER	900 BEST6	ATE /	10 %	TNN mo				
		MAY 2 7	1993 Julia Davi	200m yona				01101				



BALTIMORE, MARYLAND 21203-3146

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OF VI	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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	SPITAL

DIBECTOR
TO BE COMDIFTED BY FINEDA
NO
TACIDITAL CEDTICION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	IE .	3 101	0 9
	1. DECEDENT'S NAME (First, Middle, Last) Amelia	F.	Hunter			2. DATE OF DEATH MONTH		3. TIME OF DE	А м
	4. SOCIAL SECURITY NUMBER 155-16-2938		in yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country) Maryland	Foreign
TOR	96. FACILITY NAME (If not institution, give st Anne Arundel Medi- RESIDENCE OF DECEDENT		91		apolis			e Arundel	
DIRECTOR	10s. STATE 10b. COUNTY			own on Locati	TITI			10d. INSIDE CI LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 1202 Oak Hill Pl		1 7 7		21403			n of what country	
BY FUN	11, MARITAL STATUS 1 Never Merried 2 therried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (1)(0	If yes, spe		IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No— 1	4. RACE — American Ir Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos etired.)	N t of working	16b. KIND DF BU		STRY	
	6 17. FATHER'S NAME (First, Middle, Last) Charles Herzo	0	Beautic	ian		ME (First, Middle, Meider T. Boud	Sumame)		
TO BE	196. INFORMANT'S NAME (Typo/Print) Richard M. Hunte				d Number of Rural R	loute Number, City or Tox		is, MD 21	103
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem. 4 Donetton 5 Other (Specify)	oval from State	t. PLACE OF DISPOSITI other place) t. Lincoly	22. NAME AN	tory D ADDRESS OF FAC	John I	B <u>rentw</u> M. Tay	ty or Town, State ood, Marys lor Funero	el Hon
	23. PART I. Enter the diseases, or o	omplications that cause	d the death. Do not		_			nnapolis, nt, Approx	imata
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	aDUE TO (OR AS A	CONSEQUENCE OF):	elmay	Doul				Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
AL CER	PART II. Other significant condition	e contributing to deeth t	out not resulting in	the underlying	cause given in			24b. WERE AUTOPS	
PHYSICIAN: MEDICA						1 TYES	PRMED?	AMAILABLE PRI COMPLETION O OF DEATH?	F CAUSE
CIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE DF DEATH (Che	eck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	1 ☑ Inpetient 2 ☐ ER/Out		Nursing Hom OF 28c, INJ	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	JREO	
2 Accident Investigation 3 Suicide 6 Could not be determined 26. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	Torrow only	ICIAN: To the best of my know							s stated.
TO BE (29b. SIGNATURE AND TITLE DF CERTIFIED Robert March Ma		us)		29c. LICENSE NUN		29d. DATE	May 25,	
	Robert M. Green 31. DATE FILED (Month, Day, Year)		139 Old 9		s Island	Road Anno	apolis	, MD 2140	1
		33 Julia Savido	on Andelle						

9 1 10 10

FOR STATE REGISTRAR		STATE OF MARYL		RTMENT OF		MENTA	L HYGIEN		7 0	107	JU
1. DECEDENT'S NAME (First,	, Middle, Lest)			TOPIL V.	DEATH	2. DATE	OF DEATH		3.	TIME OF DEAT	TM
Marguerit	te Ja	ne Holtzch	P aus			May	H DA	1993	YEAR	9:24	Ам
4. SOCIAL SECURITY NUMB			(In yrs. last birthday)			7. DATE	OF BIRTH		. BIRTHPLA	ACE (State or Fo	oreign
579-32-096		1 - M X XX 85	5 YRS.	MONTHS DAYS	20000	03-	n, Day, Year) 27-190	18	Viro	ginia	
		ical Center		-0	OR LOCATION OF D	EATH		9c. COUNT			
RESIDENCE OF DEC		rem cemer		Arun	apolis			Anne	Aruv	<u>idel</u>	
10a. STATE	10b. COUNTY		10c. Cf	ITY, TOWN OR LOC	ATION				104	d. INSIDE CITY	,
MD 100, STREET AND NUMBER		. Arundel	/	Annapoli						LIMITS? YES 2	NO
695 America		ve #43			21403			-		States	
11. MARITAL STATUS		12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED		ECENDENT OF HISPA					American India	an,
1 Never Married 2 Never Married 2 Divo		IF YES, GIVE WAR OR D	DATES A TO		specify Cuban, Maxico ES 2 X XO Speci		lican, etc.)		Specify:	white	
(Specify only	EDENT'S EDUC	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	'S USUAL OCCUPA' f work done during in	TION nost of working	16b.	KIND OF BUS	iness/indus		WILLE	
Elementary/Secondary (0	-12)	College (1-4 or 5+)	Secret				Carrot				
17. FATHER'S NAME (First, Mi	liddle, Last)		Secre	Larly	18. MOTHER'S NA	AME /Elect A		nment			
Joseph Mar		ttit					vina Sp	-/			
19a. INFORMANT'S NAME (7)			19b. MAILIN	G ADDRESS (Stree	t end Number or Rural				da-1		
Thornton Ho	oltzcli	aw			rt Road					pland 2	20744
20a. METHOD OF DISPOSITI	n 3 🗆 Remo	ovel from State 20t	h PLACE AND DATE	FOE DISPOSITION /	Name of	DATE	200 100	CATIONI ON	T.	01-1-	
21. SIGNATURE OF FUNERAL		ENSITE	Ukciesi	22. NAME	TU 05-	-24-4	3 Ann	apoli	s, Ma	ryland	
Hounds	2/ 9	1. Lust		147 D	uke of Gl	louce	ohn m. ster S	Tayko t. Anı	or tu napol	neral is. Mt	Home
23. PART I. Enter the di	iseases, Dr C	complications that ceuse	d the deeth. Do	not enter the n	node of dying, suc	ch as card	flac or respir	retory arres		Approxima	
shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	dell idilore. L	List only one cause on e	each line.	LONON	- A	120	+	diviy e	.,	interval Br	atween
		DUE TO (OR AS A	CONSEQUENCE	2F):	1/						-
Sequentially list conditi		DUE TO (OR AS A	A CONSEQUENCE O	proy	DIL	aso				ļ —————	
if any, leading to immed cause. Enter UNDERLY	ING	and to factor.	1 CONSCOULTED O	m):						ĺ	
CAUSE (Disease or injust that initiated events		DUE TO (OR AS /	A CONSEQUENCE O	OF):							
resulting in death) LAS	Т	4									
DATE II DAY I DISTRICT	200										
PART ii. Other significat	nt conditions	s contributing to death b	out not resulting	in the underlyl	ng ceuse given in	Part i.	24a. WAS AN A			RE AUTOPSY FII	
							1 TES 2		COI	MPLETION OF C	AUSE
								- 100		YES 2 N	10
				_		_					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	LIDEDITAL.			PLACE OF DEATH (Ch	heck only on	e)				
1 TES 2 THO		HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other	(Specify)				
27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	ME OF 28c. IN	JURY AT		CRIBE HOW IN	JURY OCCUP	RED		
	Pending Investigation				YES 2 NO						
3 Suicide 6 0	Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, off	lea		ATION (Street as or Town, State)	nd Number or	Rurel Route	Number,	
an operation											
		CIAN: To the best of my know R: On the beals of examination								d manner aa st	tated.
296, AIGNATURE AND TITLE		4	(,		29c.,LICENSE NUI					nth, Day, Year)	No.
the m	fer	Ca Ph	· D-1D.	.0.	1736	078	3	> 5	- 22	-93	
STEVEN	1741	15x 90	o Best	ente	R2. J.	IL TE	300	Bro	NA Pol	relac	MS
5 MAY 25	1993	32. REGISTRAR'S SIGN	ATURE				/		13.14	214	0)

DIVISION OF VITAL RECORDS, P.O. BO

iompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al. cremation, or removal.

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

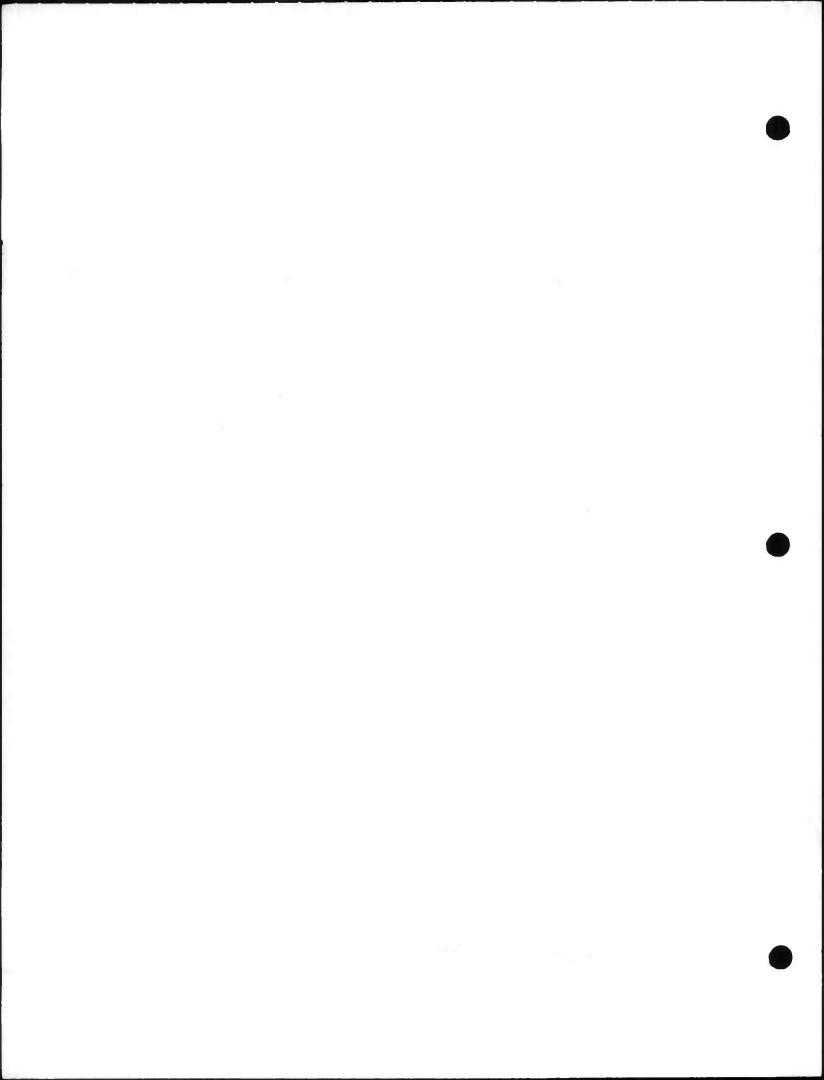
TO BE COMPLETED BY FUNERAL DIRECTOR

1213-0020	etained by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	otified at once.
SALLINORE, MARILAND ZIZIS-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law mice that certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITA.	TO THE FUNERAL be filed within 72	IMPORTANT: II

31. DATE FILED (Month, Day, Year) MAY 2 5 1993

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART ERTIFI	MENT OF	HEALTH AND F DEATH		HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) ELIZABETH	I Laur	etta	HART	WICK		2. DATE OF MONTH	DEATH 22	19	93	3. TIME OF DEATH 9:30 P
	4. SOCIAL SECURITY NUMBER 206-24-1513	1 🗆 M 2 💢 F	. AGE (In yrs. les	-	IF UNDER 1 YEAR		7. DATE OF (Month, E 5 - 2	BIRTH 6-190	3	BIRTH Countr Pen	PLACE (State or Foreign N) NS YLVANIA
TOR	98. FACILITY NAME (If not institution, give s 1542 Brice Circle RESIDENCE OF DECEDENT				Edgen	or location of D	EATH		9c. COUN		eath undel
DIRECTOR	10a. STATE 10b. COUNT PA Merc	Y		10c. CITY,	TOWN OR LOC	ation larps vill	e				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10a. STREET AND NUMBER 949 Coleman Aue.				1	01. ZIP CODE 16150			_		States
ВУ	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WAR	YES 2 X	MED IO	If yee, i	CENDENT OF HISPA specify Cuban, Mexico S 2 NO Specia	an, Puerto Rici	Specify Yea an, atc.)	or No—		- American Indian, i, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OE	CEDENT'S U	SUAL OCCUPAT	TION	16b. KI	IND OF BUS	INESS/INDU	JSTRY	-
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		oo not uso memal	rk done during r retired.)	rost of working		Но	me		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, Mide	dle, Maiden S	Sumeme)		
BE	August	Shot	ten			La	uretta	L		Joh	inson
0	19a. INFORMANT'S NAME (Type/Print)	-				and Number or Rural					102
	Marilyn Callahan 20a. METHOD OF DISPOSITION			_		w Dr., B					
	1 Donation 5 Other (Specify)		cometery cre	metory or other	DISPOSITION (I	ial Park	5-26	Het	umita	ge,	wn, Steta PA
	21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEET SIGN	lu								. 147 Duke Md. 21401
	23. PART i. Enter the diseases, or a shock, or haert fellure.	complications that c	aused tha de	ath. Do no	t anter the m	oda of dying, suc	h as cerdiad	c or respir	atory srre	st,	Approximate
	IMMEDIATE CAUSE (Final	Clet only one cause	au each mue								Interval Between Onset and Deat
	disesse or condition resulting in death)	. (ruso	ae a	nand							10.45
		DUE TO (OI	R AS A CONSEC	UENCE OF):							
O	Sequentially list conditions,	b. Joulea	AS A CONSEC	ants	tri viluoni.						10 ym.
E	if sny, leading to immediate cause. Enter UNDERLYING	DOE 10 (O	AS A CUNSEO	UENCE OF):							'
FI	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEC	UENCE OF):							
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other eignificant condition	a contributing to de	ath but not re	eaulting in	the underlyi	na ceuse alven la	Part I a	a. WAS AN A	UTTOBOY	1	WERE AUTOPSY FINDINGS
ICAL	Parking on'				and directly a	ng codes groun in		PERFORM	AED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ē							_ 1	YES 24	CN D		OF DEATH?
2							-				1 TES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATN (Ch	eck only one)		_		
YSI	1 TYES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER:	me 5 Tesidence	8 Other (S	(pecify)			
H	27, MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		26b. TIME (OF 28c. IN	JURY AT ORK?	26d. DESCR	BE HOW IN	JURY OCCU	JRED	
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF II building, etc	NJURY — At hor . (Specify)	ne, farm, str	eet, factory, offi	ce	26f. LOCATION City or To	ON (Street an fown, State)	nd Number o	r Rural A	oute Number,
J.E	29a. CERTIFIER (Check only 1 CERTIFYING PNYSH	CIAN: To the best of my	knowledge, des	th occurred	at the time of the	a and place, and due	to the news-f	e) and ===		4	
MO	one) 2 MEDICAL EXAMINE										and manner as stated.
U C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					(Month, Day, Year)
0	Huuset	dem					0535	9	D C	23	(Month, Day, Year)
2	20 NAME AND ADDRESS OF DEDGON HOU								2	00	· -

1407 Forest Drive, Annapolis, Maryland



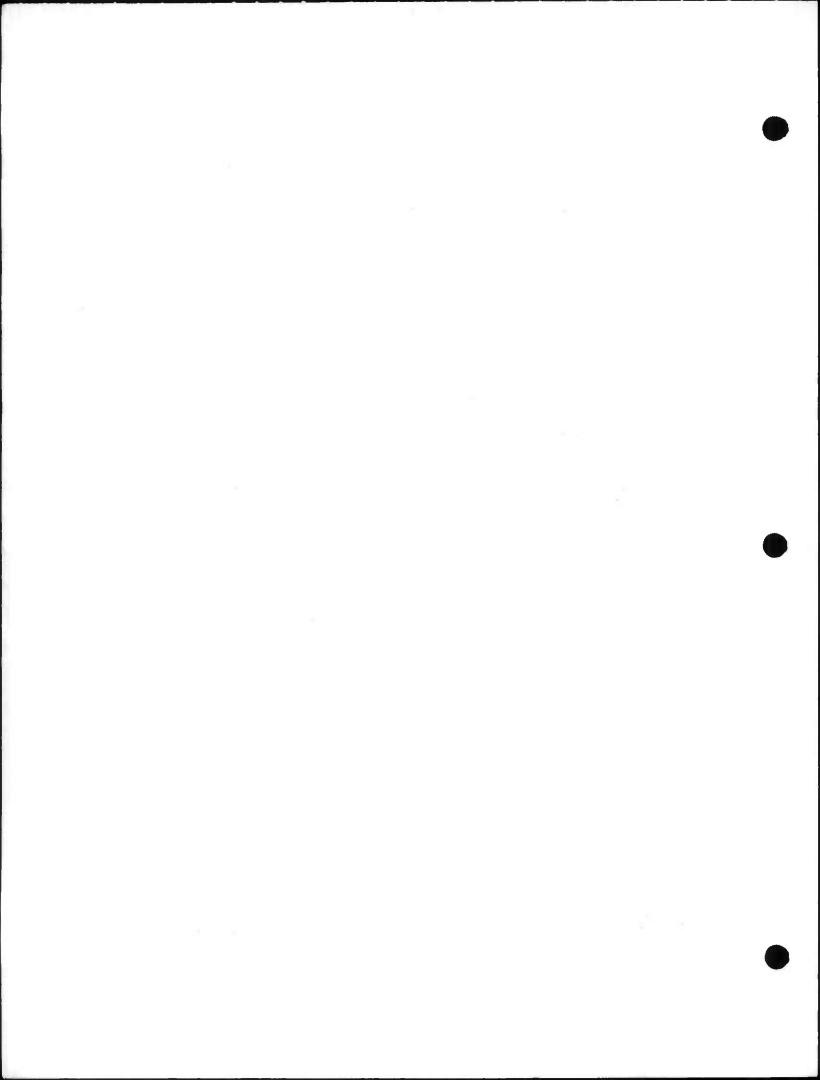
JAN: The law regimes than the death certificate be executed within 24 forces within them. Page 6 may be retained by the hospital or attending obviction.	certificate has been upon by the attending physician and completely filed in the mental director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State harm of Mental Humans note.	d, or flem 23 shows my injury, or other traumatic event, the medical examinar must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN:	FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta	PORTANT: If item 28 is marked, or ite
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this ce	IMPORTANT: If item 28 is marke

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND DEATH	MENTAL HYGIEN		3 16/92	
	1. OECEMENT'S NAME /First, Middle, Last) Charlotte	Ellen	Hallock			2. DATE OF DEATH MONTH AND 22	31 =7	3. TIME OF DEATH 8:30 P	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In. vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Vear) 4. SOCIAL SECURITY NUMBER 1							RTHPLACE (State or Foreign unity) aryland	
TOR	98. FACILITY NAME (II not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Anna Arundel Medical Center Anna Arundel Medical Center								
DIRECTOR	MD . Anno	e Arundel		wn or Locat				10d. INSIDE CITY LIMITS? 11XX YES 2 \(\text{\text{\text{N}}} \) NO	
FUNERAL	100. STREET AND NUMBER 700 Americana Di			101.	21403	3		ted States	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married **Married 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 00	13. WAS DECI II yes, spe 1 YES	city Cuban, Mexic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	В	ACE — American Indian, lack, Whita, etc. pocity: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of the Do NOT use reti	done during mos ired.)	N st of working		siness/industri		
	17. FATHER'S NAME (First, Middle, Last) Samuel Revell	<u> </u>	Salespe	rison		ME (First, Middle, Maiden Wrie Mil	Surname)	Kelall)	
TO BE	190. INFORMANT'S NAME (Type/Print) Nettie H. Chambo	2 ክ አ			nd Number or Rural	Route Number, City or Tow #38 Anno	n, State, Zip Code)		
	20s. METHOD OF DISPOSITION 1 Chirls 2 Cremation 3 Remo	20b. P	LACE AND DATE OF DE	SPOSITION (Nat	ne of		CATION City or	Your Otata	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ding	1.	22. NAME AN	D ADDRESS OF FA	Coucester S	Taylor	: Funeral Home	
		omplications that caused list only one cause on each	he death. Do not a					Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A)C	ONSEQUENCE OF):	my	Bruce	4		Onset and Death	
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
7	PART II. Other aignificant conditions	contributing to death but	not resulting in th	e underlying	cause given in	PERFOR	MED?	14b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICA						1 _ YE\$ 2	ZJANO	OF DEATH?	
SICIA		HOSPITAL:		HER:	ACE OF OEATH (Ch				
	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR	IRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY — building, atc. (Specify,	At home, larm, street,	factory, office	ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,	
COMPLETED		IAN: To the beat of my knowled							
E COA	2 MEDICAL EXAMINER	: On the basis of examination a	nd/or investigation, in		ath occured at the			e(a) and manner as stated. ED (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMBI ETED CAUSE OF AFAI		_	4360	78	D 5-6	23-57	
	Stevier fulle	- 900 Bes	Igate 120	1.1	wite 3	or Arm	spolie 4	10405 00	
	5 MAY 25 1993 g	32 BEGISTRAR'S CHANAT	infe			/			

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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND ME	ENTAL HYGIEN	-	3 16793
		DECEDENT'S NAME (First, Middle, Lest) SOCIAL SECURITY NUMBER 220-74-8824	1 AM 2 F		RR1] RIDER 1 YEAR THS DAYS	DAY IF UNDER 24 HRS. 7	DATE OF OEATH DO STATE OF BIRTH (Month, Pay, 164)	3 9	3. TIME OF OEATH 3. TIME OF OEATH 3. TIME OF OEATH 3. TIME OF OEATH 3. TIME OF OEATH 4. TIME OEATH 4. TIME OEATH
1, 2, 3 m	СТОЯ	9a. FACILITY NAME (If not institution, give SOUTHERN M) RESIDENCE OF DECEDENT	D. HOSPi	TAL Sh.		VIDIV	н	PRIN	CE BEORG
permit. Pages	DIRE	Maryland 106. COUNT Print 100. STREET AND NUMBER	ce George's	10c. CITY, TO	WN OR LOCAT	Mitche	llville		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
cian. -transit	FUNERAL	3412 Grayvine 1	12. WAS DECEDENT EVER IN	U.S. ARMED		. ZIP CODE 20 ENDENT OF HISPANIC	0721		U.S.A.
215-0020 attending physics as the burial	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	II yes, spe 1 TES	ocify Cuban, Mexican, F	Puerto Rican, etc.)		Black, White, etc. Specify: Black
21 10 Per 10	COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th grade		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	fone during mos red.)	DN st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Sterling	J. Harriday, S			18. MOTHER'S NAME	(First, Middle, Meiden Mary P.	Surname)	r
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout			
E, R		Mrs. Anne E. Rame		3412 Gra			chellvil		
6 mg		1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b. F cemel	PLACE AND DATE OF DIS tery, cremetory or other p PIDONY MEIOC	SPOSITION (National National S	0ATE 20c. LO		ver, Maryland	
Page al dire		21. SIGNATURE OF ECHERNAL SERVICE LI	cengge	/ Pictic	22. NAME AN	D ADDRESS OF FACILI	TY		ver, raryrand
ALTIN death. Pag e funeral di L. examiner		100	aille			lins Funer 9 Hunt Pla			D.C. 20019
68760, BA ecuted within 24 hours after of and completely filled in by the burial, cremation, or removal. attle event, the medical ex		23. PART i. Entar the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused Liet only one cause on each a. Due to (on as a good of the cause)	the death. Do not a chiline. MUNICONSEQUENCE OF:	nter the mod	da of dying, auch a	a cardiac or raspi	ratory arrest	t, Approximata Interval Between Onset and Daati
Certificate be en adding physician a hygiene prior to or other traum	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	G. OUE TO (OR AS A C	ONSEQUENCE OF:	, a	HIV.	a fe	Wes	7
RECORD; requires that the een signed by the of Health and M shows any inju	: MEDICAL	PART II. Other significant condition	is contributing to death but	t not resulting in th	a undarlying	cause given in Par	24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2X NO
TAL The lan the has ate Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		HER:	ACE OF OEATH (Check			
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St 128 is marked, or it	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU		d. DESCRIBE HOW I	NJURY OCCUR	ED
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is mail	ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY – building, etc. (Specify	- At home, farm, atreet,	factory, office	28	f. LOCATION (Street a City or Town, State)	ind Number or F	Rural Route Number,
神 弘 2 1 1	COMPL		CIAN: To the best of my knowled R: On the basis of examination a						suse(a) and menner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	29b/SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	1D ATTU	wdia		D-ZV	535	29d. OATE SI	GNED (Month, Day, Year)
(2)		L. Berwa, ML 31. DATE FILED (MORITY DIRK, ASPER)	7700 (OLD BR	mch	Aug (Clinter	2 m	P 20735
0/		MAY 1 4 1993 3	Sample of the same						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

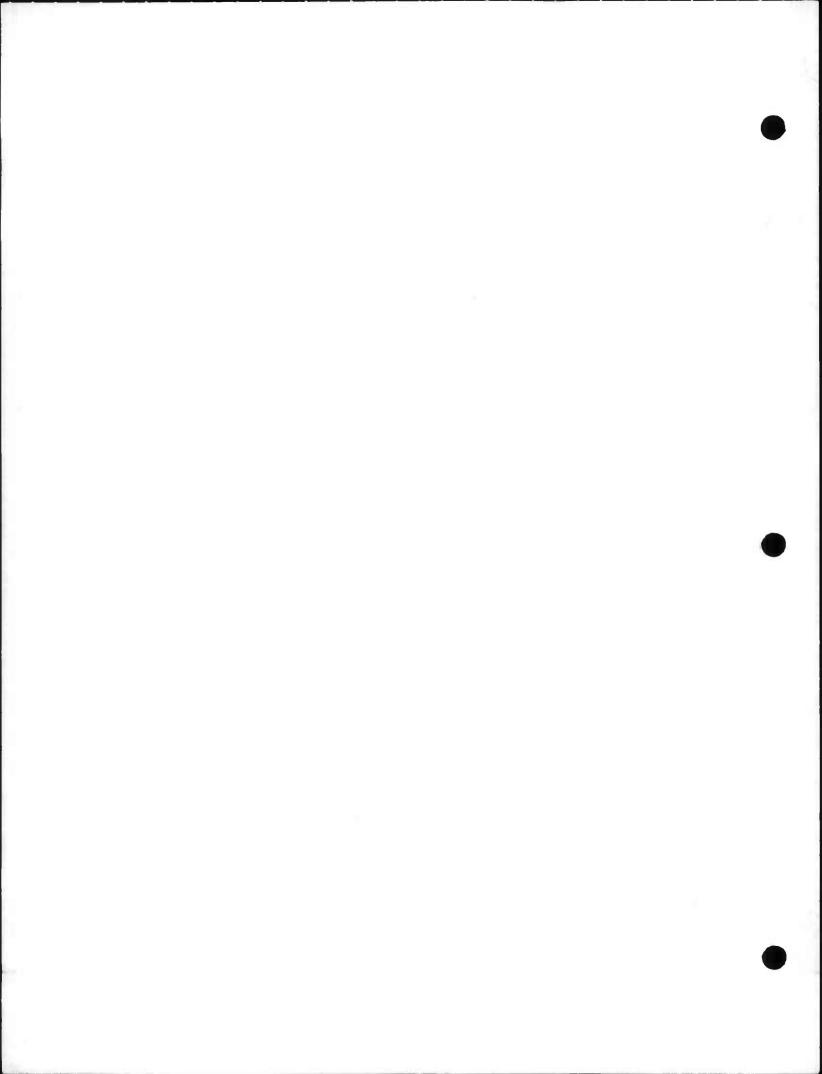
		1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIEN			
		1. OECEDENT'S NAME (First, Middle, Last)	Nannie	Pitt	HUF	RST	2. DATE OF DEATH MONTH 0 4		3. TIME OF DEATH 93 10:39	Αu
5		4. SOCIAL SECURITY NUMBER 577-38-1920	5. SEX 6. A	GE (In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 21	0.	BIRTHPLACE (State or Foreig Country) North Caroli	gn
	CC	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE		9c. COUNTY	Y OF DEATH	IIG
39	10 10 10 10 10 10 10 10 10 10 10 10 10 1	SUBURBAN HOSPI RESIDENCE OF DECEDENT			BETHES			MON	rgomery	
mit. Pages	L DIRECTOR	Maryland Mon	tgomery		v, town or Local	ring			10d, INSIDE CITY LIMITS?)
physician. burlal-transit permit.	LETED BY FUNERAL		t Road, Apt		10	20906			ed States	
		11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y Y IF YES, GIVE WAR OF	ES 2 XXIO	tt yes, sp		HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No — 14	Black, White, etc. Specify: Black	
the hospital or attending detached for use as the once.		15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of s		ost of working	18b, KIND OF BU		STRY	
the hosp detached	COMPL	12th grade 17. FATHER'S NAME (First, Middle, Lest)		Food Se	rvice Wo		Bethes		al Hospital	-
2 2 E	BE C	Will		Pitt		Lula			Carney	
ay be retained page 5 should be notified	2	190. INFORMANT'S NAME (Type/Print) Lewis Allen (frien		strator) 6	16 Princ	eton Pla	ce, N.W.; Wa	vn, State, Zip Co ashingt	ton,D.C.2001	0
E & B		20a. METHOD OF DISPOSITION 1		20b. PLACE AND OATE Come fery, crematory or o					y or Town, State Maryland	
hours after death. Page 6 ma ed in by the funeral director, , or removal. medical examiner must		21, SIGNATURE OF FUNERAL SERVICE LIC				Georgia	Latney		neral Home h.D.C. 20011	_
24 ion in		23. PART I. Enter the diseases, or on shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	n eech line.					interval Betw	reen
be executed cian and com or to burial,	CATION	disease or condition as A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING								
nding Hygie or oth	CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF	F):					
ires that the death signed by the atter lealth and Mental ws any injury, o	MEDICAL O	PART II. Other significant condition	is contributing to deet	h but not resulting	In the underlying	g ceuse given in	Part i. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
law requi as been s Dept. of H									1 TES 2 NO	
AN: The ifficate h	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	ACE OF OEATH (Che				
or this cert th with the	ву Рну	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea		E OF 28c. INJ URY WO		28d. DESCRIBE HOW I	NJURY OCCUR	RED	
ATTENDIN ECTOR: After s after dea n 28 is m	日	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU- building, etc. (S	URY — At home, farm, a Specify)	street, factory, office	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any	COMPLE	29a. CERTIFIER t CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	ICIAN: To the best of my kn	nowledge, death occurre	od at the time, data n, in my opinion, d	and place, and due	to the cause(s) end ma	nner as stated.	ause(e) and manner ee stated	d,
TO THE HO TO THE FU be filed with	TO BE C	206. SIGNATURE AND TITLE OF CENTURE	ley	W		O.C.M.			IGNED (Month, Day, Year) 28-1993	
10	É	30. NAME AND ADDRESS OF PRASON WHO MARIO F. GOL	O COMPLETED CHUSE OF	17		eet. Ra	altimore	, Mary	yland 212	01
		31. DATE FILED MOSTLY DONNESS 993		IGNATURE Pandell		Joe De		,	,	U .L.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	07	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	100
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_	REGISTRAR	CERTIF	CATE OF DEA	TH	REG. NO						
15	1. DECEDENT'S NAME (First, Middle, Lest) CIYCE ROH!				DATE OF DEATH DATE OF DATE O	9	S 3. TIME OF DEATH				
		(In yrs. last birthday) YRS.	MONTHS DAYS HOURS	MM4. 8	Month, Day, Year)	Va	BIRTHPLACE (State or Foreign Country) Sh., D.C.				
TOR	Hill Haven Nursing Cent	er	Adelphi Prince								
DIRECTOR	D.C. 106. COUNTY N/	'A 10c. CITY	Washingto	n		10d. INSIDE CITY LIMITS? 1 2 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 4436 E St., S.E.		101. ZIP CO	019		S.A.					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 N YI IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT If yes, specify Cult 1 YES 2 17 No	en, Mexican, Pu	PRIGIN? (Specify Yes Jerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION rork done during most of worl e retired.)	lding	16b. KIND OF BUS	SINESS/INDUST	fRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Cook			Resta	urant					
SON	17. FATHER'S NAME (First, Middle, Last)		18. MO		First, Middle, Maiden						
8	Charles E. Hill Alice Edmonson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
임	Harold S. Hill		Underwood								
	20a. METHOD OF DISPOSITION 1 String Burlal 2 Commation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, Semetery, crematory or other place) Harmony Mem. Park 5/6/93 Landover, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Appropriate the mode of dying, such as cardiac or respiratory arrest, intermode of dying, such as cardiac or respiratory arrest, intermode of dying, such as cardiac or respiratory arrest, onset in the mode of dying, such as cardiac or respiratory arrest, intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode of dying, such as cardiac or respiratory arrest, onset intermode or dying, such as cardiac or respiratory arrest, onset intermode or dying, and onset intermode or dying, such as cardiac or respiratory arrest, onset intermode or dying, and onset										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death	but not resulting in	the underlyish cause	alven in Peri	1 240 WEG AN	ALITOREY	24b. WERE AUTOPSY FINDINGS				
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO 1 1										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF	DEATH (Check o	nly one)						
IYSIC	1 YES 2 TLNO 1 Inpetient 2 ER/O		OTHER:								
BĄ	1 Natural 5 Pending (Month, Day) fiber 2 Accident Investigation	INJE	JRY WORK? M 1 YES 2	□ NO	I. DESCRIBE HOW I						
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJU building, etc. (S	RY — Az home, term, st	ireet, factory, office	281	City or Journ Travel	Number or F	ture! Floute Number,				
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examina						ouse(s) and manner as stated,				
TO BE	296. SIGNATURE AND THE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mogrit, Day, Year) 5/2/93										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LUIS A. CASAS MD 8317 CHERRY LA. LAUREZ MD 20707										
	MAY 1 1 1993 July Davidson	andere									



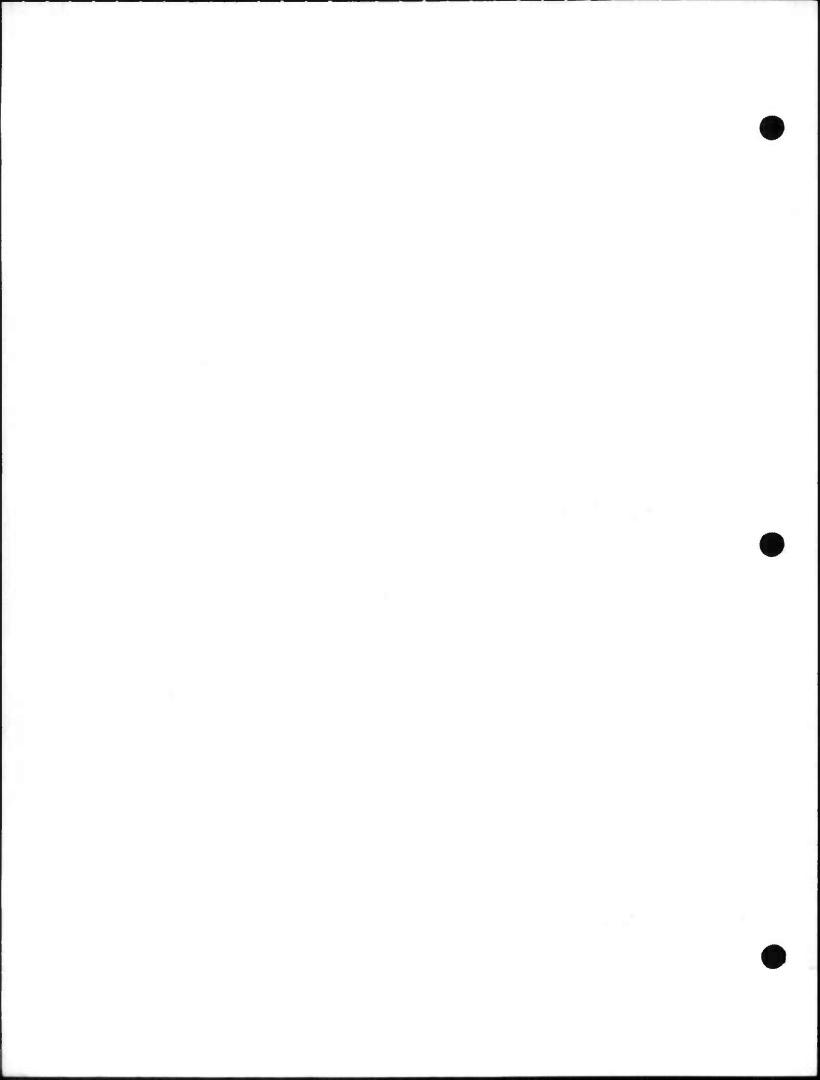
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	t. DECEDENT'S NAME (First, Middle, Last)			10711				2. DATE OF D	CATU.			
	Michael W.								MONTH	EATH D	10	93	3. TIME OF DEATH 4:32 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ant foliath alous	at tames	R 1 YEAR			May		19		
		1 Q N 2 G F		YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BI (Month, Day,	Year)		Country	
	217 82 6680 9a. FACILITY NAME (If not institution, give		32	Tho.	- "							nington D.C.	
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DIRECTOR	2815 Brite Cou	rt		Crofton Anne						neArı	ınde1		
<u>입</u>	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OB LOCA	TION						10d, INSIDE CITY
E	Manuford Anna	Arundel			ofto								LIMITS?
<u>-</u>	Maryland Anne	Arunder		1 01	OLLO		7 ID COD				J		1 YES 2 XXNO
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FUNERAL	2815 Brite Cour	12. WAS DECEDEN	T 5155 H. 11 6		-								States
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BY	3 Widowed 4 Divorced	No		1 YES	2 🔀 NO	Specify	No			Specif	White		
0	15. DE CEDENT'S ED	ECEDENT'S	USUAL O	CCUPATION	ON.			OF BUI	SINESS/IN	DURTON			
E	(Specify only highest grade Elementary/Secondary (0-12)			Give kind of a	work done	during mo	st of working	ng			SINE 33/IN	DUSTRY	
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Sel	VICE		10 MOT	MEDIO MA	ME (First, Middle,	Adelelee	0				
	Unknown				ł				Sumame)				
8	19a. INFORMANT'S NAME (Type/Print)	DE MARINO	ADDRES	P (Dames)			. Stef:						
2													
	Betty L. Haves					Cr	ofton l						
	1 Burial 2XXCremation 3 Re	movel from State	20b. PLACE cometery, cr	emetory or o	ther plece)				OATE			City or Tov	
	4 Denetion 6 Other (Specify) Metropolitan Crematory Alexandria Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	at HAME AND ADDRESS OF PACIFIE										Section 1		
	Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvatory arrest.												
NOI.	Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Respiratory Failure Oue to (or as a consequence of): Sequentially list conditions, Over to (or as a consequence of):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. Acquired themone deficiency Jyndrone out to (or as a consequence of): d.												
Ä	PART II. Other algnificent condition	na contributing to	death but not	resulting	In the ur	derlyin	g ceuse g	given in		WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
N: MEDICAL									1 ⁻	YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH? 1 Pes 2 No
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ı			ACE OF O	EATH (Ch	eck only one)				
1S	1 TES 2 NO	t inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE		a 5 🖹 Re	sidence	6 Other (Spec	cffy)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIBE	E HOW I	NJURY OC	CURED	
8	1 Natural 5 Pending 2 Accident Investigation				М		rES 2	NO					
100	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE O building,	F INJURY — At heatc. (Specify)	ome, farm, s	street, fact	tory, offic			281. LOCATION City or Tow	(Street a	nd Numbe	r or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY:	BICIAN: To the best of ER: On the basis of e											and manner ea stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month,										(Month, Day, Year)		
00	Vhang H.	Jours	X				De	178	79	-	> 3	5/4/	93
5	MARY A Young	HO GOMPLETED CAU	4		Print)	rster	1 M	adic	لی ل	Te,	W	alera	Ion, DC.
	MAY 1 4 1993	32. REGISTRA	A'S SIGNATURE	02									



DIRECTOR

FUNERAL

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BALTIMORE, MARYLAND 21203-3146	es that the death certificate be executed within the Aus after death. Page 6 may be retained by the hospital or attending physician.	gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanant and Mental Horizen ends to burial, cremation, or removal.
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13146,	executed within	gned by the attending physician and completely filled in by the hartal and Merial Hvalene arior to hartal, cremation, or removal.
ORDS, P.O. BOX 13146,	tificate be	g physician
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notified at 2 must be 20a, METHOD OF DISPOSITION
1 Murial 2 Cremation 3 ... 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN heres the medical IMMEDIATE CAUSE (Final disease or condition resulting in death) event, traumatic CERTIFICATION Sequentially list conditions. if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other that initiated events resulting in death) LAST MEDICAL BITY shows 0 has b Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL this certificate h 1 YES 2 NO 0 27. MANNER OF DEATH marked, 1 Natoral 5 Pending 8 After death 2 Accident Investigation 3 Suicide) THE HOSPITAL OR ATTENDII) THE FUNERAL DIRECTOR: AI 9 filed within 72 hours after de 28 Is 6 Could not be 6 4 Homicide COMPLET Item TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

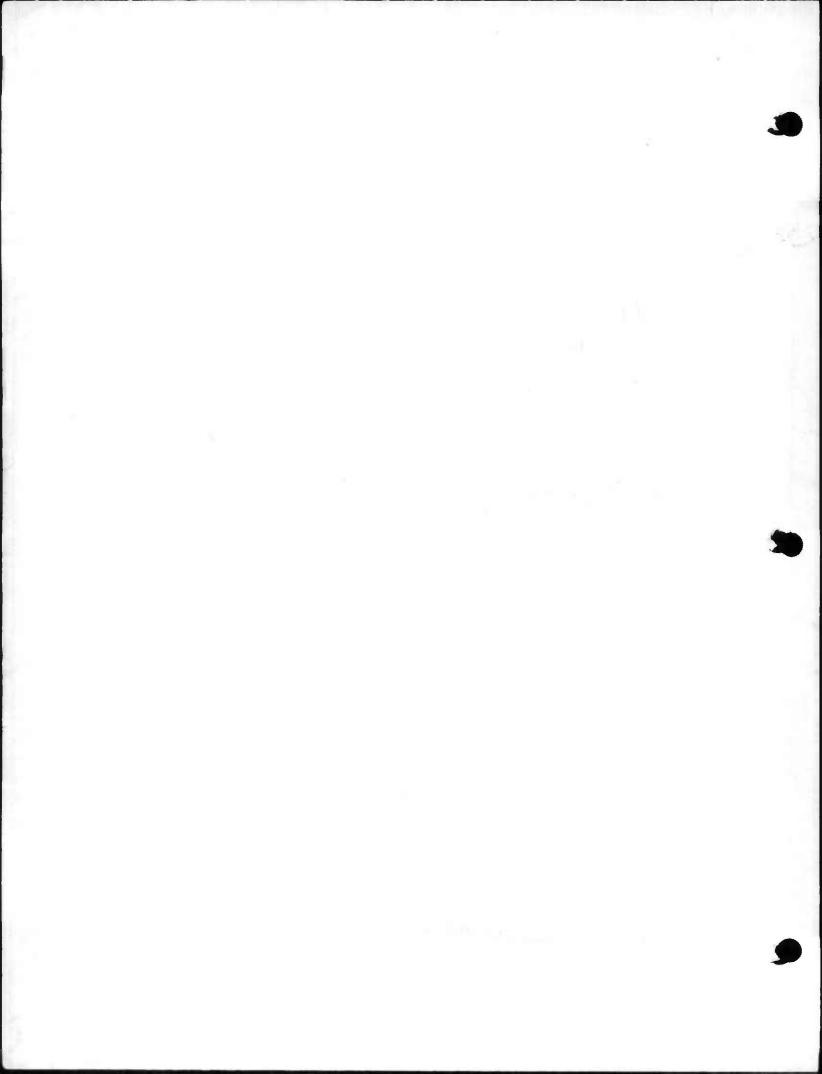
1 - FOR STATE REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR LTILLIAN HELLER 25, 1993 May aprox.la m 4 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) s SEY 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 222-10-6452 1 M 2XXF 00 /19/1899 Delaware 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 208 E. State St. Delmar Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico Delmar 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21875 USA 208 East State Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Merried 2 Merried Specify: white 3 X Moldowed 4 ☐ Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Postal Worker Federal Postal Service 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Hurd NO RECORD 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 208 East State Street, Delmar, Md. 21875 Beatrice Thomas 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State Odd Fellows Cemetery Smyrna, Delaware 22. NAME AND ADDRESS OF FACILITY DANIELS & HUTCHISON 212 N. Broad Street, Middletown, De. 23. PART I. Enter the diseases, or complications that dated the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. Interval Between Onset and Deeth mo DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 TNO 1 YES 2 . NO 28. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 8 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER

(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner as stated 29h. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type,-Print) Wilber RIVERSIDE Julia Villa Baran MAY 2 8 93

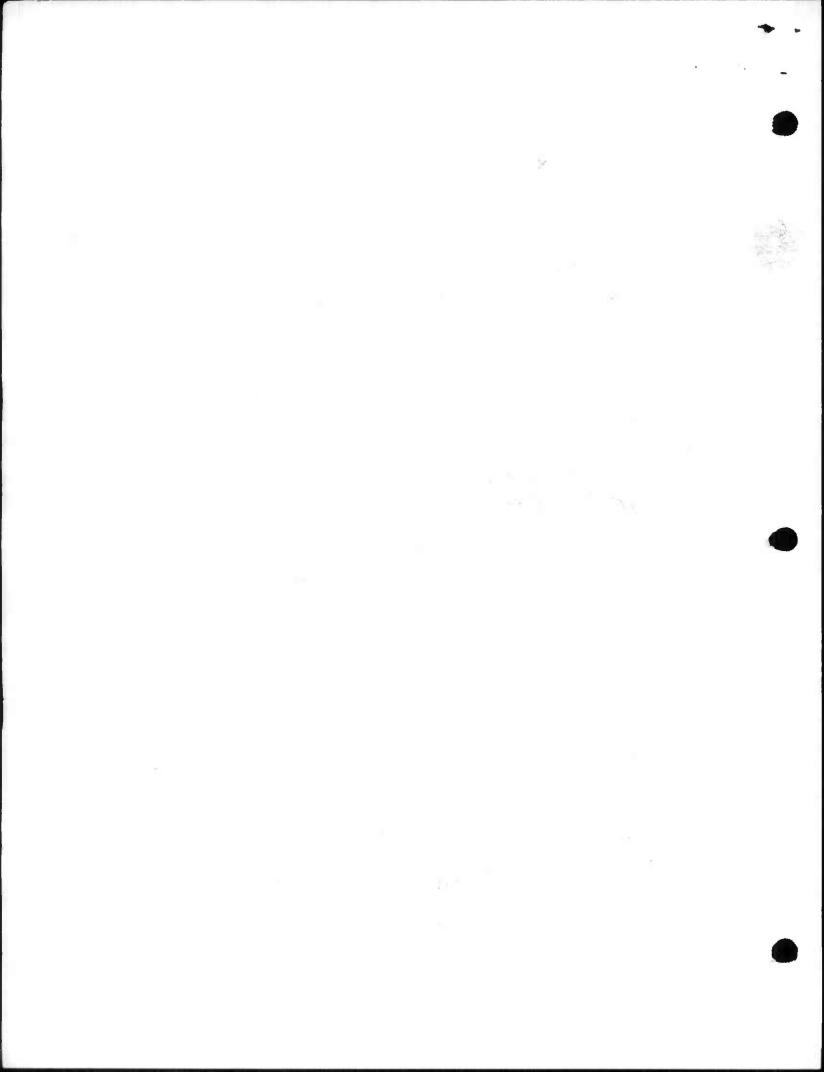
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203-3146	attending physician.	use as the burial-transit pa	
3ALTIMORE, MARYLAND 21203-3146	ay be retained by the hospital or	page 5 should be detached for	t be notified at once.
BALTIMOR	ours after death. Page 6 m	y filled in by the funeral director, tion, or removal.	the medical examiner mus
P.O. BOX 13146,	death certificate be executed withlir	attending physician and complete ental Hygiene prior to burial, crema	ry, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ICIAN: The law requires that the	certificate has been signed by the the State Dept. of Health and Me	or item 23 shows any inju-
DIVISION OF	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	hedistran		CI	-11111	ICAII	_ 01	DEATT		r	TEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last		701710	0),					2. DATE OF MONTH	DEATH DA 25-93	DAY YEAR		
1	4. SOCIAL SECURITY NUMBER	DWARD C.	6. AGE (in yrs. les			R 1 YEAR	IF UNDER 24	HDC	7. DATE OF)	4 BIRTH	PLACE (State or Foreign
	217–30–7525	1 M 2 - F	68	YRS.	MONTHS	DAYS		MIN,	(Month, De			Country	Md.
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN OR LOCATION OF DE					BATH 9c. COUNTY OF DEATH			АТН	
DIRECTOR	Atlantic Gene	eral Hospi	ita1	Berlin Worce						rces	ter		
EG EG	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
		rcester		Berlin					1 🗆				1 YES 2 NO
FUNERAL	11319 Assate	jue Rd.		101. ZIP CODE 21811					10g. CITIZEN OF WHA USA				HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 X MAR OR DATES		13.	It yes, sp	ENDENT OF Cuben, 2 NO				or No	14. RACE Black Specif	- American Indian, White, etc. White
	15. DECEDENT'S EC (Specify only highest gra		16e. DE	CEDENT'S	USUAL C	CCUPATIO	N at of undring		16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	4)	uper:			st of working		Ma	rylar	nd DN	IR.	
M	17, FATHER'S NAME (First, Middle, Last)			o.L.		10.011			E (First, Midd				
BE CO	Hildred C.	Johnson							A. Wi		,		
10 B	190. INFORMANT'S NAME (Type/Print) Mae P. Johnson	1	19	b. MAILING 11319	ADDRES	s (Street e	nd Number or ague R	Rural Ro	Berl	in, N	n, State, Zi 1d • ,	2181	1
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	lace)	POSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State										
	Sunset Memorial Park Berlin, Md.										d		
	► January S		22		ich F	2511-011		ome	Berl	in, 1	Md.		
	23 PART i. Enter the diseases, D	r complications th	at caused the de	eath. Do	not anta	r tha mo	da of dying	g, euch	es cardiac	c or respi	retory as	Test,	Approximete
- 1	shock, Dr heart failure. List Dnly Dne cause Dn each line. IMMEDIATE CAUSE (Final Onset end Death												
	disease or condition resulting in deeth)	RESPIRATORY ARREST											
_	DUE TO (OR AS A CONSEQUENCE OF): Sevence COPD												
	Sequentielly list conditions, If eny, leeding to immediate												
S	CAUSE (Disease or injury												
CERTIFICATION	thet initieted evente resulting in death) LAST	d											
	PART II. Other significent conditi	ons contributing to	death but not	resulting	in the u	nderiyin	g cause giv	ven in F	Part i. 24	la. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL									_ 1	YES 2	•		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME									_		0		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				20 0	ACE OF DEA	ATH (Char	ak antu aan)				
ᅙ	EXAMINER?	HOSPITAL:			OTHE	R:							
¥ l	1 YES 2 NO	26e. DATE O	ER/Outpatient	28b. TII			URY AT		28d. DESCR		NJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)		JURY		YES 2	- h					
ED BY	2 Accident Investigatio 3 Suicide 8 Could not t 4 Homicide datermined	26e. PLACE	OF INJURY — At h	ome, farm,	street, fa	ctory, offic	•			ON (Street Town, State)		er or Rurel F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)												
5 I	2 MEDICAL EXAM	NEH: On the besie of	examination end/or	Investigati	on, in my	opinion,	lenth occured	d at the t	time, date an	d place, er	d due to	the cause(e	e) end manner ee stated.
8	29b. SHENATURE AND TITLE OF CERTIF	IER Water	Min				29c. LICEN	SE NUM			29d. DA		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (Ten	o (Polest)				- (3			-	5
				EM ZIJ IND	e, Print)								



3. TIME OF DEATH

31. DATE FILED (Month,

93

32. REGISTRAR'S SIGNATURE
HULIA Savidson-Randelle

JANSEN

LILLIE

2 DATE OF DEATH 1993

	578-18-97	,,,	n yrs. lest birt 75 v		IF UNDER	DAYS	HOURS	MIN.	6(Mor	25° 1°9	17	Country)	ACE (State or Foreign		
OR	PHYSICIANS	MEMOF	RIAL HOSP	PITAL			St. CITY	PLA	R LOCATI	ON OF OR	ATN		ec. cov	TARLES	TN
Ĕ	RESIDENCE OF DEC	EDENT		-											
Ä	10a. STATE	10b. COUNT	1		10	10c. CITY, TOWN OR LOCATION									Dd. INSIDE CITY
DIRECTOR	MD	Cł	narles					i He							LIMITS?
AL	10e. STREET AND NUMBER							101	. ZIP COD				10g. CITI		AT COUNTRY?
FUNERAL	12 Poplar	Lane							206						
B	1 Never Married 3 Vidowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2-1- NO)		If yes, sp	ENDENT Conclete Cuba 2 NO	OF NISPAN In, Mexical Specify	n, Puerto	IN? (Specify Ye Rican, etc.)	s or No	Black, V	American Indian, Vhite, etc. Vhite
	15. DEC	16a. DECEDI	ENT'S U	SUAL O	CCUPATIO	ON		16	b. KIND OF BU	SINESS/IND	USTRY				
	(Specify only Elementary/Secondary (0	life, Do l	ind of wo NOT use	retired.)	during mo	st of working	ng								
COMPLETED	12	Ho	me	Mak	ter				Hor	ne					
5 I	17. FATNER'S NAME (First, MI	iddle, Last)							18. MOTI	NER'S NA	ME (First.	Middle, Malden	Sumamel		
	Richard					No	ra I	Pos	ey Bor	wie					
H	19a. INFORMANT'S NAME (1)	10h M.	AII INO A	ODDEC	/Otmat a	ad Number	0	Davids Alice							
2	P 199. INFORMANT'S NAME (Type/Print) Henry Jansen 12 Poplar Lane, In										ndi:	an He	ad Mi	0 206	540
1	The state of the s														
	1 XBurlel 2 Crematio	PLACE AND I	EAND DATE OF DISPOSITION (Name of Town, State 93 Waldorf, MD									State MD			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE				_								
22. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. AKEHARTS ECHOLS FUNERAL HOME, LaPlata, MD 20646											S, INC.				
	23. PART I. Enter the di	seeses, or o	complications that	caused	the death	Do no				•			landa a sana	- NV	Tel 1955 de la comp
	23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death														
	disease or condition Acute Million Acute Million Acute														
	disease or condition reculting in death) Acute Myocardial Infanction But To (OR AS A CONSEQUENCE OF): Out To (OR AS A CONSEQUENCE OF):													36 000 1200	
1	reculting in death)	→	DUE TO	(OR AS A	CONSEQUEN	CA NCE OF):	nds	2/	17/	and	440				35 minua
2	reculting in death)	+	DUE TO	(OR AS A	CONSEQUEN	NCE OF):	rdi	2/	177	Sie	400				35 minua
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ATION	Sequentially list condition of any, leading to immediate. Enter UNDERLYII	ons, fiste NG	b				rdi	2/	1 mg	ares	440				35 minua
FICATION	Sequentially list condition of the sequential of	ons, fiste NG	OUE TO	(OR AS A		ICE OF):	rdi	2/	171	ave	440				35 minul
RTIFICATION	Sequentially list condition of any, leading to immediate. Enter UNDERLYII	ons, diste NG	OUE TO	(OR AS A	CONSEQUEN	ICE OF):	rdi	2/	17/	and	-				35 minua
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AL CERTIFICATION	Sequentially list condition of any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or Injuithat Initiated events resulting in death) LAST	ons, diste	OUE TO	(OR AS A (CONSEQUEN	NCE OF):						24s. WAS AN			ERE AUTOPSY FINDINGS
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CIAN: MEDICAL CERTIFICATION	Sequentially list condition of any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or Injuithat Initiated events resulting in death) LAST	ons, diste	DUE TO DUE TO Contributing to	(OR AS A (OR	CONSEQUENCE OF THE PROPERTY OF	NCE OF):	the un	derlying			Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	AN CC Of	ERE AUTOPSY FINDINGS ALL ABLE PRIOR TO MPLETION OF CAUSE DEATN?
ICIAN: MEDICAL	Sequentially list condition of any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or Injuit that initiated events resulting in death) LAST PART II. Other significes by perfect and are careful and according to the cause of the	ons, diste	OUE TO	(OR AS A (OR	CONSEQUEN CONSEQUEN It not recul	NCE OF):	the un	derlying	ceuee g	given in i	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	AN CC Of	ERE AUTOPSY FINDINGS ALL ABLE PRIOR TO MPLETION OF CAUSE DEATN?
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of the sequential sequential sequence of the seque	ons, distance of the condition of the co	DUE TO DUE TO DUE TO CONTRIBUTING TO DUE T	(OR AS A (OR	tient 3 D At home, 1 dgs, death o	Iting in One of the involution of the involutio	OTHER	28. PL t: sing Nom 28c. INJ yory, office	ACE OF DI 5 Re TRY TRY TES 2 end place, eath occur 29c. LICE D—1	EATN (Che isidence is	Part i. CK only of 6 Oth 28d. OE 28d. LOCAL Chy to the catilme, dat	24a. WAS AN PERFOR	NJURY OCC	AN CCOOL OF THE CO	PERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OF DEATH? YES 2 NO Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present to be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
MPDRTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	500									9	3	6800			
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMEN ICAT	T OF H	DEATH	ND ME	NTAL HYGIEN REG. NO						
	1. OECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			. TIME OF DEATN			
1 8	MITCHELL M.	JONES		7		IES			TAU 15	199	YEAR	A F 2	8.0		
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest	hirthrim)		ER I YEAR	IF UNDER 24		DATE OF BIRTH	177		ACE (State or Foreign			
	215-16-3519	U. 7.10	90	YRS.	MONTHS	1		MIN. 1	1725719	902	Couping)				
OR	99. FACILITY NAME (If not institution, give a PENINSULA REGIONAL		ENTER	1			BURY	OF DEATN			9c. COUNTY OF OEATN WICOMICO				
5	RESIDENCE OF DECEDENT														
DIRECTOR	100,000111	.comico		10c. CIT		or Local	bury					Od. INSIDE CITY LIMITS? YES 2 NO			
1	10e. STREET AND NUMBER					101	. ZIP CODE			10a CIT		AT COUNTRY?	_		
FUNERAL	1015 Fairgrou	nd Drive					218	01			U.S.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	ecify Cuben,	NISPANIC O Maxican, Pu Specify:	PRIGIN? (Specify Yes perto Rican, etc.)	or No—	14. RACE - Black, 1 Specify:	- American Indien, White, etc. Black								
	15. DECEDENT'S EDU	CATION	16a, DE0	CEDENT'S	USUAL (OCCUPATION	ON		16b. KIND OF BUS	SINESS/INC	USTRY				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 8	College (1-4 or 5+)	(Git	ve kind of v Do NOT us	work done se retired.	during ma	ast of working								
M P			Wa	ter	man	& F	arme	r							
	17. FATNER'S NAME (First, Middle, Lest)						18. MOTHE	R'S NAME (First, Middle, Maiden	Sumeme)					
ш	Levin Thomas	Jones						Harr	iett Ho	pki	ns				
TO B	Levin Thomas Jones Harriett Hopkins 190. INFORMANT'S NAME (TyperPrint) Mae Peart 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 820 Springhill Rd., Salisbury, Md. 21801														
	20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of														
	20e, METHOD OF DISPOSITION 1.XI Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Db. PLACE A	ND DATE O	TO TO	SITION (Na	em.	5	/22 Sal	CATION -	ury,	Md.			
	MO0-417 Messick Funeral Home, P.O. Box 61 Bivalve, Maryland 21814														
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate														
	snock, or naert tenure. List only one cause on each line.														
	IMMEDIATE CAUSE (Final disease or condition	70										Onset and Dar	ath		
	resulting in daeth)	Preus													
		DUE TO (OR AS	A CONSEO	UENCE OF	f):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE OF	f):										
FICA	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	C. OUE TO (OR AS	A CONSEO	UENCE OF	7 :										
ERT	reaulting in death) LAST	d			-										
	PART II. Other significent condition	s contributing to death	but not re	aulting i	n the u	ndarlying	cause giv	en in Part	I. 24a. WAS AN	ALITOPSY	24b. W	ERE AUTOPSY FINDING	20		
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		10							1 TES 2	NO		F DEATH?	:		
Σ										•	1	YES 2 NO			
A A	25. WAS CASE REFERRED TO MEDICAL														
ō	EXAMINER?	HQSPITAL:			OTHE		ACE OF OEA	TH (Check o	nly one)						
XS	1 YES 2 NO	Inpatient 2 - ER/Ou	tpatient 3	□ DOA			e 5 🗌 Resid	lence 6 🗆	Other (Specify)						
Y PHYSICIAN:											CURED				
ED BY	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)											te Number,	_		
E I	no- common //														
COMPLET		CIAN: To the best of my kno R: On the basis of examinati										nd manner es stated			
9 1															
H	296. SIGNATURE AND TITLE OF CERTIFIER	7				Į	29c. LICENS			29d. DAT	SIGNED (M	lonth, Day, Year)			
0	30 NAME AND AGENESS OF PERSON WHO COMPLETED CALLER OF OFFICE AND ASSESSED TO SEE THE SECOND S														

WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Pondelle

NHILDRED SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SETTLES JONATHAN 1. SOCIA SECURITY MAMEERS 1. SOCIA	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	, ,	100	UI		
MILDRED SETTLES JONATHAN *** PACHT NAME (*** MARTE*** ASE *** LANGE 1. SAN *** MARTE*** MARTE**** MARTE************************************	1. DECEDENT'S NAME (First, Middle, Last)			A. L. J.	to the same	2. DATE OF DEATH		- 3.	TIME OF DEAT	ъ		
4. ACC IN 25 LEST SEX LACE IN 25 LEST LACE IN	MILDRED SET	TTLES JONA	THAN			MONTH D		EAR				
### PACHATY MAN MEMBER ***SACRATY MAN FOR CONTROL CONTROL TO AN ADDRESS OF THE PACHAGORY O	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		V		7. DATE OF BIRTH	8.	BIRTHPL		reign		
The Country Mark in the industries of more and markey was highered for the industries of positive was allowed and the industries of the country of positive was allowed and the industries of the country of the country was allowed and the country was allow	421-18-4952	1 DM 2 🗆 F 83	YRS. MO	NTHS DAYS	HOURS MIN.	10 - 22 -	1909	Geor	gia			
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Second Prince George's Hyattsville Wattsville W		lst Hospital		Takon	na Park		Mont	gomei	cy			
Maryland Prince George's Hyattsville 10.2 PROCESS			I see CITY T	DWAY OR LOCAT	TON				and the same			
THE THE NAME NUMBER 18. MARTIAL STUDY 11. MARTIAL STUDY 12. MAS DECORDET EVENT IN U.S. AS DECORDET EVENT IN U.S. AS DECORDET EVENT IN U.S. AS DECORDET OF INSTANC OF DISTANCE OF INSTAN	The state of the s	George's							LIMITS?			
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TO BE COMPLETED BY FUNERAL DIRECTOR

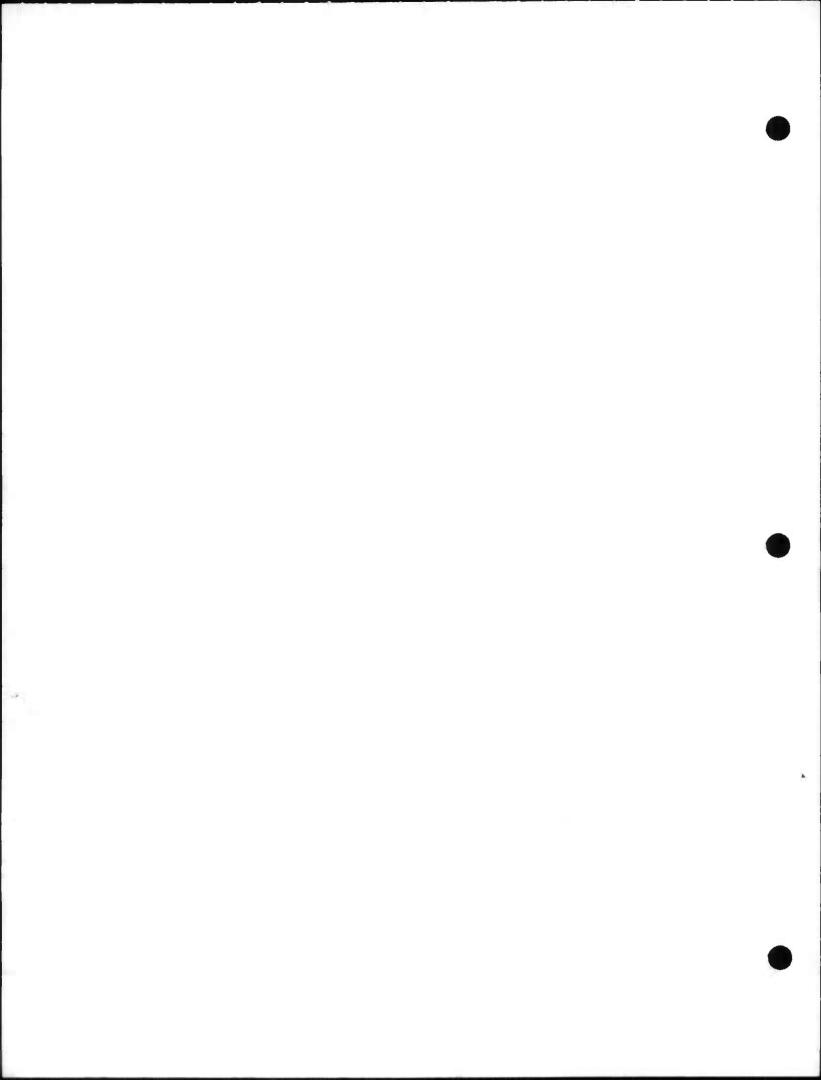
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



772 2

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										10002						
1. DECEDENT'S NAME (First	, Middle, Last)	Donald		R.			Jupp		2. DATE MONT	OF DEATH	714 .	YEAR 42	3. TIME OF DEATH			
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. lest birtho	fay) IF UN	DER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	7_	a. BIRTI	HPLACE (State or Foreign			
239-42-5863	3	1 M 2 - F	72	YR	S. MONTH	S DAYS	HOURS	MIN.	November 24,1920 England							
9a. FACILITY NAME (If not in	estitution, give s	reet and number)			9b. C	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
SO. MAN		d Ho	SPI	TAC		CX	INTO	3N			P	NINC	E BEONDE			
Maryland	Pri	ice Georg	ge's	10c.	Temp.	le H	ills						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10a. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY							WHAT COUNTRY?			
	2 Spri	ng Terr.					20	748				Engl	and -			
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	2 NO	1	If yes,	ECENDENT (specify Cubi ES 2 NO	m, Mexics	in, Puerto I	t?ecify Yes Rican, etc.)	or No-	Spec	E — American Indian, k, White, etc. ifly: Casian			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								KIND OF BUS	SINESS/IN		Castaii					
(Shee kind of work done during most of work Elementary/Secondary (0-12) Cottege (1-4 or 5+) Electronic Tectors										Sidli	s Co	٠.				
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)																
Ethelbert Lionel Jupp Jessie Langley																
Gary F. K	,,	(Attorne	(V ^c	19b, MAII						ber, City or Town			lboro, Md 20			
20a, METHOD OF DISPOSIT	20e, METHOD OF DISPOSITION 1 (Libertel 2 Cremation 3 Removal from State Compalary compalary or other place) 5 24 DATS 20c. LOCATION — City or Town, State															
4 Donetton 5 Other (Specify) Mariboro Friends Meeting Randleman N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSES PLANE AND ADDRESS OF FACILITY Lee Funeral Home, Inc.																
Mo	40.	Offer.	l	<									notn, Md2073			
23. PART I. Enter the di	iseases, or c	omplications the	t cause	d the death. I	o not ent	er the n	node of dy	ing, suc	h as card	flac or respi	ratory a	rest,	Approximate			
IMMEDIATE CAUSE (Findiseese or condition resulting in death)		Q	are	diac	a	Sy	res	+	•				Interval Between Onset and Death			
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	DUE TO	(OR AS	A CONSEQUENCE	E OF):	d	CS.	• (PE	200.0	au	Cep)			
PART II. Other significa	nt condition	contributing to	death b	out not resulti	ng In the	underiyl	ing cause	given in	Part i.	24s. WAS AN		24b	. WERE AUTOPSY FINDINGS			
			_							1 YES 2		-	OMPLETION OF CAUSE OF DEATH?			
									_				1 TES 2 NO			
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26.	PLACE OF D	EATH (Ch	eck only on	10)						
1 VES 2 NO		HOSPITAL:	ER/Out	patient 3 DO	A 4 D		ome 5 🗆 Re	sidence	6 🗆 Other	r (Specify)						
	Pending Investigation	28e. DATE OF (Month, D		26b.	TIME OF INJURY	28c. II	NJURY AT WORK? YES 2			CRIBE HOW II	JURY OC	CURED				
3 Suicide 6	Could not be	28e. PLACE Obuilding,	F INJURY etc. (Spe	— At home, fee	m, street, f	actory, off	lice		261. LOCA	ATION (Street e or Town, State)	nd Numbe	or Rural I	Route Number,			
		CIAN: To the best of														
2 Olicon			xaminatio	n and/or investig	petion, in m	y opinion,	death occu	red at the	time, date	and place, an	d due to t	he cause(e	e) and manner as stated.			
296. SIGNATURE AND TITLE	OF CERTIFIER	17	-	4//	1111		1 29c. LICI	34	MBER /2	74	29d. DAT	S-1	S 2			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

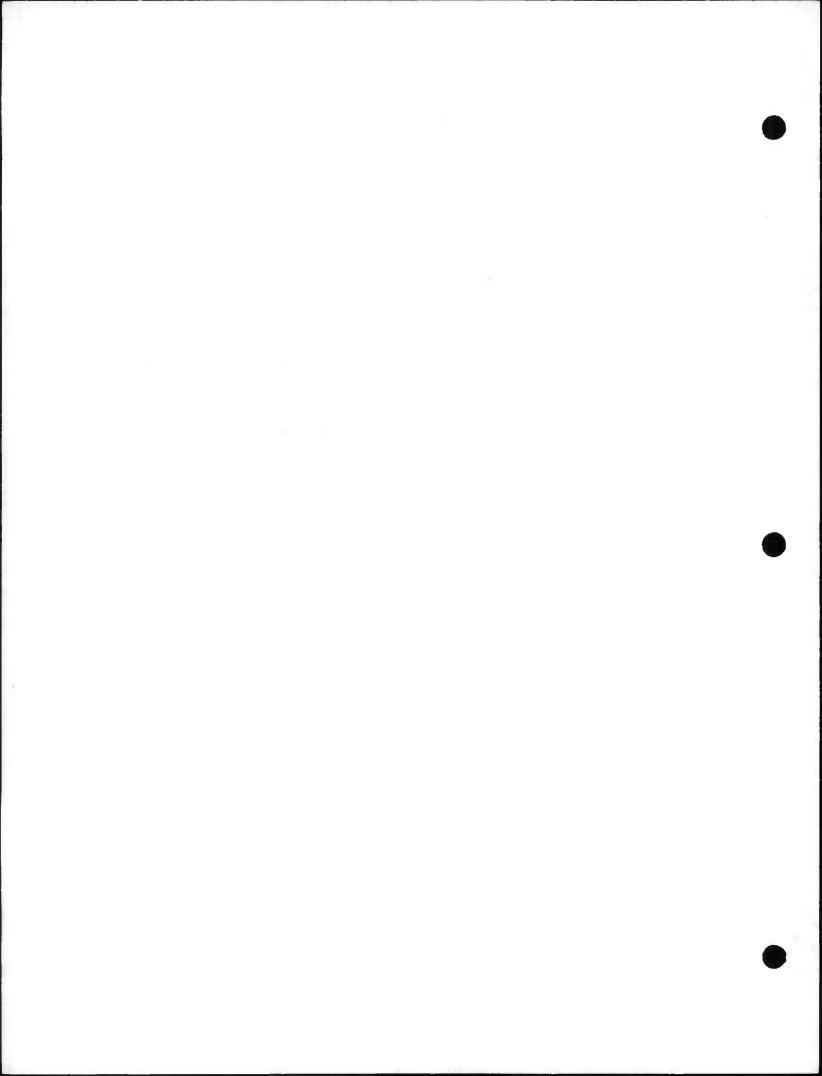
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 31. DATE FILED (Month, Day, Year)

Julia Davidson-Randalle

DHMH-16 Rev 1/89

20720 Bowie

mi



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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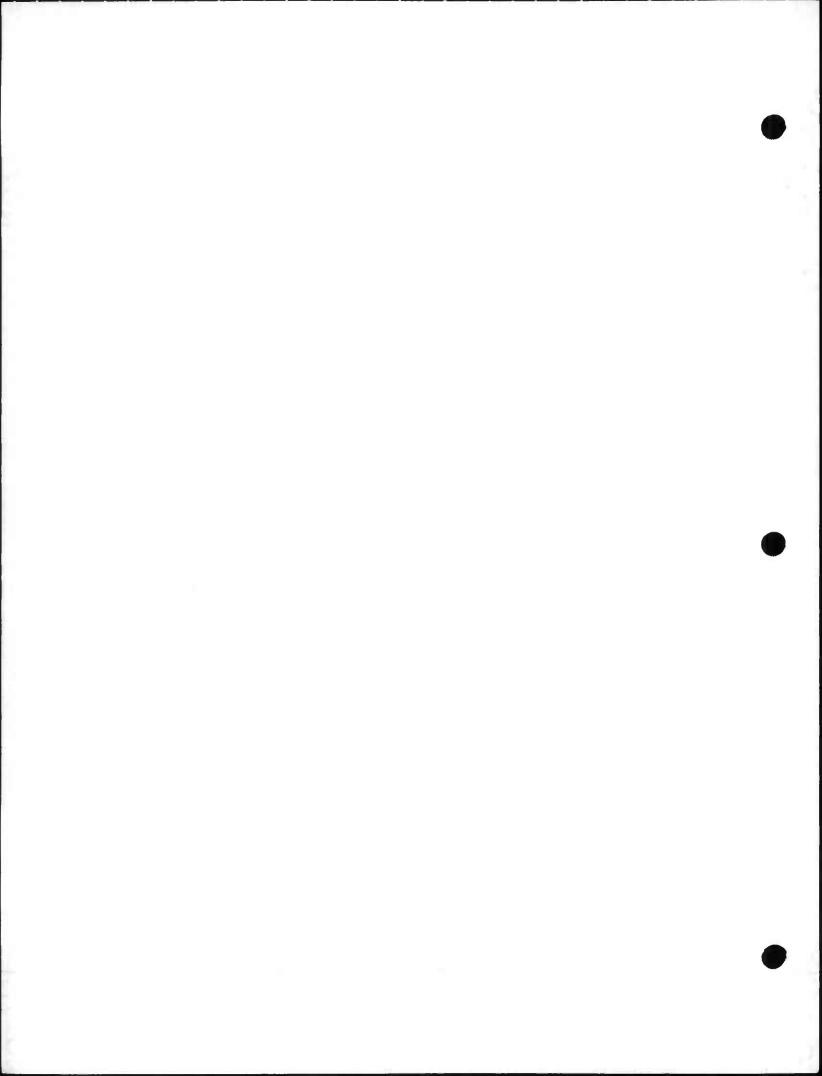
30. NAME AND ADDRESS OF PER: MARON A.
31. DATE FILED (MONTH, Day, Year)
MAY 2 4.

	1 - FOR REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO		3 16803
	1. DECEDENT'S NAME (First, Middle, Lest)	Jackson	n (Coo	Rer)	2. DATE OF DEATH MONTH D	5 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / 577-22-2899	5. SEX 6. AGE (In	yrs. last birthday) O LIYRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	89	BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give sti HOLY CROSS	wet and number)		9b. CITY, TOV	VN OR LOCATION OF E	DEATH /	Princ	of DEATH
[קַ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		iii a	TY, TOWN OR LO			111110	
DIRECTOR				hingto				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
FUNERAL	100. STREET AND NUMBER 114 "W" Street. N				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
N	114 "W" Street, M	12. WAS DECEDENT EVER IN U			20001		USA	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 ND	If yes	DECENDENT OF HISPA , apacify Cuben, Mexic YES 2 NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ily:	s or No 14.	. RACE — American Indian, Black, White, etc. Specify: Black
Į į	15. DECEDENT'S EOUC (Specify only highest grade of	ATION completed)	(Give kind of	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUS	THY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 4+	Teach	er-Cle	rk	Privat	o Icon	vernment
NO.	17. FATHER'S NAME (First, Middle, Lest)		10001	CI OIC.		AME (First, Middle, Meiden	-	eriment
l m	George Jackson				11.	le Jackson		
TO B	190. INFORMANT'S NAME (Type/Print) Vivian Lambert		196. MAILING 43 **W			Route Number, City or Tow Wash., D.C		
	20s METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. P	LACE AND DATE ery, cremetory or DCOLD M	DF DISPOSITION	I (Name of		CATION City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		642	22. NAM Fra	AND ADDRESS OF R	neral Home	, Inc.	***************************************
	23. PART I. Enter the diseases, or o shock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Simplications that caused to lat only one cause on each	the death. Do			ch as cardiac or resp		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C			Cane	Vorale	n Dis	tos 10 g
MEDICAL (PART II. Other algnificant conditions	contributing to death but	not resulting	in the underl	ying cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
YSI	1 TYES 2 AND	1 Dispetient 2 ER/Outpet	lent 3 🗆 DOA	OTHER:	tome 5 🗆 Residence	6 Other (Specify)		
ВУ РН	27, MANNER OF DEATH 1 Pattural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)		JURY M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE DF INJURY — building, etc. (Specify	At home, farm,	street, factory, o	iffice	28f. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETE		IAN: To the best of my knowled: On the basis of examination a						suse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	enku v			29c. LICENSE NU	MBER 74	29d. DATE IN	IS 193
To	30. NAME AND ADDRESS OF PERSON WHO NIGHT	COMPLETED CAUSE OF DEAT	~	a, Print) Z	309 SM	MEKIET IN	n Ry)

ENKIN MD

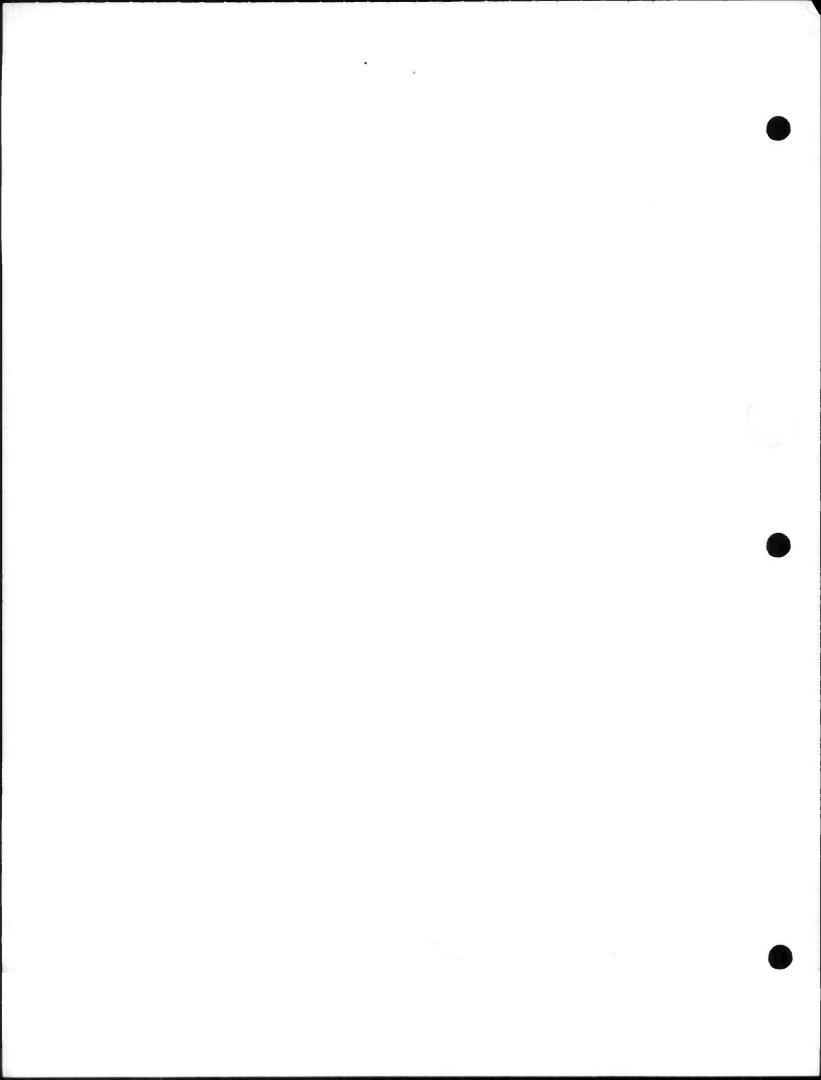
32. REGISTRAP'S SIGNATURE

Andrew Sandale



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANE	E, proming my	ANE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may remark a the host	Se Market of	he hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parameters the death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.		detache
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be notified at	once.

	1. DECEOENT'S NAME (First,		TITTO	TOT	B ICTO	VA.T			May 25,	993	YEAR	3. TIME OF DEATH 4:00 A
	4. SOCIAL SECURITY NUMB	ROBERI								.993		**
	212-18-1	076A	1 📉 M 2 🗌 F	71	YRS.	MONTHS DAY		24 HRS.	June 29, 1	.921	Penn	IPLACE (State or Foreign
DIRECTOR	24811 Deep	9a. FACILITY NAME (If not institution, give street and number) 24811 Deep Water Point Drive					n or Locati Mi cha		ATH		bot	DEATH
EC	10a. STATE	10b. COUNT	1		10c. CI1	IOC. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
	Maryland Talbot				St	. Mich						LIMITS?
FUNERAL	10e. STREET AND NUMBER	Deep	Water Po	int Driv	<i>r</i> e		101. ZIP CODE 21663				S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divoi	Married	12. WAS DECEDEN	TEVER IN U.S. AR	MED	If yes,	ECENDENT Cobe	n, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No-	Black	E — American Indian, k, White, atc.
	15. DECI	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/INI		
COMPLETED	Elementary/Secondary (8-	highest grade	College (1-4 or 5)		work done during se retired.)						
OM	12 17. FATHER'S NAME (First, Mi	iddle, Lest)	5		Pre	esident			Bethlehe		eeı	
BE C	David Bl		hnston						ephenson			
5	Nancy P.		on	191					Dr. St. N			Md. 21663
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 4 Donation 5 Other	ON n 3 🗆 Rem		20b. PLACE / camptery, cre	ANDDATE	OF DISPOSITION	(Nama of			CATION -	City or To	wn. State
	21. SIGNATURE OF UNERAL		ENSEE	- Capi	101		ANO ADDRES			ar De	tawa	ire
	Dane	Lon	ELe	enara	1	HARR	ISON E	. LE	ONARD FUNI			
	23. PART I. Enter the dis shock, or ha	seases, or o	complications the	t caused the de	ath. Do	not enter the	moda of dyi	ng, auch	as cerdiac or respi	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final Onset and Daath											
	resulting in death)	→		MATIC OR AS A CONSEC			n_					2 marting
Z	Sequentially list condition		b	(011 70 71 001102)	JOENOE O	·).						
XATIO	If any, leading to immed cause. Enter UNDERLY!!	liata NG	DUE TO	(OR AS A CONSEC	OUENCE O	F):						
CERTIFICATION	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO	E TO (OR AS A CONSEQUENCE OF):								
GE			1									
	PART ii. Other significar	n1 condition	s contributing to	death but not r	esuiting	In the underly	ing cause g	iven in i	Pert I. 24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS
MEDICAL									1 YES 2	1117		COMPLETION OF CAUSE OF DEATH?
							-		-			1 YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL				26.	PLACE OF DI	EATH (Che	ick only one)	_		
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing H	ome 5 8 Re	sidenca	8 Other (Specify)			*
BY PH		Pending nvestigation	28e. DATE OF (Month, De		28b. T/W	IE OF 28c.	INJURY AT WORK?		28d. OEŞCRIBE HOW IN	JURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)				me, ferm,				loute Number,			
J E	29a. CERTIFIER (Check only	FYING PHYSH	CIAN: To the best of	my knowledge, de	ith occurr	ed at the time d	ate and place	and due	to the cause(s) and man	Der en etel	lad	
Solution of the building, etc. (Specify) 29s. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as attend.) and manner as stated.						
BE C	296, SIGNATURE AND TITLE	OF CERTIFIED	1/1/	_			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
ğ.	30 NAME AND ADDRESS OF	0	entry	m			ID	314	66	> 2	/2.	5/93
	Ludwig		leseder l				nans La	ane :	21601			
	MAY 25 1993		32 REGISTRA	R'S WONATHRE	,							



DIRECTOR

FUNERAL

BY

COMPLETED

BE

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STATE REGISTRAR		STATE OF I		DEPART					MENTAL HYGIENI REG. NO.	E ~	/ 🔾	1000;
DECEDENT'S NAME (First	Middle, Last)	Jarus		Banno	on J	arv.	is, S	Sr.	2. DATE OF DEATH MONTH DA	9	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUME	669	5. SEX	6. AGE (In yrs. last		IF UNDER 1	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-23*/	/	6. BIRTH Countr Ker	PLACE (State or Foreign
Fallst	on (Tener	al Ha	Sp.	9b. CFTY,	TOWN (Fg//	ON OF DE	ATH M	9c. COUN	HG I	rford
ESIDENCE OF DEC	CEDENT			7								
Maryland	106. COUNTY Ha	arford		Jopp Jopp		R LOCAT	TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1503 Old M		in Road,	South			101	210	185			EN OF V	VHAT COUNTRY?

1503 Old Mountain Road, South 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, 1 YES 2 XNO Specify:

14. RACE — American Indian Black, White, etc. Specify White

15. DECEDENT'S EDUCATION pecify only highest grade comple 12

1 Never Married 2 Merried

3 Widowed 4 Divorced

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) Printer

166, KIND OF BUSINESS/INDUSTRY

Newspaper

17. FATHER'S NAME (First, Middle, Last)
Virgil

Jarvis

College (1-4 or 5+)

IF YES, GIVE WAR OR DATES

18. MOTHER'S NAME (First, Middle, Maiden Sumame) Bertha

Jarvis

19s. INFORMANT'S NAME (Type/Print) Elsie Louise Jarvis

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1503 Old Mountain Road, South, Joppa, Md. 21085

DATE

200. METHOD OF D	ISPUSITION	
1-G Burial 2 C	Cremetion 3 Re	movel from State
4 Donation 5	□ Out (0	
4 Li Donation 5	Utner (Specify)	

20b. PLACE AND DATE OF DISPOSITION (Name of Highview Memorial Gardens 6-2-98 22. NAME AND ADDRESS OF FACILITY

Fallston, Md. Howard K. McComas III Funeral Home, P.A.

20c. LOCATION -- City or Town, State

THE OF THE OF THE SERVICE LICENSEE	
Lowers K. M. Come	1 1
NOTIFICAL WILLIAM WILL	
22 PART I Enter the diseases or complications that sound the	1

shock, or heart failure. List only one ceuse on each line.

1317 Cokesbury Road, Abingdon, Md. Do not enter the mode of dying, such as cerdiec or reepiratory arrest,

Approximate Interval Betw

IMMEDIATE CAUSE (Final disease or condition resulting in death)

DUE TO (OR AS A CONSEQUENCE OF

Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

26. PLACE OF DEATH (Check only one)

PART II. Other significant	conditions contributing	to death but not	resulting in the	upderlying cause given in Part I.
(1)	100		HM	(D) (100)
			/	Colpe

24s. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

-		-			
25.	WAS	CASE	REFERRED	TO	MEDICAL
	EXA	MINEF	17		

HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA

EXA	MINEF	₹7		
1 🗆	YES	2	NO	

27. MANNER OF D 1 A Waturel

6 Could not be determined

AIR

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

26s. PLACE OF INJURY — At home, ferm, street, facto building, etc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

2 Accident

3 Sulcide

4 Homicide

ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

WHO COMPLETED CAUSE OF DEATH (1) EM 27) (Type,

29d. DATE SIGNED (Month, Day, Year) 60

II				
	_		_	

IIN 01

32. REGISTRAR'S SIGNATURE rha Davidson

DHMH-16 Rev 1/89

2104

BALTIMORE, MARYLAND 21215-0020 BOX 68760. 00.00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the control of the contr

PHYSICIAN: MEDICAL CERTIFICATION

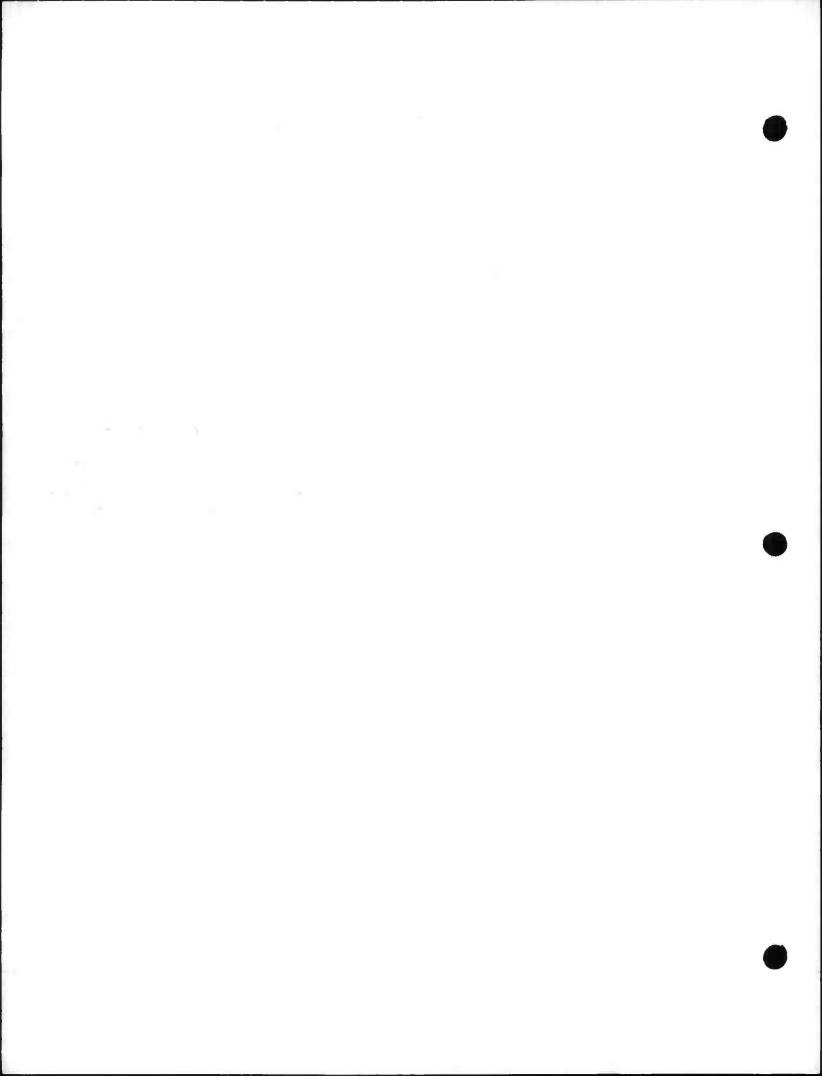
BY

COMPLETED

BE

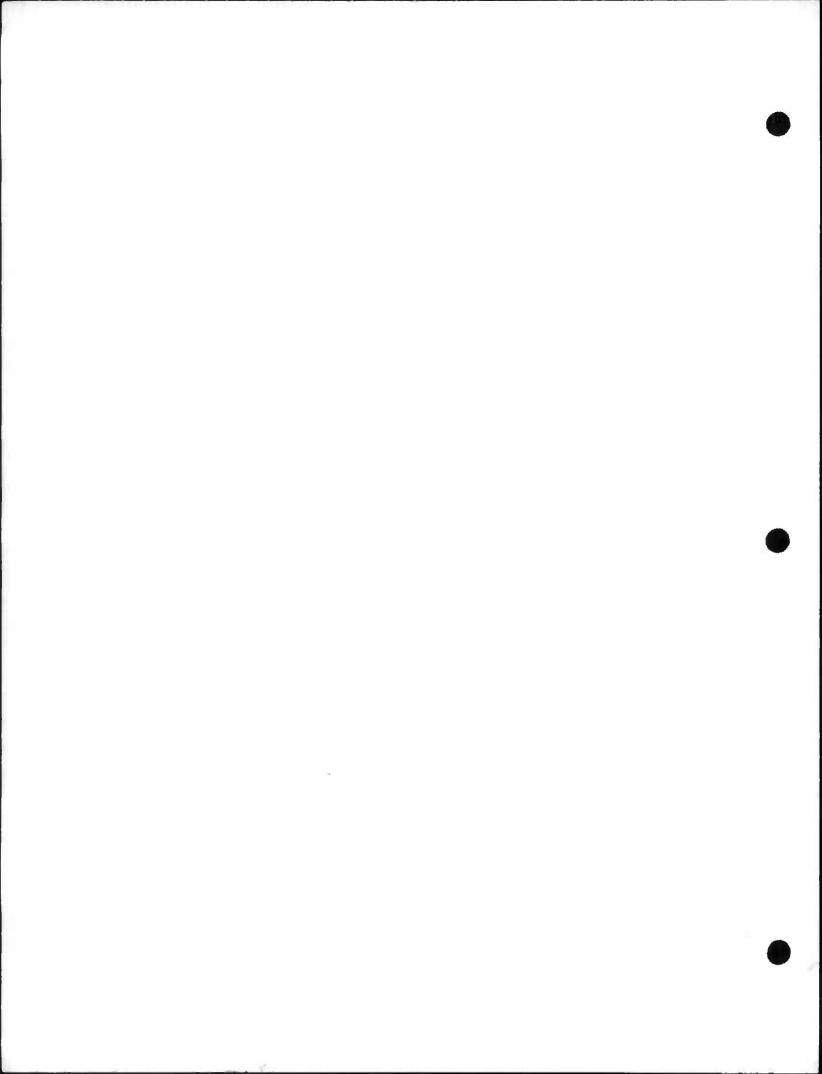
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DIVISION OF VITAL RECO



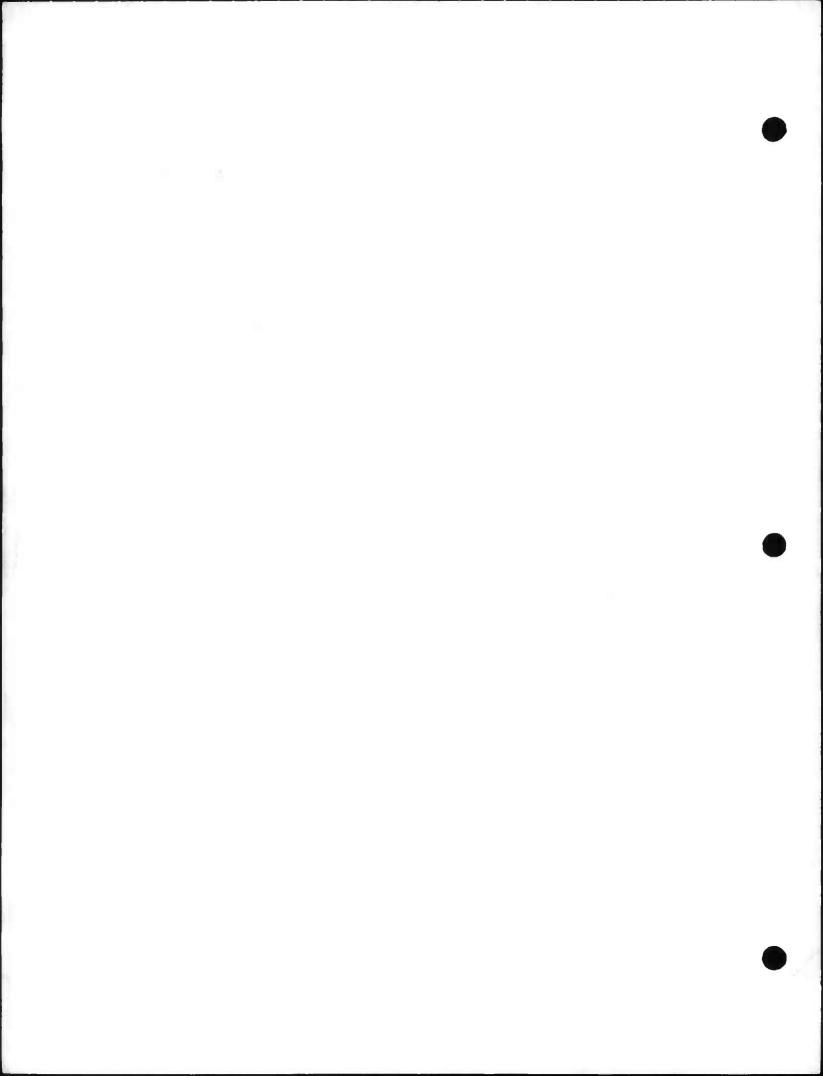
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGI
REGISTRAR	CERTIFICATE OF DEATH	REG.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					IENTAL	HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	JESSIE	5					2. DATE MONTH	OF DEATH	3 9	73	3. TIME OF DEATH
DIRECTOR	4. SOCIAL SECURITY NUMBER		73 YRS.	IF UNDER 1		IF UNDER :	44101	(Month	OF BIRTH		Countr	
	229-54-0618 9a. FACILITY NAME (If not institution, give s		/ 3 Ins.	9b. CITY, T	OWN OR	LOCATIO		OCT.	T. 8,1919 SOUTH CAROLIN			
	GREATER LAUREL NURSING HOME LA					REL PRINCE GEORGE'						GEORGE'S
IREC	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION				L				10d. INSIDE CITY LIMITS?	
	MARYLAND PRII	S LANHAM 101. ZIP CODE					10g. CITIZEN OF				1 K YES 2 NO	
FUNERAL	6215 BRIGHTLEA DRIVE				20706					IISA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO If yes, specify			NDENT OF HISPANIC ORIGIN? (Specify Yearly Cuban, Maxican, Puerto Rican, etc.) NO Specify:				14. RACE — American Indian, Black, Whita, atc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(Give kind of	B. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				166. KIND OF BUSINESS/INDUSTRY					
PLE	Elementary/Secondary (0-12) 9th	DOMESTIC					PVT.					
CO	17. FATHER'S NAME (First, Middle, Last)		18, MOTHER'S NA				ME (First, Middle, Malden Surname)					
BE	MARK JESSIE 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street					JOSIE HAIR						
5	Style of the style									706		
	20. METHOD OF DISPOSITION	20. METHOD OF DISPOSITION 200 DISPOSITION (Almond complete or 200 LOCATION Characteristics)										
	Cher place) Cher place) Cher place) Cher place) Cher place) Cher place) HARMONY MEMORIAL PARK LANDOVER,								MARYLAND'			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME 74.74 LANDOVER RD. LANDOVER. MD. 20.785											
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting is				in tha underlying ceuse given in			Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND		246	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SICI	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
PHY	27. MANNER OF DEATH		28b. TIME OF 28c. INJURY WORK?			AT 28d. DESCRIBE HOW I			INJURY OCC	NJURY OCCURED		
В	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be		- At home, farm, street, factory, office						ON (Street and Number or Rural Route Number,			
TEC	4 Homicide determined	building, atc. (Spe	icity)					City	or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)			
TO B	maler fre					D36716			5/14/93			
	ANGREW K	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANGREW KYPRAT STIT Chury James June 4 2020)										
j	MAY 1 7 1993	Julia 100	Harphell	6								,



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within the State Dept. of Heath and Mental Hydine prior to burial, cremation, or removal. **MONETANT: It have 28 is manched on them 23 shows any failury or other transmitted want the manifest or page 5.	Minney I toll to a manual, or the second of miles, or other desiration or more properties of more and more of the
THE THE PO THE	5

	REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO	E 93	16807		
1	1. DECEMENT'S NAME (First, Middle, Last)	10013	1	NES		2. DATE OF DEATH DO	W , _X	3. TIME OF DEATH		
	45.00	SEX & AGE (III	yrs. lest birthday)		T	5 4	1 9	3 17 45 H		
	217-28-7907	5 × 2 □ F 5	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Advanta Del Maria				
DIRECTOR	5091 Ed 41	rout Z	r.	96. CITY, TOWN	Thia.	OF DEATH				
<u>E</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
E .	MARYLAND ANNE	YLAND ANNE ARUNDEL LOTHIAN						10d. INSIDE CITY LIMITS? XYXYES 2 NO		
4	10s. STREET AND NUMBER							N OF WHAT COUNTRY?		
FUNERAL	5091 ED PROU	T ROAD			207	711	U:	SA		
15		. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ZY NO	1 Tyes, sp	2 XNO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:		
ED B	15. DECEDENT'S EDUCATION	1011						BLACK		
	(Specify only highest grade con	npleted)	(Give kind of a life, Do NOT us	USUAL OCCUPATE work done during mo e retired.)	ON ast of working	16b. KIND OF BUS	SINESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)			FINISHE	, D	PVT			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			PRIMERAL		WE (First, Middle, Maiden		•		
ш	EWARD BENJAMIN	JONES			VICT	ORIA GRA	Y			
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a		oute Number, City or Tow		ode)		
-	TOWANDA JONES		2187	REGEN	T COURT	DUNKIR	MD	20754		
	20s. METHOD OF DISPOSITION 1	from State 20b. I	PLACE AND DATE (OF DISPOSITION (Na	ame of	1		y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		MOSES	CEMETE			THIA	N, MD		
	The storm of the s	12	10.1		ND ADDRESS OF FAC		מאד נו	IOME 20785		
_	Juawana	LOLD	Mys	74	74 LAND	OVER RD.	TAND	OVER. MD		
	23. PART I. Enter the diseeses, or com shock, or heart fellure. List	plications that caused tonly one cause on as	the death. Do r ch line.	ot enter the mo	de of dying, such	as cardiec or respi	ratory arres	t, Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	K1 /		1.0		2 , /		Opent and Dooth		
	resulting in desth)	Jhota.	CONSEQUENCE OF		unc	2 1-le	Ad			
-		DUE TO (OH) AS A T	CONSEQUENCE OF	·);						
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury									
TIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
CER	d									
	PART II. Other significant conditions of	ontributing to death bu	t not resulting	n the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS		
MEDICAL						PERFOR	1	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME							7	1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)				
ΥS	1 YES 2 NO 1	npetient 2 ER/Outpe		4 - Nursing Hom	6 5 Residence					
	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		URY WO	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	CO IC		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -		treet, factory, offic	YES 2 NO	28f. LOCATION (Street)	and Mumber or	Burni Brum Number		
TED	4 Homicide Could not be	building, etc. (Specif	Hom	-		City or Town, State)	4	md:		
MPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle			and place and due	to the caute(s) and mer	The state of	7010		
COM								cause(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CENTIFIER	Looms	Don	utu	29c. LICENSE NUM	BER 6054	29d. DATE S	HIGNED, (Month, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (7) po.	200	2.10			1110		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAS SIGNA	TUBE 70 - J. O	0/2	30 × 4	9 20	///			
	MAY 1 0 1993	32. REGISTRAIS SIGNA	- Manage	- Carlo						



3. TIME OF DEATH

3:12

A. BIRTHPLACE (State or Foreign

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

4. SOCIAL SECURITY NUMBER

578-22-9109

ames

5. SEX

1 X M 2 🗍 F

IF UNDER t YEAR

IF UNDER 24 HRS.

arre

8. AGE (in yrs. lest birthday)

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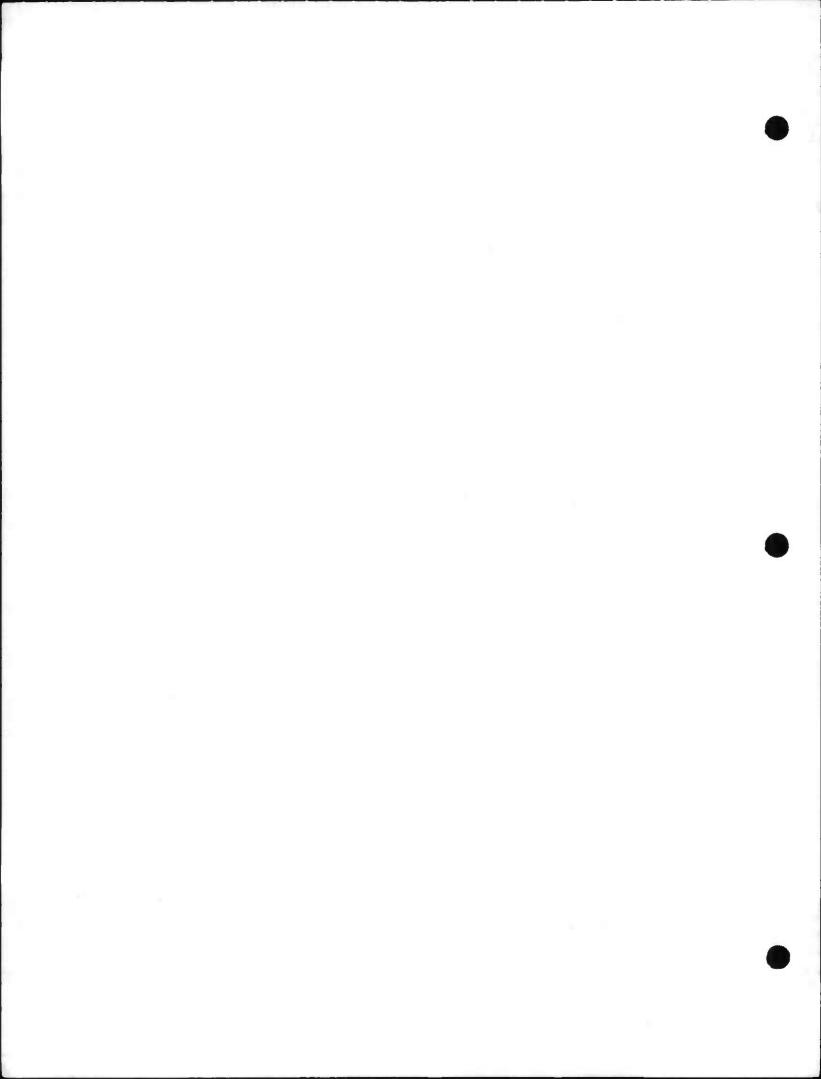
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12-16-23 Montana 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ern Georges RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George's Clinton 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE log. CITIZEN OF WHAT COUNTRY? 9211 Stuart Lane 20735 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ 1 TYES 2 XNO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-t2) College (1-4 or 5+) Painter Painting 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at W.G. Jarrett Jane McDonald BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING APDRESS (Street and Number of Payril Payrie Number, City or Town, State, Zip Code)
302 Ottaway Way, Tall Pines
Fort Pierce, Florida 34946-6646 2 Edward S. Jarrett pe 20s. METHOD OF DISPOSITION
1 ☐ Burial 2 🔀 Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must cametery, crematory or other place)
Lee Crematory 5-11-93 4 Donation 5 Other (Specify) Clinton Md. examiner 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 6633 Old Alexander Ferry Road Clinton.Md.20735 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition MiloCardial and los. executed within event. resulting in death) DUE TO OR AS A CONSEQUENCE OF Pulman traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): this certificate has been signed by the attending physician at with the State Dept. of Health and Mental Hygiene prior to I if any, leading to immediate cause. Enter UNDERLYING 20 Seifen other 1 CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 0 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO shows any COMPLETION OF CAUSE t TYES 2 NO OF DEATH? T YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem. HOSPITAL . OTHER: 1 - YES 2 NO 1 Cinpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending В 1 YES 2 NO After the 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 3 Suicide 66 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after d item 28 ls COMPLETED 6 Could not be 4 Homicide determined 29s. CERTIFIER

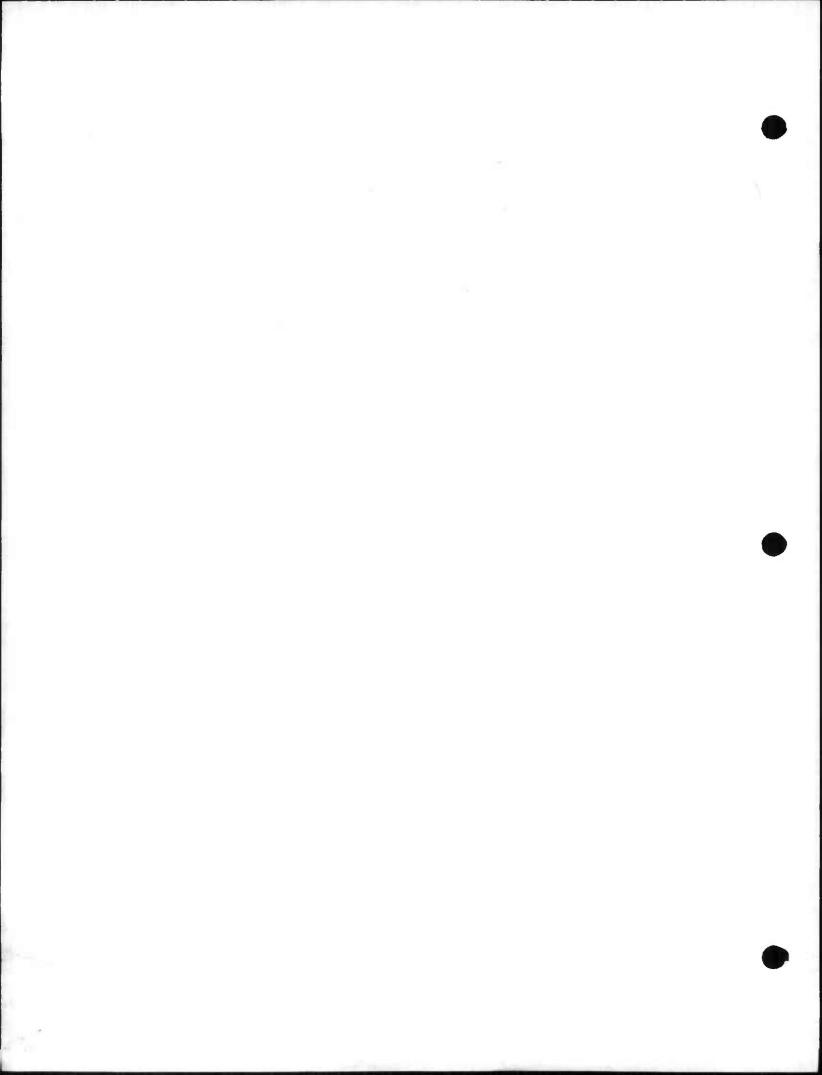
(Chark ank)

1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FuneRAL | IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 불불불 222 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SOUTHERN AVE 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE 1 1993 ΜΔΥ 1 DHMH-16 Rev 1/89





		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE G. NO.	10005
	7	1. DECEDENT'S NAME (First, Middle, Last) ARGUE R 1. DECEDENT'S NAME (First, Middle, Last)	Te Ju	ac Ksoi	<u>م</u>		2. DATE OF DE	P 19	317
Acres		4. SOCIAL SECURITY NUMBER 577-030832	1 - M 2 DTF		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIF (Moult, Day,		BIRTHPLACE (State or Boreign Country)
	TON	De. FACILITY NAME (If not institution, give sti	MANOR 14	mhill 3	BILYON	OR LOCATION OF DE	Ing.	Pc. COUNTY	
Hr. Prop.	DIREC	10e. STATE Was # 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TION)C			10d. INSIDE CITY LIMITS? 1 MY YES 2 NO
an. Yansit permit.	FUNERAL	1316 Whittie		,		1. ZIP CODE 20 0 /2		45	N OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Mexica B 2 NO Specifi	en, Puerto Rican, e	cify Yes or No- 14.	. RACE — American Indian, Black, White, etc. Specify: Black
F 8 3	ETED.	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	rk done during mo	ON ost of working	16b. KIND	OF BUSINESS/INDUS	TRY
	COMPL	12th 17. FATHER'S NAME (First, Middle, Lest)		Laundry	worker		She	raton Par	k Hotel
# 8 4 X	BE CC	John Robinson				Bessi	e Robi	nson	
60 00	5	Barbara J. Lamont		Washi	Whitt ngton	ier Pla	Route Number City Ce, N.	y or Town, State, Zip Co	de)
FORE, I se ctor, page must be r		20s. METHOD OF DISPOSITION 13 Burlel 2 Cremation 3 Remo		D. PLACE AND DATE OF I	DISPOSITION (Na er place)		OATE	20c. LOCATION — City	
ALTIN death. Pag e funeral dir li.		21. SIGNATURE OF FUNERAL SERVICE LICE	ershat	Harmony		AL Park NO ADDRESS OF FA	4219	Landover hall's Fy ington. D	neral Home, In
within 24 hours aft npletely filled in by cremation, or removent, the medica		23. PART. Enter the diseases, or coshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	d the death. Do not each line. S C A CONSEQUENCE OF):	ASCUI		h as cardiac or	r respiratory arrest	t, Approximate Interval Between Onset and Death
P.O. BOX 68 th certificate be execute anding physician and or Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
RECORDS, requires that the despen signed by the at . of Health and Ment. shows any Injury.	MEDICAL C	PART II. Other significant conditions		out not resulting in	the underlying	g cause given in	,	WAS AN AUTOPSY PERFORMED? YES 2 ANO	24b. WERE AUTOPSY FINDINGS MAULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
VITAL AN: The law inficate has the State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Input lent 2 ER/Outp		THER	LACE OF DEATH (Ch		sifty)	
NOF VIT, NG PHYSICIAN: The free this certificate eath with the State marked, or item	/ PHY	27. MANNER OF DEATH 1 Autural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	JURY AT DRIC?		HOW INJURY OCCUR	IED
DIVISION OR ATTENDING F DIRECTOR: After hours after death tem 28 is mar	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre			281. LOCATION City or Town	(Street and Number or in, State)	Rural Route Number,
OSPITAL OR AI UNERAL DIREC Ithin 72 hours ANT: If Item	COMPLE	one) 2 MEDICAL EXAMINER							ause(s) and manner as stated.
D THE HOSPITAL OTHE FUNERAL OTHE FUNERAL (IMPORTANT: If I	BE	29b. SIGNATURE AND TITLE OF CENTIFIER	m			29c. LICENSE NUI	MBER /	29d. DATE III	19 15 3
3)	5	30. NAME AND AGORESS OF PERSON WHO		ATH (ITEM 27) (Type, Pri	rint)	020			190
		MAY 1 3 1993	32. REGISTRAN'S SIGNA	Son-Randell	2				



1 - STATE REGISTRAR	STATE OF MAR	YLAND / I	DEPART	MENT	OF HE	ALTH	AND I	MEN		E	20	10010
1. DECEDENT'S NAME (First, Middle, Last)		OL	RITE	CATE	OF L	JEAI	П	2 04	REG. NO.			3. TIME OF DEATH
Martha M. Ki	lingler							MO)5 1	3	93	2:06 Pm
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest I		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		8. BIRTH	PLACE (State or Foreign
181-05-2708	1 M 2 K F	86	YRS.	AONTHS (DAYS	HOURS	MIN.		onth, Day, Year)	07	Country	ennsylvania
9a. FACILITY NAME (If not institution, give str	set and number)			96. CITY, T	OWN OR	LOCATIO	N OF DE			9c. CO	UNTY OF DI	
Wicomico					Sa	lisk	oury			Wi	comi	00
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, CITY,	TOWN OR	LOCATIO	ON .					Ī	10d, INSIDE CITY
Maryland Wid	comico			alisbury						LIMITS?		
10e. STREET AND NUMBER						ZIP CODE				10g. CI	TIZEN OF W	HAT COUNTRY?
Rt. 50, Wicomico I	Nursing Hor	ne			2	180	1			US	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMI	ED	13, WA	S DECEN	NDENT OF	HISPAN	IC ORI	GIN? (Specify Yearto Rican, etc.)	or No-	14. RACE	American Indian, White, etc.
1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR O					₩ NO			to Hican, etc.)		Specif	у:
15. DECEDENT'S EDUC	ATION	16a, DECI	EDENT'S U	SUAL DCC	LIPATION				16b. KIND OF BUS	INECC/IN	Whi	te
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gi/ve	kind of wo	rk done dur	ring most	of working	7		TOOL KIND OF BUS	MESS/M	DUSTRY	
unknown		ŀ	nouse	wife					none			
17. FATHER'S NAME (First, Middle, Last)									st, Middle, Maiden			
	roup						inni		(unk) S	-		
19a. INFORMANT'S NAME (Type/Print) Mary Schwartz		19b.	MAILING A	DDRESS (S	Street and	Number o	or Rural F	Route N	burg, M	n, State, Z	ip Code)	
20s. METHOD OF DISPOSITION	- Т						ars					
15 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other Specify)	val from Stata	comptery, creme Refor	etory or other	er plece)	ION (Name	9 Of		0			City or Too	
21. SIGNATURE OF PUNENAL SERVICE LICE		110 2 0 1	anc a	22. NA		ADDRES				11106	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
1 100 10	012.					-			Home			
24 PART I. Enter the diseases, or co	omplications that cad	sed the deat	th. Do no	t enter th	I Sn	1 WOI	1111	. Ko	l., Sali	sbur	у, М	
enock, or neart fellure. L	lat only one cause o	n each line.			10 111000	or dyn	ig, suci	11 aa C	ardiac or respi	ratory an	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition	_											Onset and Death
resulting in death)	Congest	AS A CONSEQU	eart JENCE OF):	Fail:	ure							
Sequentially list conditions, b.	Arterio				ular	Dis	seas	e				
if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQU										
CAUSE (Disease or Injury that initiated events		es Mell	ellitus									
resulting in death) LAST	Massive	Conol	na T	Vacor	11722	۸ ۸ ۸ ۸	oi de	nt				ļ
PART II. Other significent conditions												
	no boke		suiting in	tne unde	eriying	ceuse gi	ven in i	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINGINGS AWAILABLE PRIOR TO
Jem'le	12.	10	_						1 TYES 2	NO NO		OF DEATH?
	reme	n · C										1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLAC	CE OF DE	ATH (Che	eck only	one)			
	HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 [THER:					ther (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJUI	RY er)	28b. TIME	OF 28	Bc. INJUR	TA Y			DESCRIBE HOW IN	JURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation				М	1 YES	B 2 🗌	NO					
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJI building, atc. (5	URY — At home Specify)	e, farm, str	eet, factory	, office			28f. L	OCATION (Street a lity or Town, State)	nd Numbe	r or Rural R	oute Number,
20- 0500/5/50												
(Check only CERTIFYING PHYSIC												
29b. SIGNATURE AND TITLE OF CERTIFIER	On the besis of axamina	ation and/or inv	restigation,	in my opin					ate and place, and	due to t	he cause(a)	and manner as stated,
290. SIGNATURE AND TITLE OF CERTIFIER		>			2	9c. LICEN				29d, OAT		(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type P	rint)		DO	2026)			05/	13/93
		2. A. Oce			P-	ກາເ	2 M	12	21801			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE .	70.1	THES	, DE	1 T T I	19 1	su.	~1001			
MAY 2 0 199	15 guhar	aurason-	Marian	مان								



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

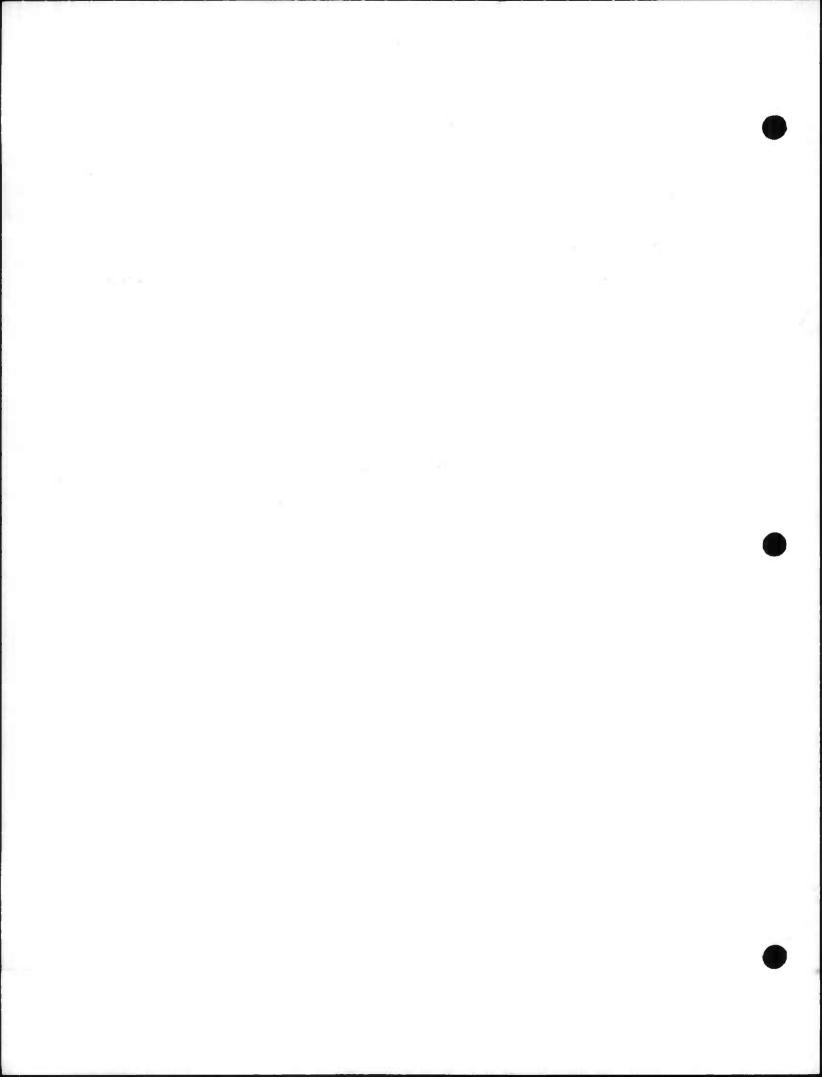
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDI	DIRECTOR: AI	item 28 is a
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

_	FOR 1 - STATE REGISTRAR			ERTIF	ICATE (MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ann	М.	Kuto	chi			2. DATE O		0.	43	3. TIME OF DEATH AM
	4. SOCIAL SECURITY NUMBER 207-46-5564	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		24 HRS.				Country	
	9a. FACILITY NAME (If not institution, give e	reet end number)	70		96. CITY, TO	VN OR LOCATI	ON OF DE		11 23		ITY OF DE	nn.
DIRECTOR	SO. MANY IM		CPITAL		(Thin.	DN			PI	YNCH	E GEONLES
DIRE	Penn. 10a. STATE 10b. COUNTY	zerne			y, town or L azleto							10d. INSIDE CITY LIMITS? 1 YES 25 NO
ME	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITIZ		HAT COUNTRY?
FUNERAL	126 E. Mine S	Street				1820)1			U	.S.A	
5	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS OECEDEN' FORCES? 1	T EVER IN U.S. AR	MED ND		DECENDENT (or No—	14. RACE Block.	- American Indian, White, etc.
Β¥	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 XNO			,		Specify	
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	CEDENT'S ive kind of v	USUAL OCCUI	ATION most of working	ng	16b. I	(IND OF BUS		ustry nmen	t
P	11th	N/A		stra	r of V	ital R	econ	na Ca	monte	al+h	of	ennsvlvania
COMPLET	17. FATHER'S NAME (First, Middle, Last)	7				18. MOT	HER'S NAI	ME (First, Mi	ddle, Meiden S	Sumame)	ULI	ellisytvalita
BEC		ednar				Julia	a	Pola	aschik			
2	190. INFORMANT'S NAME (Type/Print) Krapf & Hughes F	uners! U	omo		ADDRESS (Str							
			14.		Broad		azlet	ton, P				
	20s. METHOD OF DISPOSITION 1.A. Burlel 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or al				DATE	4.00		City or Tow	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UC	ENSER //	I St.	Johns	R.C.	Cem.	5 2	24 93	Fre	elan	d I	Penn. e, Inc.
	110/06	Hach			663	3 Old	Alex	kande	r Fern	y Rd	Cli	nont, Md207
	23. PARY I. Enter the diseases, pr c shock, or heart fallure.	complications that	caused the de	sth. Do n	ot enter the	mode of dy	ing, suct	h as cardi	c or respir	atory arm	est,	Approximate
	IMMEDIATE CAUSE (Final	List only one csu	se on each line									
			0111				9			1 1	10	Interval Between Onset and Death
	disesse or condition resulting in death)		ANC	SK	_ 8	DF.	77	48	L	UK	Va.	
		DUE TO	(OR AS A CONSE	DUENCE OF	F):	DF	77	4-8	L	VK	Vo.	
NO	resulting in death) Sequentially list conditions,	b				9F	TH	48	L	VX	16-	
ALION	resulting in death)	b	(OR AS A CONSEC			9F	77	48	L	VA	Ko	
IFICALION	resulting in death) Sequentially list conditions, if smy, leading to immediate	DUE TO		DUENCE OF	ግ ፡	9-	77	3+	L	VA	Vo-	
HILLEATION	Sequentially list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(DR AS A CONSED	DUENCE OF	ግ ፡	DF.	77	-3+	Ĺ	VA	X ₉	
L CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	DF Ving cause	The latest the latest	Part I		U /	120	Onset and Death
	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	ying cause (T		PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	ying cause o	77		24a. WAS AN PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOWNPLETION OF CAUSE DE DEATH?
	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	ying cause (given in i		PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MINIMARIE PRIVAT IN MINIMAR
	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO	(OR AS A CONSEC	DUENCE OF	r): r): in the under	ying cause of			PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIORI TO DOWNPLETION OF CAUSE DE DEATH?
	Sequentially list conditions, if sry, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO	(OR AS A CONSEC	DUENCE OF	n the under		EATH (Che	eck only one)	PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOWNPLETION OF CAUSE DE DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	OTHER: 4 — Nursing E OF 28c	I. PLACE OF D Home 5 - Re INJURY AT WORK?	EATH (Che	sck only one) 6 Other (PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIORI TO DOWNPLETION OF CAUSE DE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 2 Accident Suicide S Could not be	DUE TO DUE TO DUE TO A. B COntributing to HOSPITAL: Minpatient 2 28a. DATE DF (Month, De) 28a. PLACE OI	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOAL DOAL 28b. TIMI	OTHER: 4 Nursing 28c URY M 1	I. PLACE OF D Home 5 Re INJURY AT WORK?	EATH (Che	6 Other (28d, DESC	PERFORI 1 YES 2 Specify) RIBE HOW IN	MED?	URED	Onset and Death WERE AUTOPSY FINDINGS NORLEBION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	DUE TO DUE TO DUE TO A. B. COntributing to HOSPITAL: 1 Ninpatient 2 28a. DATE DF (Month, De) 28a. PLACE Of building, ((OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	OTHER: 4 Nursing E OF 28c URY M 1	I. PLACE OF D Home 5 Re INJURY AT WORK? YES 2	EATH (Che	6 Other (28d. DESC	PERFORI 1 YES 2 Specify) RIBE HOW IN FION (Street e. Rown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	SURED or Pural Ro	Onset and Death WERE AUTOPSY FINDINGS. NAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only)	DUE TO DUE TO DUE TO A. B. CONTributing to HOSPITAL: Dispatient 2 28a. DATE DF (Month, Date of Deliding, Inc.)	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	N. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 Stilled	EATH (Chesteldence	sck only one) 6 Other (28d. DESC City or	PERFORI 1 YES 2 Specify) RIBE HOW IN TON (Street e. Town, State)	JURY OCC	or Rural Ro	Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? I YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only) CERTIFYING PHYSIK	DUE TO DU	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	I. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 Office date end place n, death occur	EATH (Che esidence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DESC 28f. LOCAT City or to the cause time, date a	PERFORI 1 YES 2 Specify) RIBE HOW IN TON (Street e. Town, State)	JURY OCC	or Rural Ro	Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE DE DEATH? I YES 2 NO ute Number, and manner as stated,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DU	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	I. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 Office date end place n, death occur	EATH (Cheseldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d, LOCAT City or to the causettime, date a	PERFORI 1 YES 2 Specify) RIBE HOW IN TON (Street e. Town, State)	JURY OCC	or Rural Ro	Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE DE DEATH? 1 YES 2 NO ute Number, and manner as stated,
COMPLETED BY PRISICIAN: MEDICAL	Sequentially list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DU	(OR AS A CONSECTION OF A CONSECTION OF A CONSECTION	DUENCE OF DUENCE	OTHER: 4 Nursing E OF 28c URY M 1 street, factory, in in my opink	I. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 Office date end place n, death occur	EATH (Cheseldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DESC 28f. LOCAT City or to the cause time, date a	PERFORI 1 YES 2 Specify) RIBE HOW IN TON (Street e. Town, State)	JURY OCC	or Rural Ro	Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE DE DEATH? I YES 2 NO ute Number, and manner as stated,

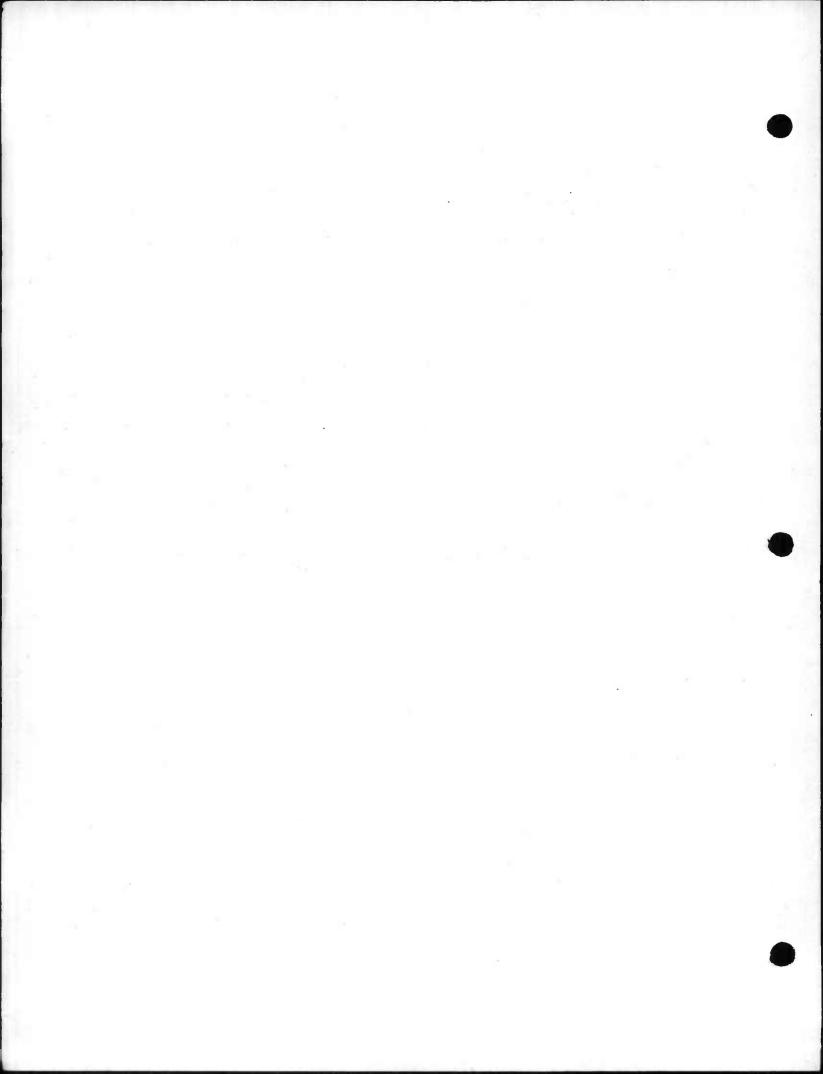
Wisotsky, M.D., 6188 Oxon Hill Rd., #601, Oxon Hill, Md. 20745-3113



MAY 2 5 1993

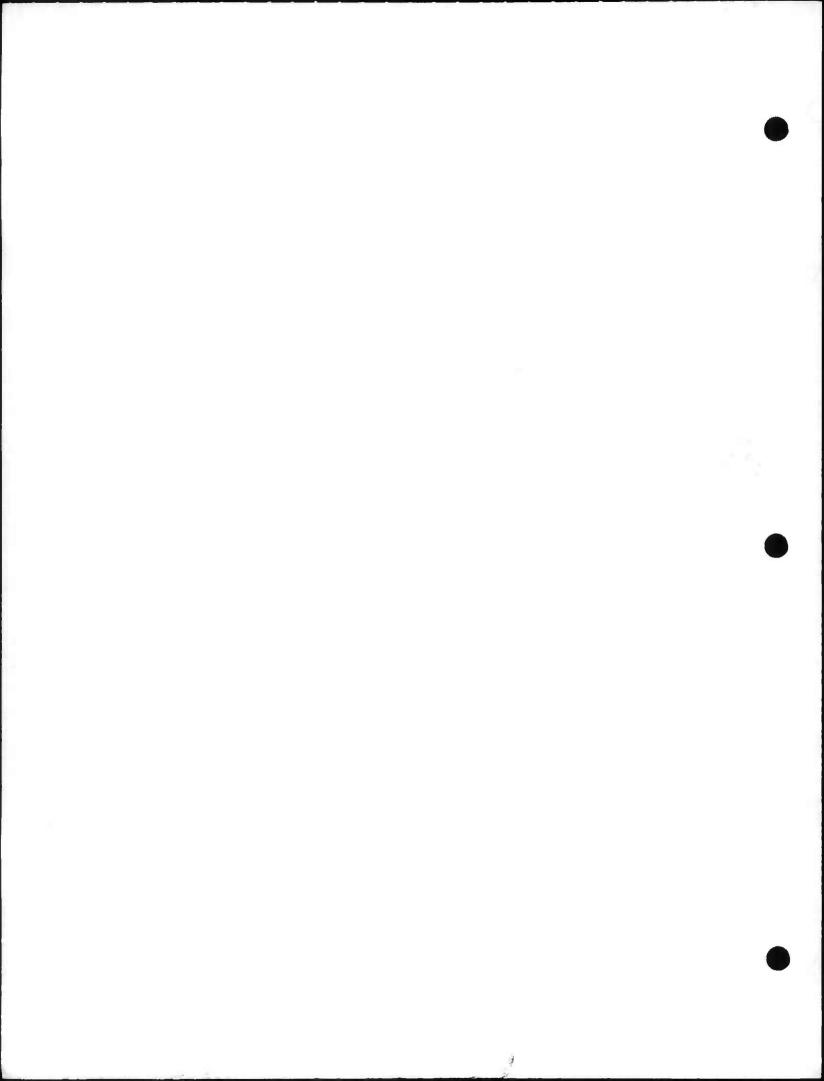


1 - FOR STATE REGISTRAR		STATE OF MARY	LAND / DEPARTA			MENTA	L HYGIENI REG. NO.			10012	
1. DECEDENT'S NAME (F	rst, Middle, Last)	Kins	LELIA M.			2. DATE	OF DEATH		EAR 3.	TIME OF DEATH	
4. SOCIAL SECURITY NU 578-32	MBER - 0365	5. SEX 8. AGI	E (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 18		131	CE (State or Foreign	
98. FACILITY NAME (# no	Carria	street end number) gh Hall Ns		SILV	CI ST	EATH 2/1/	9	9c. COUNTY	1	onery	
10e. STATE MD	10b. COUNT	tgomery	10c. CITY, T	OWN OR LOCAT	1 - 2nd	l Ave	enue,	S.S.	17.79	I. INSIDE CITY LIMITS? YES 2 NO	
9101 - 21	nd Ave	nue,		101	20910			10g. CITIZE	S/	COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	FORCES? 1 YES 2 NO If yes				ENDENT OF HISPAI ecity Cuben, Mexico 2X NO Spect	en, Puerto		or No— 14	Black, W	Amarican Indien, hite, etc. Black	
(Specify Elementary/Seconder	ECEDENT'S EDU only highest grade (0-12)		16e. DECEDENT'S US (Give kind al work life. Do NOT use re	k done during mo etired.)	st of working		Soverr		TRY		
12th 17. FATHER'S NAME (First	Middle, Last)		Maint.	Techni	cian 16. MOTHER'S NA						
Henry Fi	sher						Letche				
19a. INFORMANT'S NAMI					nd Number or Flural						
Olivia J			4314 Ge		Terrac	e, S		ISh.,			
X Burlel 2 Creme	tion 3 🗆 Rem	novel from State	other place)		netery			y 13		93	
21. SIGNATURE OF FUNE	RAL SERVICE IN	ON det	#86	22. NAME AI	D ADDRESS OF FA	LIII	narm	1661	Go SE	ed Hope	
immediate cause (disesse or condition resulting in death) Sequentielly list con if eny, leeding to immediate. Enter UNDER CAUSE (Disesse or I that initiated events resulting in death) L	ditions, nediate LYING njury	b. DUE TO (OR AS	S A CONSEQUENCE OF): A CONSEQUENCE OF):	Panc	reas,/	Meto	stat	-1 <u>C</u>		June, 199	
	icant condition	ns contributing to deeth	but not resulting in t	the Underlyin	g cause given in	Part I.	PERFOR	44. WAS AN AUTOPSY PERFORMED? O YES 2 THE COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRE	TO MEDICAL	I		26. Pi	ACE OF DEATH (C)	heck only o	(10)				
EXAMINER?		HOSPITAL: 1 Inpatient 2 ER/O		тней:	e 5 🗆 Residence						
27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF INJUR (Month, Day, Year	28b. TIME C	Y WC	URY AT PRICE 2 NO	28d. DE	SCRIBE HOW II	NJURY OCCU	RED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, stre	1.0			CATION (Street of ror Town, State)	and Number or	Rural Route	Number,	
il onel		SICIAN: To the best of my kn								d manner es stated.	
29b. SIGNATURE AND TI	+ 91	write	m. 0.		29c. LICENSE NU	003		29d. DATE S		onth, Day, Year)	
GILBERT	E. H	URWITZ, M.	D. 1800	Eye S	Street,	1000	V., Wa	sh.,	DC	20006	
31. DATE FILED (Month, D	2 4 199	32. REGISTRAR'S EN	BNATURE Pandal	2							



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the	led within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or nem

		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT	OF HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.			
		1. DECEOENT'S NAME (First, Middle, Lest) Walter Karaka	wa				2. DATE	of DEATH 5/18/93	YEAR	3. TIME OF DEATH 3:00 P	_
P		575-28-9988	X M 2 □ F	GE (In yrs. lest birthday 61 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE	OF BIRTH th, Day, Year) . 13,19	8. BIF	ITNPLACE (State or Foreign intry) Iawaii	
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give stree 5302 Crestedge Lan				kville	DEATH		Monta	gomery	
020 physician. burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY PA Cent	re		TY, TOWN OR	LOCATION ania Furna	ce			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
n. Insit permi	FUNERAL	100. STREET AND NUMBER 119 E. Blade Drive				10f. ZIP CODE 16865				WHAT COUNTRY?	
-0020 ling physicial the burial-tr	BY FUN	1 Never Merried 2 Merried 3 Widowed 4 Diversed	FORCES? 1X YE IF YES, GIVE WAR OF EPt. 53 t	S 2 NO	1 [AS DECENDENT OF NISP. res, specify Cuban, Mexic YES 2 X NO Specify Cuban	can, Puerto	1? (Specify Yes or Rican, etc.)	Sp	CE — American Indian, ack, White, etc.	
21215 al or attend for use as	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade collision of the control of the	ION npleted) college (1-4 or 5+)	16a. DECEDENT (Give kind o ille. Do NOT	S USUAL OCC work done du use retired.)	UPATION ring most of working	188	. KIND OF BUSIN	ESS/INOUSTRY	iental	
MARYLAND 2: retained by the hospital of 5 should be detached for nottifled at once.	COMPLET	12 17. FATNER'S NAME (First, Middle, Lest) Susumi Karakawa	+4	Profes	sor			Univer Middle, Melden Su nemure			
MAR\ retained to 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Judy Kane Karakawa	(wife)			Street and Number or Rura de Dr. Peni	l Route Num	ber, City or Town,		Pa. 16865	
En		20s METNOD OF DISPOSITION 1 (X Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		ON PLACE AND DATE	OF DISPOSIT		047	E 20c. LOCA	TION - City or	Town, Stata	
BALTM in Geal. Py in Marail in examina		21. SIGNATURE OF PUNETIAL SERVICE LICEN	Line		22. da H1	ME AND ADDRESS OF A	i Fun	eral Ho	me	r Spring, N	MD
24 hours and 7 filled in by thion, or remustithe medites		23. PART I. Enter the diseases, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	conly one cause on	each line.	not enter th	ne mode of dying, su	ch se can			Approximate Interval Betwee Onset and Dec	en
OX 68 te be execute be execute brior to but traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE	DF):						
DS, P.O. BC the death certificate the attending physic Mental Hygiene pri	SERTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):						
RECORD; requires that the een signed by the of Health and M	MEDICAL	PART II. Other significant conditions of	ontributing to death	but not resulting	in the unde	erlying cause given in	n Part i.	24s. WAS AN AU PERFORME 1 YES 2 X	D?	Ab. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO	
23 aw L	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only or	ne)			_
Seriff the the	IYSI		OSPITAL: ☐ Inpatient 2 ☐ ER/O			g Nome 5 Residence	7				
	ву р	Natural 5 Pending Investigation	(Month, Day, Year) Ih	JURY M	PG. INJURY AT WORK? 1 YES 2 NO		CRIBE NOW INJU			
DIVISION OR ATTENDING F DIRECTOR: After thours after death	COMPLETED	3 Suicide 6 Could not be determined	28s. PLACE OF INJU- building, etc. (S)	Decify)			City	ATION (Street and or Town, State)		I Route Number,	
TO THE HOSPITAL (TO THE FUNERAL C Be filed within 72 in	COMP	(Check only one) 2 MEDICAL EXAMINER: C				, data and place, and du				(a) and manner as stated,	8
E E S S S S S S S S S S S S S S S S S S	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME, AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF I	DEATH (ITEM 27) (See	(Bolos)	29c. LICENSE NU	SCE.	2	ed. DATE SIGNE	D (Month, Day, Year)	
7		20 has 1	grad our	821 MATHRE ALANDA	21	WIS com	500	Aux	R	e there	,
		MAY 24 1993	January	mai a-Mai ta-pr		O.				DNMN-16 Rev	1/80



1:50

10d. IHSIDE CITY

14. RACE — American Indian, Black, White, atc.

1¥ YES 2 ☐ HO

White

interval Between

Onset and Daath

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | HO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

20904

29d. DATE SIGHED (Month, Day, Year)

5-21-93

estigation, in my opinion, death occured at the ilms, data and place, and due to the cause(s) and manner as stated.

AMAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign

Montgomery

Specify:

20817

2. DATE OF DEATH

7. DATE OF BIRTH

May

21, 1993 YEAR

USA

been signed by the attending physician a , of Health and Mental Hygiene prior to

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other traumatic event,

6 Injury,

23 shows any I

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Item 28

BY

COMPLETED

BE

2

1 Natural

2 Accident

4 Homicide

296. SIGNATURE AND TITLE OF

3 Sulcide

5 Pending

MAY 25 1993

6 Could not be

2 MEDICAL EXAMPLE On the 1

FOR STATE REGISTRAR

Robert

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

March 2, 1 M 2 | F 579-64-2263 41 YRS. 1952 Washington, D.C 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medlantic Manor at Layhill RAL DIRECTOR Silver Spring RESIDENCE OF DECEDENT 10e. STATE 10b. COUHTY 10c. CITY, TOWN OR LOCATION Bethesda Maryland Montgomery 10s. STREET AHD HUMBER 101. ZIP CODE 10g, CITIZEH OF WHAT COUNTRY? 7314 Durbin Terrace 20817 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yes or No-If yes, specify Cuber, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest g ege (1-4 or 5+) Elementary/Secondary (0-12) Student 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Robert M. King Barbara Howard BE 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert M. King 7314 Durbin Terrace, Bethesda, MD 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 K Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATIOH — City or Town, State OATE 4 Donation 6 Other (Specify) Mt. Comfort Crematory 5-24 Alexandria, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH GAWLER'S SONS, INC. 5130 Wisc. Ave., NW Washington, DC 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO ACE A Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AH AUTOPSY PERFORMED? PHYSICIAN: MEDICA 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 26. PLACE OF DEATH (Check only one) 1 YES 2 XNO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nur ne 5 Residence 6 Other (Specify) 27. MAHHER OF DEATH 28a. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED

28e. PLACE OF INJURY — Al home, lerm, streel, factory, office building, etc. (Specify)

30. NAME AHO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lawrence Swink, M.D., 2415 Musgrove Rd., Silver Spring, MD

whie Devidson Bandall

32 REGISTRAR'S SIGNATURE

29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

HOURS

1 YES 2 NO

29c. LICENSE NUMBER

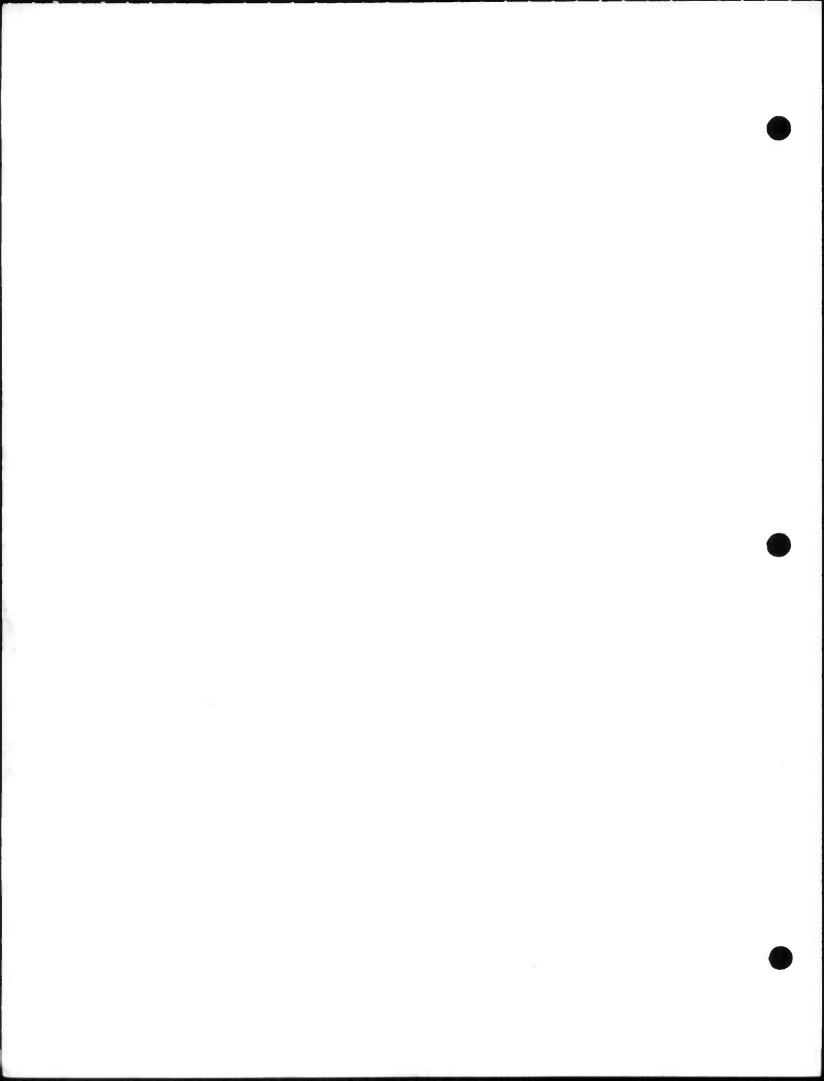
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King

6. AGE (In yrs. lest birthday)

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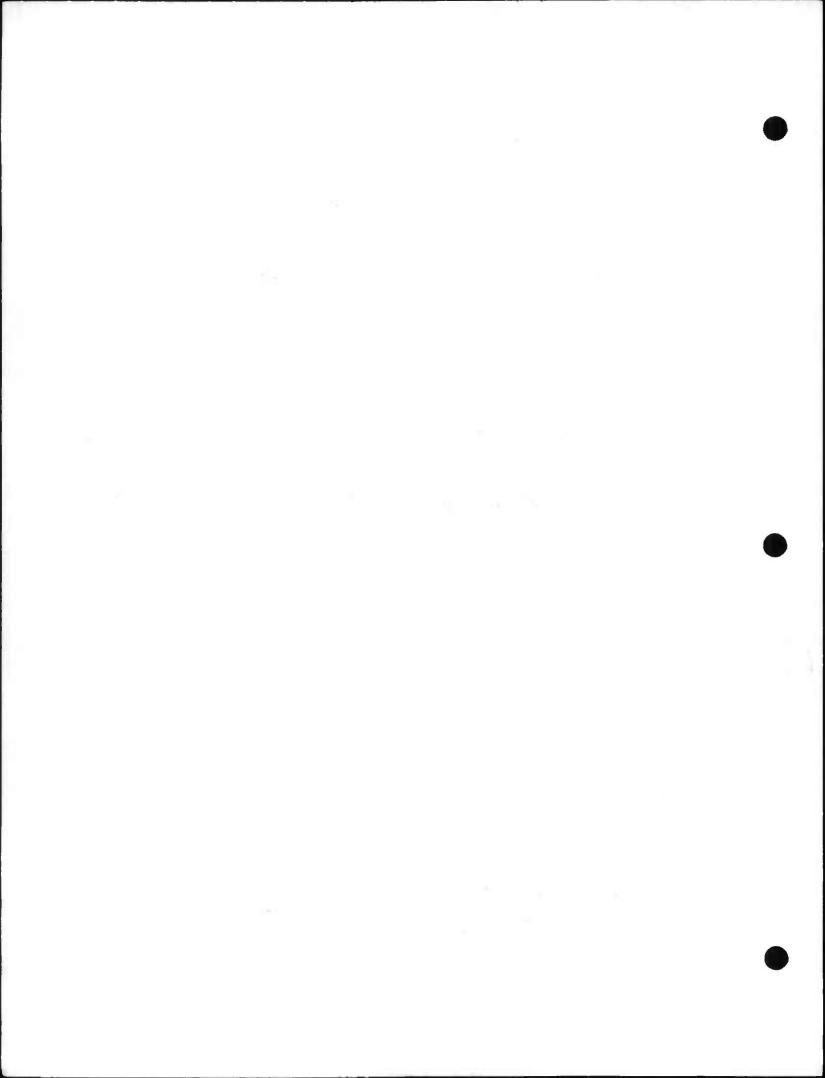
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1		* REGISTRAR		CERTIFIC	CATE OF	DEATH	F	EG. NO.	
4		1. DECEDENT'S NAME (First, Middle, Last) Ethel Mane	, the				2. DATE OF MONTH	DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER						27-9:	
Đ		215-03-2949	1 - M 2 X F 9		F UNDER 1 YEAR NONTHS DAYS	HOURS MIN.	7. DATE OF I (Month, Di 09-22		BIRTHPLACE (State or Foreign Country) MD
. 3 should	n C	9a. FACILITY NAME (If not institution, give a	treet and number)	u	9b. CITY, TOWN	OR LOCATION OF DI		Les COUNTY	Y OF DEATH
1. 2.	ਰੋ	RESIDENCE OF DECEDENT			position	a pue			ron
t. Pages	DIRECTOR	10e. STATE 10b. COUNTY	arford	10c. CITY,	TOWN OR LOCA	avre de	Grace	<i>y</i> ^	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
permit.	¥	10e. STREET AND NUMBER				f. ZIP CODE	Grace	10g. CITIZE	N OF WHAT COUNTRY?
ian. transit	FUNERAL	114 Spring La	ike Way	WHO ADMED	/	21078			USA
	BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPAP pecify Cuban, Mexica is 2 № NO Specifi	n, Puerto Rica		I. RACE — American Indian, Black, White, etc. Specify: White
r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIN	D OF BUSINESS/INDUS	
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during ma retired.)	ost of working			
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	MP	8		Hon	nemake				
/LA		17. FATHER'S NAME (First, Middle, Last)	D :					s, Malden Surname)	
MARY stained by should be otiffed at	B	John Henry 19a. INFORMANT'S NAME (Type/Print)	Davis			Soph			
MAR retained 5 should notified	2	Mrs. Genevieve K	Snodomess					City or Town, State, Zip Co	
ORE, 16 may be ector, page must be		20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Reme		PLACE AND DATE OF			DATE	re de Gra 20c. LOCATION — CIO	ce, MD 21078
MOR age 6 ma director, p		1 A Burial 2 Cremation 3 Rem-	oval from State cem	Mt. Zion	er place)		5/31		Green, MD
		21. SIGNATURE OF FUNERAL SERVICE LI	ENGE		22. NAME A	ND ADDRESS OF FA	CILITY		
SAL r death e fund al.		Dille-	XX	4	Mitch Havr	ell-Smith e de Gra	Fune ce, N	ral Home, ID 21078-	P.A. 3197
within 24 hours upletely filled in the cremation, or relevant, the media		23. PART I. Enter the diseases, or canonic shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cultura	ach line.					Interval Between
EOX 687 In critificate be execute tending physician and count in Hygiene prior to burian or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
y the atte	ū	PART II. Other significent condition	s contributing to deeth b	ut not resulting in	the underlyin	O Cause given in	Part I 24	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
requires that been signed by t. of Health and shows any	WEDICAL							PERFORMED? YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
12 6 8 m	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (Ch	eck only one)		l
SICIAN: The certificate the State t, or Item	Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	n 5 Chesidence	8 Other (Sp	ecify)	
NG PHYSICIA fter this certi sath with the marked, or	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT ORK? YES 2 \(\) NO	28d. DESCRI	BE HOW INJURY OCCUP	IED
TTENDI TTENDI TTOR: A after de		Accident Investigation							
	J.E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and due	to the cause/s	and manner se stated	· · · · · · · · · · · · · · · · · · ·
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPLETED								ause(a) and manner as stated.
A WITH		296, SIGNATURE AND TITLE OF CERTIFIES	1 LOUS N.	redied C	camira	29c. LICENSE NUN		***************************************	IGNED (More), Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within 7	O BE	Suhars C.	alder MD	/		D0119	94	15	127/93
	01	30. NAME AND ADDRESS OF PERSON WHO	//	ATH (ITEM 27) (Type, P		0/374	aff.	Church	84,034
		31. DATE FILED (Month, Day, Year)	Julia Davidson-N				, and a	Jun 1 M	2 01-17
		0011 0 - 00	'						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		REGISTRAR		CERTI	FICATE (OF DEAT	Н
		1. DECEDENT'S NAME (First, Middle, Lest)	Lin				2. DATE
		4. SOCIAL SECURITY NUMBER	5. SEX 6. 46				5
March.			1 DXM 2 D F	E (In yrs. lest birthday,		EAR IF UNDER :	MIN. SEP
1 350		407- 20- 1844 9e. FACILITY NAME (If not institution, give stre		70 YRS.			
	Œ	PRINCE	PEALL	6	96. CITY, 10	WN OR LOCATIO	N OF DEATH
	5	RESIDENCE OF DECEDENT	-6016	. C			
8	DIRECTOR	10e. STATE 10b. COUNTY		10c. C	TY, TOWN OR L	OCATION	
2		MD.		SE	AT PLE	ASANT	
020 physician. burial-transit permit.	FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE	
ansit	VER.	417 CARMODY HILLS	DR			20743	
ysicia rial-tr	J.		12. WAS DECEDENT EVER FORCES? 1 2 YE				HISPANIC ORIGI
fing ph	ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO	Specify:
15- tendir as tt	ED	15. DECEDENT'S EDUCA	TION	16. DECEDENT	1		
or att	-	(Specify only highest grade co	ompleted)	16a. DECEDENT' (Give kind of life, Do NOT	work done durir	ng most of working	168
D 2 spital o	P.	Elementary/Secondary (0-12)	College (1-4 or 5+)		BLED		
AND 21215-0020 the hospital or attending physician detached for use as the bunal-tranonce.	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18, MOTH	ER'S NAME (First,
A pe d		JOE KING					A KING
MARYLAN retained by the ho 5 should be detact) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number of	or Rural Route Num
E, M	5	ORA MAE. KING		417	CARMOD	Y HILLS	DR, SE
~ & a _		20. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov		0b. PLACE AND DATE		N (Name of	DAT
ALTIMOR leath. Page 6 ma funeral director. p		4 Donation 5 Other (Specify)		emetery, crematory or IARMONY M	EMORIA	L PARK	MAY 8
ALTIN death. Pag death. Pag funeral did examiner		21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE		22. NAA	HAND ADDRES	S OF FACILITY
3ALT r death. ne funera al. exami		W/Asae	202	216	3	447-1	4 50 64
e a at		23. PART I. Enter the diseases, or con	mplications that caus	ed the deeth. Do	not enter the	mode of dyln	g, auch aa can
B o E		shock, or heart failure. Lis IMMEDIATE CAUSE (Final	only one cause on	each line.			
_ \$\display = 1		disease or condition resulting in deeth)	hopite a	uleras	level	can	deors
3760, rted within completely ial, crematii		7	DUE TO (DR AS	A CONSEQUENCE	OF):		
ORDS, P.O. BOX 68760, that the death certificate be executed within ed by the attending physician and complete th and Mental Hygiene prior to burial, cremany injury, or other traumatic event,	Z	Sequentially list conditions, b.					
SOX nte be ex ysician a prior to	CERTIFICATION	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE I	OF):		
.O. BC certificate ding physic tygiene pri	5	CAUSE (Disease or Injury	DUE TO (DR AS	A CONSEDUENCE I	3.E).		
S, P.O. BOX te death certificate be et the attending physician Mental Hygiene prior to ijury, or other traun	Ē	that initieted eventa resulting in death) LAST	DOE 10 (DA A	A CONSEDUENCE I	Jej.		
S, P death attentental Hental H	E	d.					
ORDS, that the deleted by the all the and Ment any Injury.	DICAL	PART II. Other algnificent conditions	contributing to death	but not resulting	In the under	lying cause gl	ven in Part I.
45 8 5 7	90						
REC requires been sign shows	ME						
AL R le law r has bee Dept. c							
/ITAL N: The law ficate has b State Dept Item 23	CE	25. WAS CASE DEFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE DF DE	ATH (Check only or
F VI	PHYSICIAN:	1 VES 2 NO	☐ Inpatient 2 ☐ ER/O			Home 5 - Res	idence 6 🗆 Othe
PHYSICIAN: The this certificate with the State rived, or item	F	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year		JURY	work?	28d. DES
ON OF DING PHYSI After this c death with	B	2 Accident Investigation			11.7	YES 2	
/ISION ATTENDING ECTOR: After s after death	ED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE DF INJU- building, etc. (S	nt — At home, farm, pecify)	etreet, factory,	offica	281. LOC City
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has I hours after death with the State Dept item 28 is marked, or item 23		AD CERTIFIED					
医支柱室	COMPLET	(Check only	AN: To the beet of my kno				
E HOSPTAL E FUNESAL d within 72 RTANT. II	8	2 MEDICAL EXAMINER:	On the basis of examinat	ion and/or investigat	ion, in my opini	on, death occure	d at the time, date
4 4 5 6	ш	295. SHANATURE AND TITLE OF QUITTINE		V - 1 - 1 - 40		LICEN	ISE NUMBER

32. REGISTRANS SIGNATURE HANDERS

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TO BE 9c. CDUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? U.S.A. N? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: BLACK b. KIND OF BUSINESS/INDUSTRY NONE Middle, Maiden Sumame) ber, City or Town, State, Zip Code) AT PLEASANT, MD. 20743 20c. LOCATION — City or Town, State .9B LANDOVER, MD ONERALHOME F. W. a. WAS h. P. C Approximate Interval Between Onset and Death is culd die 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 - YES 2 - NO 1 TES 2 NO r (Specify) SCRIBE HOW INJURY OCCURED CATION (Street and Number or Rural Route Number, or Town, State) use(a) and manner ea stated. and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 021230



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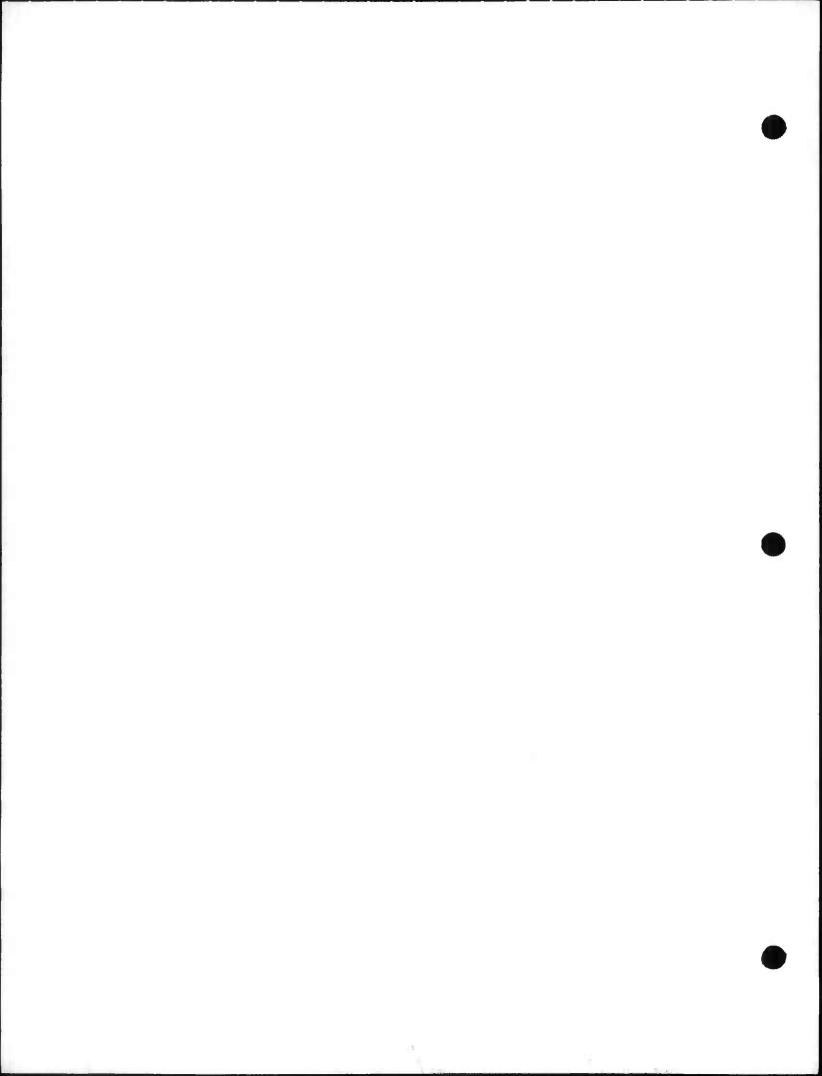
(10000	Photo Control
BALTIMORE, MARYLAND 21215-0020	tter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attent to THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use are filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

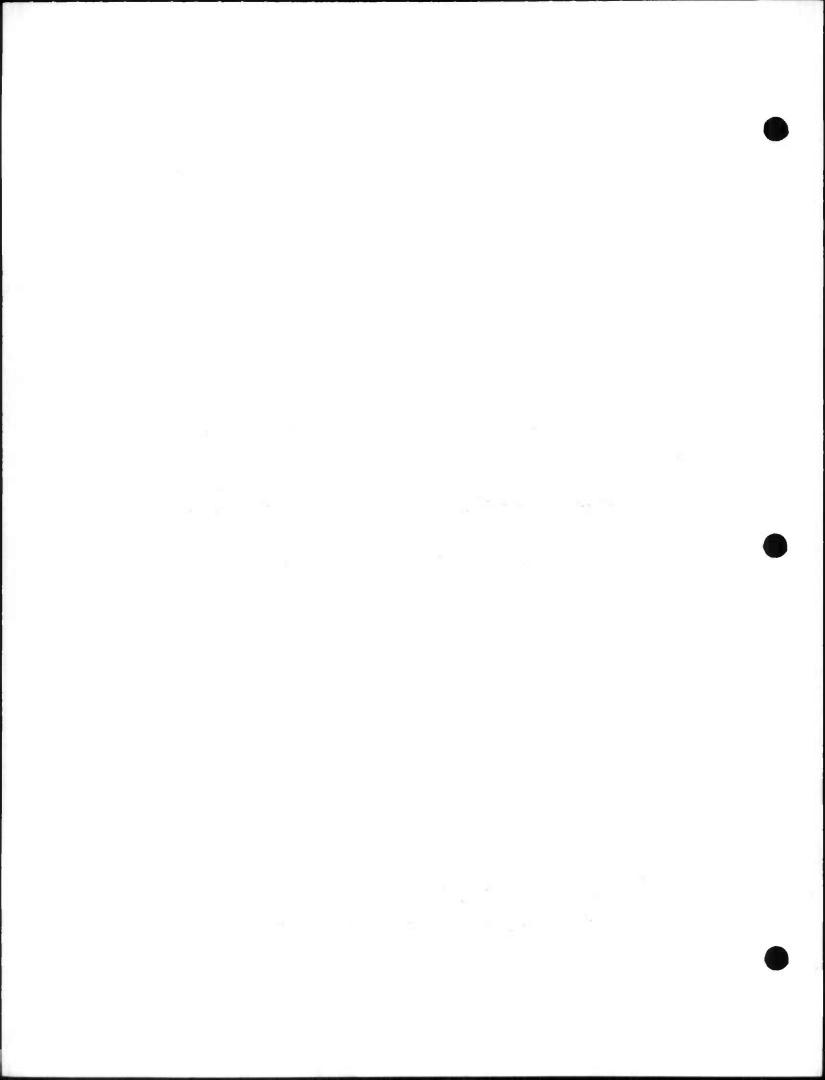
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF REGISTRAR	MARYLAND /	DEPARTME				GIENE 9	3	1681	7
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH		TIME OF DEATH	
	Lerline	KENNEDY				05	03 199	3	3:55P	M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las.	MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR	harl	S.C	CE (State or Forei	ign
	578 30 1100A 1 M 2 😾 F	78	YRS.		R LOCATION OF D	3/24/15 S.				
DIRECTOR	DOCTORS COMMUNITY HOS	PITAL		LANH			PG	T OF DEAT		
REC	10a, STATE 10b, COUNTY		10c. CITY, TOV	VN OR LOCAT	ION			d. INSIDE CITY	-	
	D. C.		WAS	SHING	TON			1 (XYES 2 - N	0
FUNERAL	2628 4th ST., N.	Ε.		101	2000E		10g. CITIZE	USA	COUNTRY?	
F		ENT EVER IN U.S. AR			ENDENT OF HISPAI			I. RACE — Black, W	American Indian,	,
B		WAR OR DATES			2 NO Specif		,	Specify:		
	15, DECEDENT'S EDUCATION	16a. DE	CEDENT'S USUA	L OCCUPATIO	N .	16b. KIND (OF BUSINESS/INDUS	THY		
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+) life.	ve kind of work do Do NOT use retire	rd.)	st of working					
MP	12	D	OMEST	IC			PVT.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, A				
H	VANDY JAMISON					AH RUSI				
2	190. INFORMANT'S NAME (Typo/Print) LILLIE M. WATTS				IN RD.		or Town, State, Zip Co	2070	6	
	20a. METHOD OF DISPOSITION		NO OATE OF OIS				9c. LOCATION — CH			_
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cres	matory or other pla	ice)				-	Siele	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	WATSON F. H. INC. 3435 14th ST., N. W. 20010									
	23. PART I. Enter the diseases, or complications t	hat caused the de	ath. Do not en						Approximate	
J	shock, or heart failure. List only one of IMMEDIATE CAUSE (Final	ause on each line						,	interval Bety Onset and D	Ween
		PTICE	-MIA							
		TO (OR AS A CONSEC	NUENCE OF):		4					
S	Sequentially list conditions,	rome t	ylou	epli	ster.					
TA	if any, leading to immediate cause. Enter UNDERLYING	ORAS A CONSEC	NUENCE OF):		+ 11	2				
윤	CAUSE (Disease or Injury	O (OR AS A CONSEC	UENCE OF):	ugr	i al	sees.				
CERTIFICATION	resulting in death) LAST	ibeter.	+ M	ulti	sh st.	rokes	,			
	PART II. Other algnificant conditions contributing	to death but eat -	and the above	6	,					
SAL	Rei Zeide	A CONTRACTOR	And the	underlying	cause given in	Part J. 24a, W	AS AN AUTOPSY ERFORMED?	AM	RE AUTOPSY FIND	The last
PHYSICIAN: MEDIC	0	010010	<u> </u>			1 🗆 ነ	LES 3 DE HO	OF	MPLETION OF CAU DEATH?	1.504
Σ.					 -	-		1 [YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Propertient	☐ ER/Outpatient 3		IER:	5 - Residence		ful .			
¥	27. MANNER OF DEATH 28s. DATE	OF INJURY Day, Year)	26b. TIME OF	26c. INJI	JRY AT		HOW INJURY OCCU	RED		\neg
BY	1 Natural 5 Pending 2 Accident Investigation	Day, Hell)	N	1 1 N						- 1
	3 Suicide 6 Could not be 28e. PLACE	OF INJURY — At horing, etc. (Specify)	me, farm, street,	factory, office		28f. LOCATION (Street and Number or State)	Rural Route	Number,	
	4 Homicide determined									
COMPLETED	29e. CERTIFIER (Check only	of my knowledge, der	eth occurred at 1	he lime, date	end place, and due	to the cause(a) ar	nd manner as stated			
Š	one) 2 MEOICAL EXAMINER: On the basis of	examination and/or is	nvestigation, in n	ny opinion, de	osth occured at the	time, data and pla	ica, and dua to the	cause(a) an	d manner aa state	ed.
296. SIGNATURE AND TURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
2	St-Huger	Ral			15.	228	▶ 5	15/	93	
-	S. C. ARYANGAT, 7	D 330 RAR'S SIGNATURE Davidson-V	08 PE	RRY	STREE	T. Mr.	RAINIE	R. 17	0 2071	12
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE	01.00			(
1	MAY 1 1 1993 Juli	www.dson-1	muner							



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		1 - STATE REGISTRAR	SIAIE UF MAI				OF DEA		MENTAL HYGI REG.		20 1	0010	
		1. DECEDENT'S NAME (First, Middle, Last	0				0. 52.	****	2. DATE OF DEATH	Н	3. TIME	OF DEATH	
		GEORGE	EDWARD		JBON	SKI			0.5	05 9	3 8:2	20 P _M	
-		4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. lest		IF UNDER 1 1	YEAR IF UND	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	ir)	8. BIRTHPLACE (S Country)	State or Foreign	
odday.		212-84-6937 9a. FACILITY NAME (If not institution, give	1 🖾 M 2 🗆 F	31	YRS.				07 11	1961	Marylan	d	
	Œ				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
-	СТОВ	4905 SIXES ROA	AD		PRINCE FREDERICK CALVERT								
ages	DIRE	10a. STATE 10b. COUN				Y, TOWN OR					10d. INS	SIDE CITY	
permit, Page		Maryland Pri	nce George'	S	Riv	erdal					1 🖾 YE	ES 2 NO	
sit per	FUNERAL	6012 Norman Aven	***				101. ZIP CO 2073				ZEN OF WHAT COL	UNTRY?	
020 physician. burial-transit	S	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. AR	MED	13, WA			NIC ORIGIN? (Specify		. S . A .	dena ladina	
5 g 4	BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR (YES 2 X N		If y	yes, specify Cut	ban, Maxica	an, Puarto Rican, etc.)	Specify: Caucasi	atc.	
r attend	ED	15. DECEDENT'S ED (Specify only highest grad		18a. DEC	CEDENT'S	USUAL OCC	UPATION	9.0(*)	16b. KIND OF	BUSINESS/IND		.an	
21 21 or 10 10r u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ato.	Do NOT us	work done dun se retired.) Metal	ring most of worl	king		racting			
LAND the hospit detached once.	SON	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Mai	iden Surneme)			
1 2 2 K	BE (Charles Stanley	Lubonski,					Goldi		Leizean			
5 5 5	5	19a. INFORMANT'S NAME (Type/Print) Charles S. Lub	onski, Sr.						Riverdale, Maryland 20734				
ALTIMORE, Jeath. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cappetery, crematory or other place) Competery, crematory or other place) Competery, crematory or other place) Competery, crematory or other place) Competery, crematory or other place)											
0 - 0	A.	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE I Beal	1		Frai		asch'	S Sons F				
ica at		23. PART I. Enter the disesses, or	complications that ca	sused the de	ath. Do r	not anter th	a mode of d	lying, suci	h as cardiac or re	accevit	est, Ap	20781	
A hound illed i		immediate Cause (Final disease or condition resulting in death)	a. Only	AS A CONSECU	5/5	ton			of Ac	Λ	Int	terval Between neet and Daath	
executed and corr o burial, o burial, or natic en	NOI	Sequentially list conditions,	b										
BOX cate be es physician a e prior to	CAT	If any, leading to immediate cause. Enter UNDERLYING											
ding in the state of the state	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST											
IDS, P the death of the atten of Mental H Injury, or	2	DART II Other significant condition	d.										
ORC that the	SICAL	PART II. Other algnificant condition	ins contributing to dea	ith but not re	aulting I	n the unde	rlying cause	given in	PER	S AN AUTOPSY IFORMED? S 2 \(\subseteq NO	AWAILABL	JTOPSY FINDINGS LE PRIOR TO TION OF CAUSE	
VISION OF VITAL RECO ATTENDING PHYSICIAN: The law requires th ECTOR: After this certificate has been signed is after death with the State Dept. of Health 128 is marked, or liem 23 shows an	MED								1	0	OF DEATH	H? S 2 □ NO	
L R law re sis bee sept. o									The	res	/		
OF VITAL PHYSICIAN: The law this certificate has t with the State Dept ted, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF	OEATH (Che	ack only one)				
F VI	1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/			4 - Nursing		Rasidenca	6 Other (Specify)				
O ≠ ≈ € 9		1 Natural 5 Pending	(Month, Day, Ye	(bar)	26b. TIMI	URY	C. INJURY AT WORK?	NO	28d. DESCRIBE HO				
VOING VOING C After r death	D BY	2 Accident Investigation Suicide 6 Could not be	28e. PLACE OF INJ	JURY — At hor	7 : () / ne, farm, s	P		- 100	SUBJECT 281. LOCATION (Street	set and Number o		ber	
DIVISION OR ATTENDING PI DIRECTOR: After th hours after death v	LETED	4 Homicide detarmined	ounding, etc. ((эреспу)	HOME	€			4905 S	SIXES	ROAD		
7 70 -	COMPLET	MEOICAL EXAMIN	SICIAN: To the best of my k									nner as stated.	
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: 1	TO BE	286. SIGNATURE AND TITLE OF CERTIFIE	-locke	M)			. M . E			06/93	lay, Year)	
	-	ALK-NI I	OCCUPATION CAUSE OF	^			reet,	Bal	Ltimore,	Mary	land	21201	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S										
		MAY 1 0 1993	Sidia Davidson	-Randell	-								



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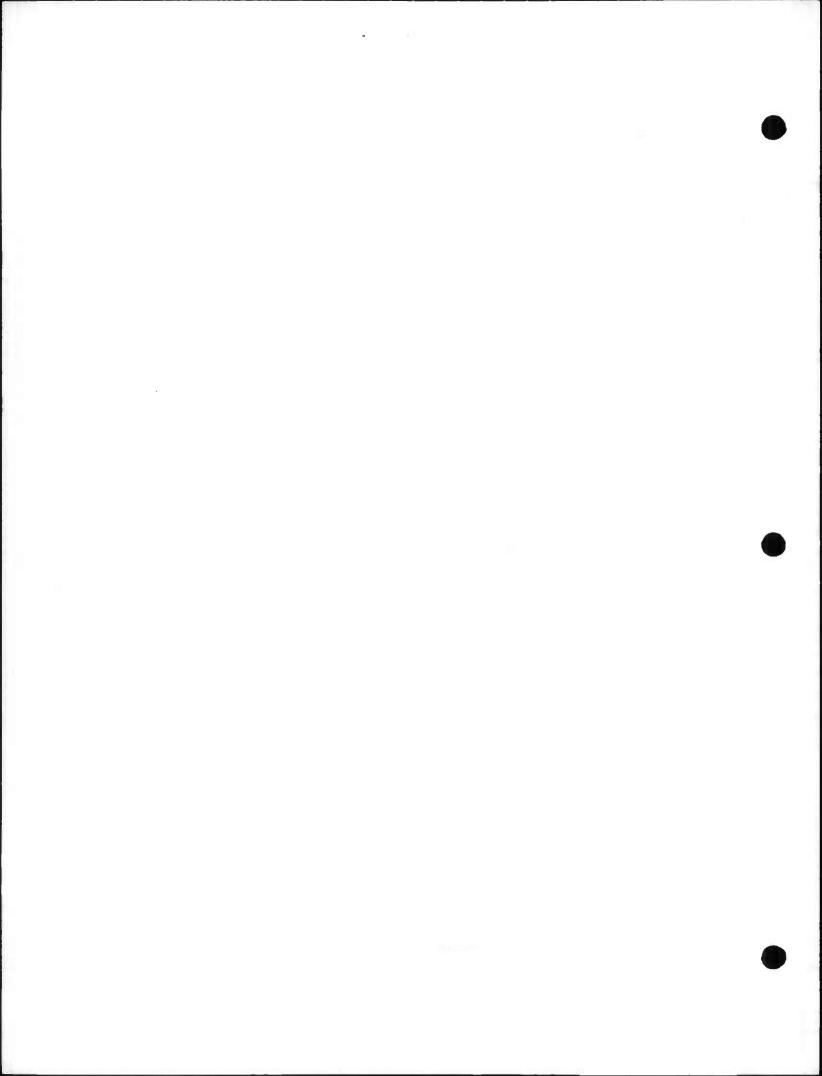
BALTIMORE, MARYLAND 21215-0020

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ŋ.	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	JAMES WENDELL L							\rightarrow		1,199		09:55 M
J.	4. SOCIAL SECURITY NUMBER 220285084		GE (in yrs. lest i		IF UNDER 1	DAYS	HOURS I	4004	7. DATE OF BI (Month, Day,	Year)	Cou	THPLACE (State or Foreign intry)
	9s. FACILITY NAME (If not institution, give	1 1	0		OF CALA	TOWAL C	D LOCATION		Mar. 3			nnsylvania
FUNERAL DIRECTOR	SACRED HEART HOS	,			9b. CITY, TOWN OR LOCATION OF DEATH Cumberland ALLEGANY COUNTY							
E	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY	
ä	MD	Garrett					0al	kla	nd		LIMITS?	
¥.	10e. STREET AND NUMBER					101	ZIP CODE			10g	CITIZEN OF	F WHAT COUNTRY?
N N	Rt. 1, Box								550		USA	4
5	11. MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1 X Y	VER IN U.S. ARMED 13. WAS DECENDENT OF IT YES 2 NO 15 yes, specify Cuben, it			Mexican	, Puerto Rican,	ecify Yes or No. etc.)	0- 14. RA Bit	ICE — American Indian, ack, White, etc.		
à	3 Widowed 4 Divorced	Korean			11	YES	2 X NO	Specify:			Sp	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad			EDENT'S U			N st of working		16b. KIND	OF BUSINES	S/INDUSTRY	
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. C	o NOT use	retired.)	ring mo	st or working					
MP	12th		Or	perat	or I	I			Md.	Dept.	of T	ransportation
	17. FATHER'S NAME (First, Middle, Last)	Y							ME (First, Middle,		,	
H	John 19a. INFORMANT'S NAME (Type/Print)	Louie	201				Anna		Eli		Ferr	18
2	Betty J. Louie								nd, Mar			50
	20s. METHOD OF DISPOSITION		20b. PLACE AN		_			кта	-	20c. LOCATIO		
Ä	1 🔀 Burlai 2 🗆 Cremation 3 🗋 Rer 4 🗆 Donation 5 🗆 Other (Specify)	noval from State	Garret	t Co	er place) Me1	m.	Garden	ıs	1			aryland
	21. SIGNATURE OF FUNERAL SERVICE L				_	AME AN	D ADDRESS	OF FAC	HLITY			,
	Braden A.	Listuste							ineral ond St.		land	MD 21550
	23. PART i. Enter the diseases, or	complications that cau	sed tha deal	th. Do no	t enter t							Approximete
	shock, or heert failure. iMMEDIATE CAUSE (Final	. List only one cause or	n each line.									intarvai Between Onset and Death
	disease or condition	METAS	77077	2 CH	ARC	(W)	DMA	- 6	OFL	100	R	1 MD
	resulting in death)											
Z	Constant to the state of the same	o. ADEN	10 CA	RCI	NW	MA	- OF	-	PKO	STAT	6	840
Ĕ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQU	ENCE OF):								
걸	CAUSE (Disease or injury	c. OUE TO (OR A	S A CONSEOU	ENCE OF			-					
CERTIFICATION	that initieted events resulting in death) LAST		- A 00110E00	ENOL OF J.	•							j
		d										
MEDICAL	PART II. Other aignificant condition	na contributing to deet	h but not res	suiting in	the und	erlying	ceuse give	en in F		WAS AN AUTO PERFORMED?		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ğ									1 🗆	YES 2 X N	0	COMPLETION OF CAUSE OF DEATH?
Σ			_						_			1 TYES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL					00.01	105 05 05 1	NI MA				
[일	EXAMINER?	HOSPITAL:	Nation & C		OTHER:		ACE OF OEAT					
PHYSICIAN	27. MANNER OF OEATH	28s. DATE OF INJUR	RY	26b. TIME	-	ng Hom Bc. INJ		-	28d. DESCRIB	**	Y OCCURED	
	1 Natural 5 Pending	(Month, Day, Yes	nr)	INJU	RY M		RK? 'ES 2 N	. 1				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home	e, farm, str	eet, factor	y, office					ımber or Rura	al Route Number,
	4 Homicide determined	ounding, vic. (c	эрвску)						City or Tow	m, State)		
٦ ا	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kn	rowledge, dest	h occurred	at the tim	a, deta	and place, an	d due t	to the cause(s)	and manner a	a stated.	
COMPLETE		ER: On the basis of examina										e(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	1111					29c. LICENS		BER	_ 29d	DATE SIGN	EO (Month, Day, Year)
			one				D-2	07	7135		5-	21-93
5	V, EUGENE M	HO COMPLETED CAUSE OF IAZZOCCO BM	G 912	27) (Type, F SETO)	N DR	IVE	CUMBE	ERLA	AND,MD	21502		
7	MAY 25 (North Country of	22. REGISTRAR'S SI		ì					,			
8	111111111111111111111111111111111111111	- 1 - 1 - 1 - 1 - 1	4									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four state death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO BE COMPL

	FOR STATE REGISTRAR		STATE OF N					IEALTH AND DEATH	MENTA	AL HYGIEN REG. NO	E	93	16820
	1. DECEDENT'S NAME (First,						Sr.			E OF DEATH			3. TIME OF DEATH
3	Walter		Howard	oward Layfiel					05/	ONTH DAY YEAR 9-23			9-23 A M
į.	4. SOCIAL SECURITY NUMB	TY NUMBER 5. SEX 6. AGE (In yrs. lest birth					ER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH			PLACE (State or Foreign
	218-14-4590 1 1 1 2 F 69 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 10/27/23 Mary 1								vland				
	90. FACILITY NAME (If not in	stitution, give sl	reet end number)			9b. CI	TY, TOWN O	OR LOCATION OF				INTY OF DE	
DIRECTOR	Box 159, Middleton Rd.,						Parso	nsburg		Wicomico			.co
끮	10a. STATE	10b. COUNTY			10c, CI1	ry, TOWI	OR LOCAT	ION				T	10d. INSIDE CITY
	Maryland Wicomico Parsonsburg LIMITS?												
FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?
띮	Box 159, M	iddlet	on Rd. U	.s. 50				21849			Ū	JSA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	1	3. WAS DEC	ENDENT OF HISP	ANIC ORIGI	IN? (Specify Yes	or No-	14. RACE	- American Indian,
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES I TYES 2 NO Specify: Specify:												
	16. DECEDENT'S EDUCATION 169. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY												
ᇤ	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)												
린	6 Farmer/cattleman agriculture												
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)												
BE (James Clayton Layfield Mary Elizabeth LeCates												
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1849												
٦	Katherine T. Layfield Box 159, Middleton Rd., U.S.50, Parsonsburg, MD												
	20e. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE)	/	1	2	. NAME AN	D ADDRESS OF	FACILITY		11101	, ary ,	110
	> free.	n.K	follow	sar	1		501 9	way Fur Snow Hil	1 Rd	Sali	isbur	v. Mi	21801
	23. PART i. Enter the di	seases, or c	omplications that list only one cau	caused the	daath. Do i	not ant	ar tha mo	da of dying, su	ich aa car	dlac or respi	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Fin	-1		/			,						Intarval Between Onset and Death
	disease or condition resulting in death)	→ .	meter.	Autu	Dot	rl	y d	i Store	Tica	ted a	der	10-	
			Proba	OR AS A CON	SEOVENCE O	F): /	/	W	-	- Carei	nom	11	1
z	Accession was a second		Proba	15 /	Paner	cas	,			Curu	70077	u.	
CATION	Sequantially list condition if any, lasting to immediate	ons, diata	DUE TO	OF AS A CON	SEQUENCE O	F):							
<u>5</u>	CAUSE (Disease or injure												
RTIF	that initiated events resulting in death) LAST		DUE TO	OR AS A CON	SEQUENCE O	F):							
	Towarding in dealing End												
١	PART II. Other algnificat	nt conditions	contributing to	death but no	t resulting	in tha	ınderiyind	cause given i	n Part I.	24a. WAS AN	ALITOPSY	24h)	WERE AUTOPSY FINDINGS
MEDICAL	Diabet	in N	rellitu	2 -	1961			- 10 P. DO 10 P. D. D.		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Lhanen	Erro "	,							1 TYES 2	110	,	OF DEATH?
	7912											1	I YES 2 NO
Y Y	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF DEATH (C	Chack only o	ne)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outnations	3 [] 004	OTH	R:	5 P Residence					
¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	JRY AT	_	SCRIBE HOW IN	JURY OC	CURED	
ВУР		Pending nvestigation	(Month, De	y, Year)	INJ	IURY M	1 D Y	RK? ES 2 NO				1157	
	2 Pullelds	Could not be	28a. PLACE Of	INJURY — At	home, farm,	street, fe			281. LOC	CATION (Street e	nd Number	or Rural Ro	ute Number,
LED		letermined	bunging, (вы (эреспу)					City	or Town, State)			
									-1-				

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

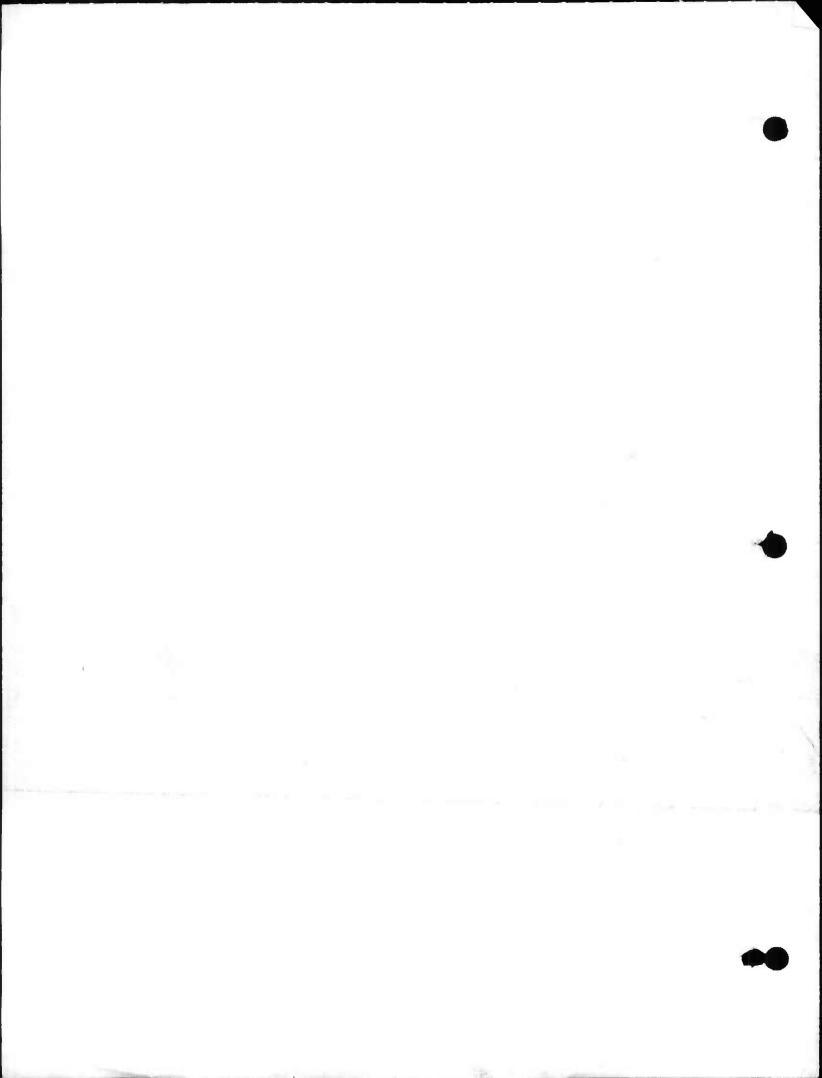
30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 306 Kay Ave. Salisbury MD 21801

Kota L. Chandrase Khara M. D..

31. Date Filed (Month, Day, 1981)

MAY 18 1993 July Day door- Handstee



1	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH REG.

ENE NO.		10021
H DAY /8	93	3. TIME OF DEATH
7)		OPOLIS ILL
9c.	COUNTY OF D	EATH

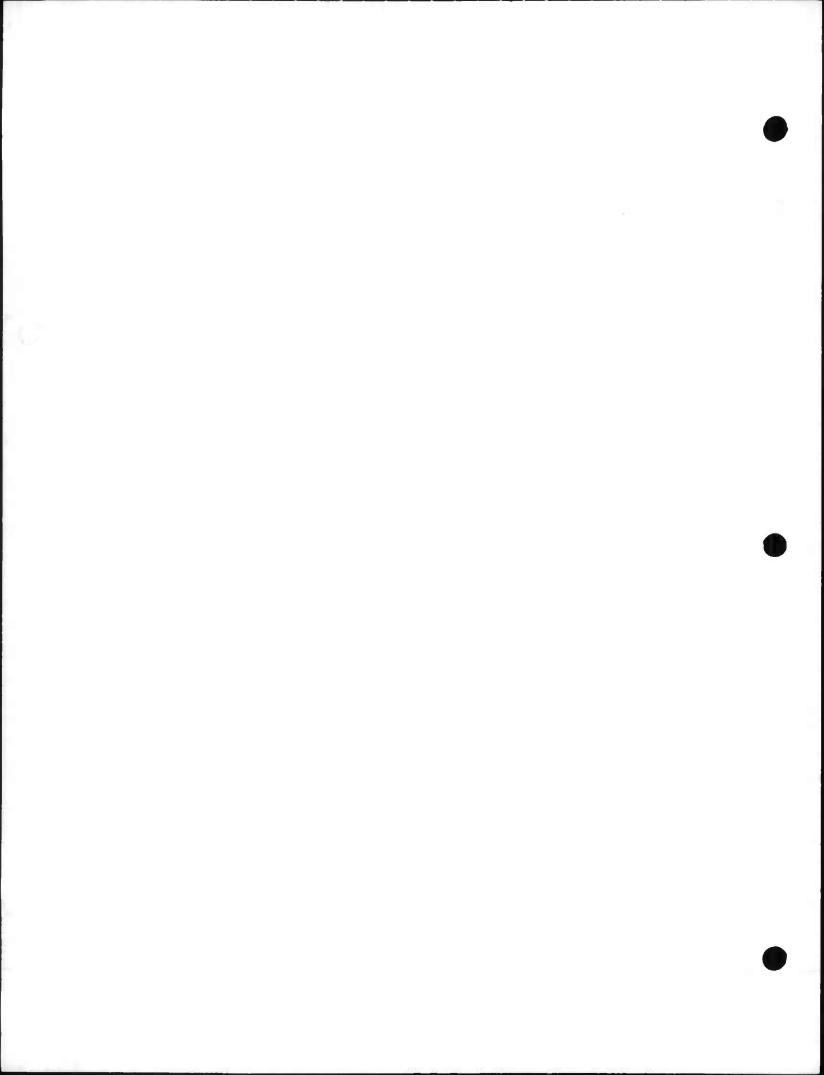
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3	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH									
	4. SOCIAL SECURITY NUMBER 355 03 5763	5. SEX 6. AGE 1 M 2 F 83	(In yrs. lest birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.						
TOR	9a. FACILITY NAME (If not institution, give s So MD H SO CH RESIDENCE OF DECEDENT	treet and number)	ATH 9c. COUNTY OF DEATH								
DIRECTOR	10a. STATE 10b. COUNTY DC N		ASHING			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	100. STREET AND NUMBER 2411 10th STRE		10	1. ZIP CODE 20018		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED 2 NO DATES	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor ille. Do NOT use i ELEVATO	rk done during ma retired.)	ost of working		US GOVERNMENT				
BE COM	17. FATHER'S NAME (First, Middle, Lest) ARTHUR HARM(ON			the state of the state of the state of	WILLIAMS					
10	19a. INFORMANT'S NAME (Type/Print) WILLIAM WALLACT	196, MAILING AI		ST NE #	Route Number, City or Tov 1 WASHING	Town, State, Zip Code) IGTON DC 20018					
	20a. METHOD OF DISPOSITION 1 Ø Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	b. PLACE AND DATE OF THE TAND NA				C. LOCATION — City or Town, State AUREL MD					
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY ALEXANDER S POPE FUNERAL HOME 2617 PA AVE SE WASH DC 20020								
	IMMEDIATE CAUSE (Final	List only one cause on	each line.					Approximate interval Between Onset and Death			
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):										
	resulting in death) LAST d PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
4: MEDICAL	PART II. Other significant condition	g cause given in	Part i. 24a, WAS AN PERFO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 □ NO	HOSPITAL:		THER:	LACE OF DEATH (Ch		L				
BY PHYS	27. MANNER OF DEATH 17 Natural 5 Pending	1 Inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	NO 5 Residence	8 Other (Specify) 28d, DE\$CRIBE HOW	Other (Specify) Bd. DESCRIBE HOW INJURY OCCURED				
ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	m, street, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE		CIAN: To the best of my known R: On the basis of examination	on and/or investigation,	In my opinion, o	death occured at the	time, data and place, a	nd due to the cau				
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHI	o COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	ine)	y upn	er marello	wa are	20772			
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 5/1/6 2 5/1/6 2 5/1/6 2 5/1/6 2 5/1/6 2 31. DATE FLEDT/MONTH, Day, Year) 32. SEGNETRAPIS SIGNATURE JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE										



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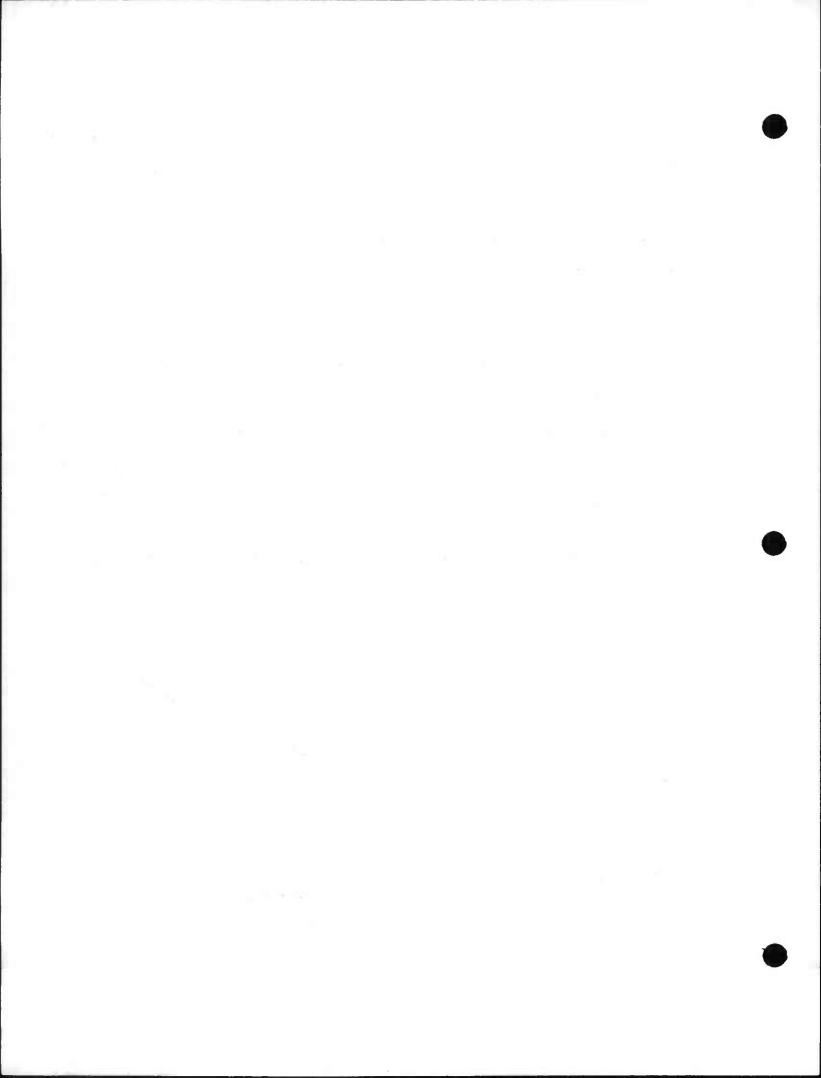
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1. DECEDENT'S NAME (First, Middle, Last) Mary Rowland Lockard 2. DATE OF DEATH MONTH DAY YEAR C. E.E. D.M.										
1993 6.55 PM										
s. BIRTNPLACE (State or Foreign Country) State Collect										
Penna.										
Prince George's										
Lot mans con										
10d. INSIDE CITY LIMITS? 1 YES 2 NO										
10g. CITIZEN OF WHAT COUNTRY?										
S.A.										
14. RACE — American Indian, Black, White, etc. Specify: White										
DUSTRY										
o Code)										
0782 City or Town, Stata										
College, Penna										
Baltimore Ave.										
Approximate										
Onset and Death										
3 days										
1 marth										
Sequentially list conditions, if any, leading to immediate b. Lung Met-4579585 menth Due to (or as a consequence of):										
2 yrs										
24b. WERE AUTOPSY FINDINGS										
AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?										
1 YES 2 NO										
CURED										
r or Rural Route Number,										
led,										
ne ceuse(s) end manner as stated.										
E SIGNED (Month, Day, Year)										
18 20906										
.4 - 01-0										

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last) Anne 2. DATE OF DEATH 3. TIME										3. TIME OF DE	HTA		
		_	-							5 26 1993 /D A M				
18	4. SOCIAL SECURITY NUMBER	5. SEX					IF UNDER 24 HRS	S. 7. 1	7. DATE OF BIRTH 8. BIRTHPLACE (State or Fou					
ì	578-36-3199	1 M 2 XXF	63	YRS.	MONTHS DAYS MOURE MAN				Month, Day, Year)	1030	Coun	ry)	100	
	9a. FACILITY NAME (If not institution, give street end number)				9b. CITY,	TOWN OR	LOCATION OF		all. 20,	1,1930 Washington, DC				
E I	9109 Goldenrod La		Upper Marlboro						Prince George's					
DIRECTOR	RESIDENCE OF DECEDENT	110			оррс	I IIo	1110010			Titlice deorge s				
H	10e. STATE 10b. COUNT	•		10c. CIT	CITY, TOWN OR LOCATION							10d, INSIDE CI LIMITS?	TY	
□		ce George	e's	Up	per	Marl	boro					1 TES 2)	C)4 io	
₹	10e. STREET AND NUMBER						IP CODE			-		WHAT COUNTRY	?	
FUNERAL	9109 Goldenrod L		20772						U.S.A.					
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AL	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell 19 yes, specify Cuben, Mexican, Puerto Rican, etc.)						e or No— 14. RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE W		1 TES 2 XNO Specify:					To mean, steel	Specify:				
	15. DECEDENT'S EDU	CATION	46. 04	E O E DE LITIO	USUAL OC	O (DATE O)						White		
Ë	(Specify only highest grade	completed)	(0	Bive kind of an Do NOT us	work done du se retired.)	uring most	of working		16b. KIND OF BUS	SINESS/INI	DUSTRY		- 1	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		ve S				Real E	ctate	2		- 1	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		LA	ccati	VC 5	_	_	NAME /	First, Middle, Maiden	_	_			
	Daniel Sullivar	1					Evel		Sno					
H	19a. INFORMANT'S NAME (Type/Print)		10	b MAILING	ADDRESS	(Street and			Number, City or Town		- Codel			
임	Everett W. Lang,	Sr.							Jpper Ma			MD 20	772	
	20a METNOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem		20b, PLACE	AND DATE	OF DISPOSIT	ION /Name	e of		DATE 20c LO	CATION -	City or To	mun State		
	4 ☐ Donation 5 ☐ Other (Specify)	oval from State	MD S	tate	Vetei	rans	Cem.	5/28	3/93 Che	Iteni	ham	Maryl	and	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	-	22. N	AME AND	ADDRESS OF	FACILIT	Υ					
	► 7/ 1/2 t	-	19						Sons Fun					
T	23. PART I. Enter the diseases, or o	complications that	caused the de	eath Do	14 / 3	be mode	of dylag	ce A	ve., Hyat	tsvi	lle,			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):													
CERTIFICATION	Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.													
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24e, WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO													
8							_		1 TYES 2			COMPLETION OF DEATH?		
PHYSICIAN: MEDIC												1 TYES 2	NO NO	
ä														
ᅙ	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-030		OTHER:		E OF DEATH	(Check o	nly one)					
ΙŁ	1 VES 2 NO	1 Inpatient 2			4 🗆 Nursi	ng Home		_	Other (Specify)					
	1 Natural 5 Pending	28s. DATE OF (Month, Da		28b. TIM	E OF 2	WORK	(7	280	I. DEȘCRIBE HOW II	VJURY OC	CURED			
à	2 Accident Investigation	280 PLACE OF	IN HIEV As he			_	S 2 NO	-						
COMPLETED	3 Suicide 8 Could not be determined	building, o	INJURY — At ho Hc. (Specify)	me, mm,	street, rector	у, опіса		261	261. LOCATION (Street end Number or Rural Route Number, City or Yown, State)					
<u>"</u>	29e. CERTIFIER	CIAN: To the heat of	nu kaandadaa d							_				
M	(Check only one) 1 CERTIFYING PNYSI MEDICAL EXAMINE											a) and manner are	. marad	
	29b. SIGNATURE AND TITLE OF CEPTURIES		SRAZ ZALE											
띪	Augusto DY	Indiana.	e un	1		3	c. LICENSE N					(Month, Day, Yee		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETES CHIE	E OF DEATH ATE	M 27) (See-	Drint)	<u>K</u>	12/0	13	0	M	ay 2	6, 1993	<u> </u>	
	11	1/	<u> </u>			n Co	urt C	am-	Coninco	M	20	748-223	.	
	31. DATE FILED (Month, Day, Year)	driguez,	SOUTHWATER ST	_		11 00	ull, (aulp	Shrrings	, III)	20	140-22	,,	
	мду 2 8 1993	La Sin.	Vavidson-V	Pandel	2									
	WILL O D 13/33													

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARTIN AND 21215-0020	Page 6 may be extended by the hospital or attending physician.	il director, pagii 5 marti a detached for use as the bunal-transi	ner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be summed of the houseital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 me at mental for use as the bunal-transfor be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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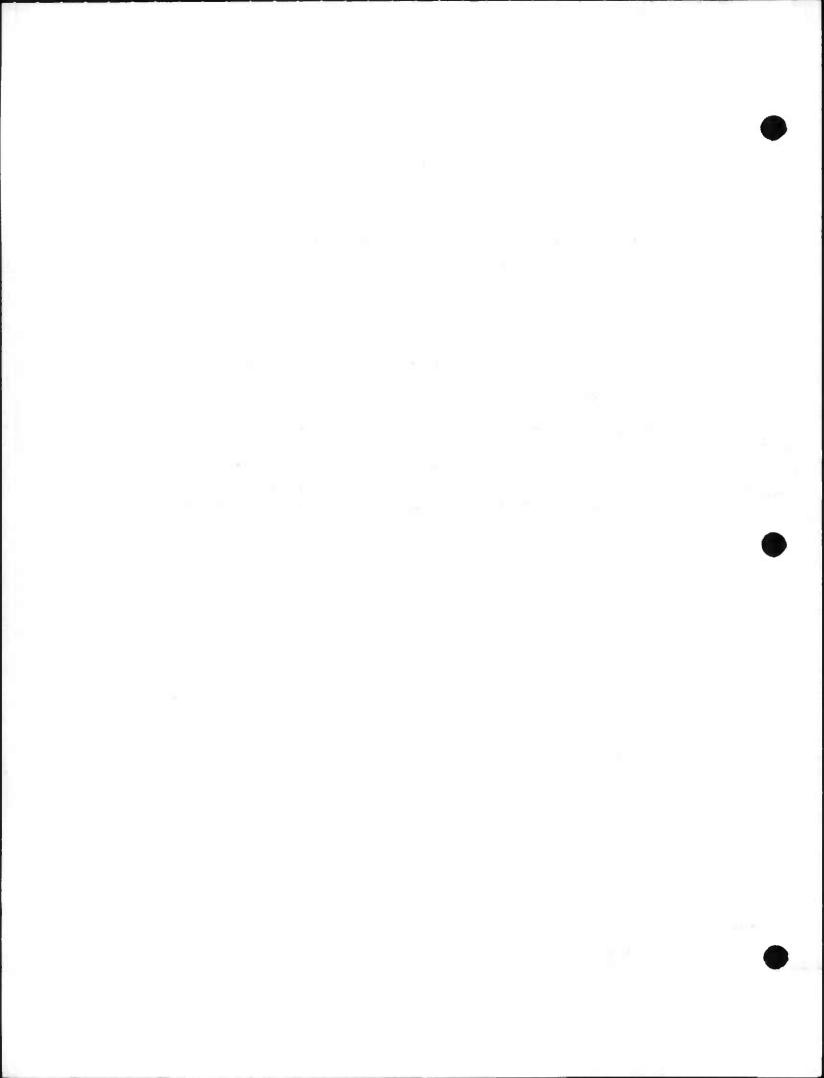
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAR	ICATE	OF H	DEAT	AND I	MENTAL	HYGIEN REG. NO		3	16824
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT	LONG							2. DATE	OF DEATH	AY	YEAR	TIME OF DEATN 4:40 AMM
	4. SOCIAL SECURITY NUMBER 222-16-4160	5. SEX 1							7. DATE (Morith 2/2	(Morith, Day, Year) Cou			ngton, DE
OR	99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEA Elkton												Н
DIRECTOR	RESIDENCE OF DECEDENT								10d, INSIDE CITY				
	Delaware New C	TH date cown										1	LIMITS?
FUNERAL	13 South New Stre	101, 211 0002									10g. CITIZE	N OF WHA	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1X YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)								4. RACE — Black, W Specify:	American Indian, thite, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) The distribution of the distrib										У		
	17. FATNER'S NAME (First, Middle, Lest) NO RECORD	-								liddle, Meiden		400	surname)
TO BE	19e. INFORMANT'S NAME (Type/Print)	11.0				(Street e	nd Number	or Rural I	Poute Numb	er, City or Tow	n, State, Zip C	ode)	
	Barbara J. Long –	Wite	20h PLACEA	NO DATE	OF DISPOS	ITION /No.	me of		DATE		n, DE	197	09
	1X Mourie 2 Cremetion 3 Removal from State A Donetion 5 Other (Specify) Del. Vet. Memorial Cemetery Del. Vet. Memorial Cemetery S/27 Bear, Delaware												
	Harvey C. Smi				\$p 10	icer 00 N	-Mul	liki Pont	in Fu t Pkw	neral y.,New	Home, v Cast	Inc.	ĎE 19720
	23. PART I. Enter the diseases, or o shock, or heart fellure.	omplications tha List only one cau	t ceused the dea	th. Do i	not enter	the mod	de of dyl	ng, aucl	h ss card	lac or reapi	ratory srrea	ıt,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) A dv au ced hung Caucu												
_	DUE TO (OR AS A CONSEQUENCE OF):												
ATION	Sequentially list conditions, If any, lesding to immediate cause. Entar UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
	PART II Other significent condition	s contribution to	death but and	ti. 161									
ICAL	PERFORMED?									AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE		
: MEDI	1 YES 2 NO COMPLETION DE CAUSE OF DEATN? 1 YES 2 NO												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:					ACE OF DI	EATH (Che	eck only one)			
IYSi	1 YES 2 NO NO 27. MANNER OF DEATN		ER/Outpatient 3			Ing Home		sidenca	8 🗆 Other				
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, D	ay, Year)		URY M		ES 2	NO	28d. OE\$	CRIBE HOW II	NJURY OCCU	REO	
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINET												d manner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 5/36/93								(nth. Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO Yogish Patel, M.D					d. N	ewar	k. D)elaw	are	7		
31. DATE FILED (Month, Day, Year) MAY 2 8 93 Suidson-Pandelle.													
	181 6 30	1)	WASH Marion	بيكس		-							

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BALTIMORE, MARYLAND 21215-0020) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page of the retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunestand from the state detached for use as the bunal-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
BA	Ter de	The fun	0
P.O. BOX 68760,	h certificate be executed within 24 hours a	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death	certificate has been signed by the atter the State Dept. of Health and Mental	
DIVISION	THE HOSPITAL DR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this fled within 72 hours after death with	

	1 - FOR STATE REGISTRAR	STATE OF MA			ITMENT OF			MENTA	L HYGIEI		33	16825
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF OEATH	J	3.	TIME OF DEATH
	Bertha S.	Levine						May		199	YEAR	2:06 p. m
	4. SOCIAL SECURITY NUMBER	5. SEX (S. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UND	R 24 HRS.	7. DATI	OF BIRTH		BIRTHPL	ACE (State or Foreign
	212-07-8090	1 🗌 M 2 💢 F	7:	3 YRS.	MONTHS DAYS	HOURS	MIN.	Aug	th, Day, Year)	7070	Country)	RYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCAT	ION OF E		. 00.	9c. COUNT	Y OF DEAT	īN
8	Montgomery C	eneral F	Hospit	al	Olney					Mont	o om	0777
DIRECTOR	RESIDENCE OF DECEDENT		100010		Officy					PION	'R OIII	er y
뿐	10a. STATE 10b. COUNT				Y, TOWN OR LO						10	d. INSIDE CITY LIMITS?
		TGOMERY		SII	VER SP	RING					1	YES 2 X NO
₹ X	100. STREET AND NUMBER	301 WALLE	ROOK CT	. #2	-G	IOI. ZIP COI				10g. CITIZE	N OF WNA	T COUNTRY?
FUNERAL	-					2	0906			UNIT	ED S	TATES
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS D	ECENDENT	OF HISPA	ANIC ORIGI	N? (Specify Ye	a or No- 1	RACE -	American Indian, /hite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA				ES 2 XNC			mean, etc.)			WHITE
ED 8	15. DECEOENT'S EDU	I CATION										
H	(Specify only highest grade	e completed)	(G	Ve kind of a Do NOT us	USUAL OCCUPA work done during	TION nost of work	ing	16	b. KINO OF BI	JSINESS/INOUS	ITRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5+)			T EXEC	PPT VIE	птр	ECTO	D	DET T	CTON	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	*	ASS	LOTAI	I EAEC	_					GION	
	JOSEPH ROSENBLAT	r							Middle, Melde	,		
BE	19a. INFORMANT'S NAME (Type/Print)	L							HIPPEL			
2	HARRY M. LEVINE	(HITTED AND)			AODRESS (Street							.=
							UUKT	#2-				, MD 20906
	20a METHOD OF DISPOSITION 14 Deviate 2 Cremation 3 Rem	noval from State			OF DISPOSITION			OA"		OCATION — CH		Stata
	4 Donation 6 Other (Specify)	251055	MI.	LEBAN				5-		LPHI,		
	T. SIGNATURE OF FUNERAL SERVICE D	- 1			DANZ	NSKY	-GOL	DBER	G MEMO	RIAL C	HAPE	I.S
1	Tranh (estor	el	-						CKVILL		
	22. PART I. Enter the diseases, or	complications that	ceused the de	ath. Do r	ot enter the r	node of dy	/Ing, su	ch es car	diec or reep	olratory erres	t.	Approximats
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceus	on each line									Interval Between Onset and Death
	disesse or condition	EM	PHYS	EMI	1							10 yR.
	reaulting in death)	8	R AS A CONSE									70 97.
2												İ
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE OF	F):							
<u>\$</u>	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF	F):							
	resulting in deeth) LAST	d										
	DART II Other electrices and disc											
4	PART II. Other significant condition	ne contributing to d	eath but not r	eeulting i	n the underly	ng cause	given in	Part I.		N AUTOPSY RMED?		RE AUTOPSY FINDINGS ALLABLE PRIOR TO
MEDICA									1 TYES	2 PNO	CO	MPLETION OF CAUSE DEATH?
M												YES 2 NO
ä											L	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF I	DEATH (C	heck only o	ne)			
S	1 TYES 2 PNO	1 Inpatient 2 I E	R/Outpetlent 3	□ DOA	OTHER: 4 Nursing No	me 5 🗆 R	asidence	6 🗆 Oth	er (Specify)			
동	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		26b. TIM	E OF 28c. I	JURY AT				INJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rour)	ING		YES 2	NO.					
1 1	3 Suicide 8 Could not be	26a. PLACE OF	NJURY At ho	me, farm, s	treet, factory, of	lca		26f. LO	CATION (Street	and Number or	Rural Route	Number,
P	4 Nomicide detarmined	building, et	. (Specify)					City	or Town, State)		
COMPLETED	29e. CERTIFIER (Check only	ICIAN: To the best of m	y knowledne de	eth occur-	of at the time of	to and also	and d	to the co	uente) == d			
× M	(Check only one) 2 MEDICAL EXAMINE											d mannar as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE				,				Silv piece, e			
B	A A	water w	0				ENSE NU					onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH			4 om (*	D-/	02	163	9		5-	20-9	3
	Frank J. Mayo		1622	21) (fype,	cher ch	12 17	4	213	6.:14	merke.		MO 20877
	31. DATE FILEO (Month, Day, Year)	37, REGISTRAR			2.,,,,,,		- 4		3-77	, , , ,	7'	
	MAY 2.4 1993	Julia Davi	JAMA DA	d. 00								
I 1	IIIMI 64 1993	11-10	MYDDI A-NOVIL	-								



RECORDS, F	magnes of the death
DIVISION OF VITA	THE HOSPITAL OR ATTENDING PHYSICIAN: The

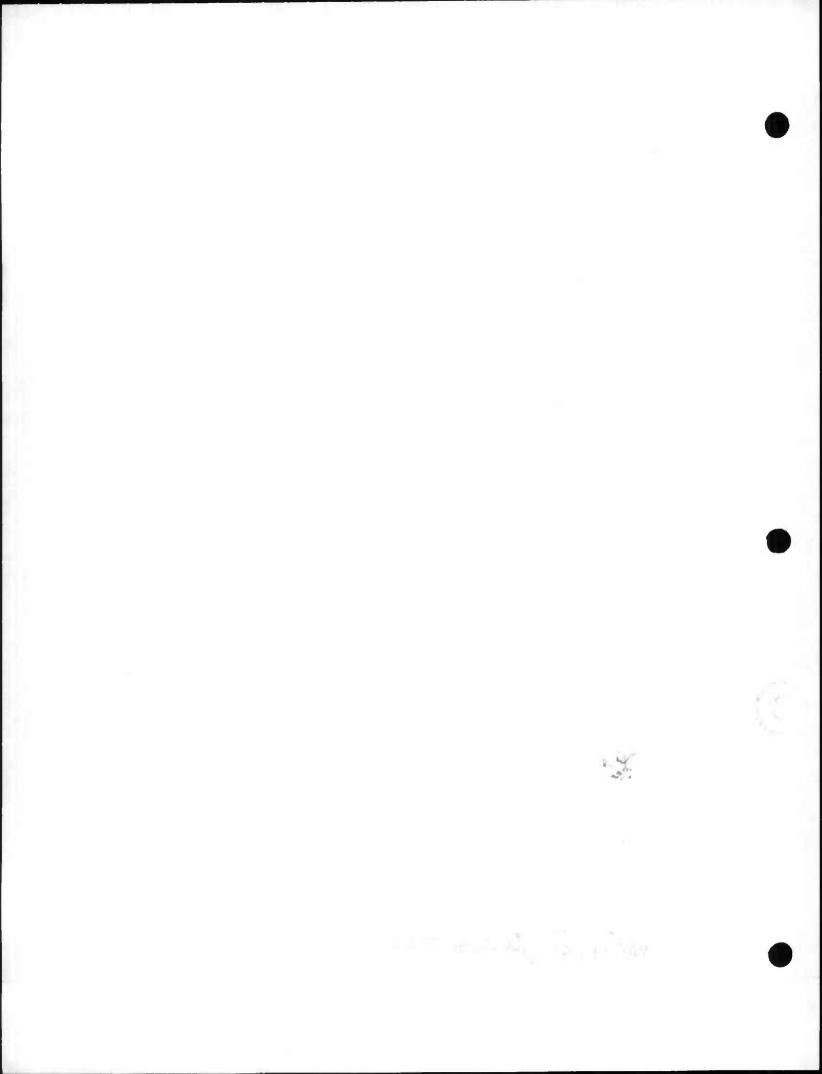
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The parameter death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYG	IENE
		CE	ERTIFICATE	O	F DEAT	TH		DEC	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGI		10020
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	ı	3. TIME OF DEATH
	Yi-Taih	Lucr				May	16, 1993	5:00 Am
		- Communication		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	6. Bi	RTHPLACE (State or Foreign puntry)
	421-22-0102	1 X M 2 🗆 F	34 YRS.	MONTHS DAYS	HOURS MIN.	March 28		Taiwan
œ	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	7324 Eden Brook DI	rive, Apt.#	1131	Со	lumbia		How	ard
뿔			10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
ר ם	Maryland Howai	rd		Colum	bia ZIP CODE			1 TYES 2 XNO
FUNERAL	7324 Eden Brook Di	rive Ant #	1131	101	21046			OF WHAT COUNTRY?
3		2. WAS DECEDENT EVER I	U.S. ARMED	13, WAS DEC		NIC ORIGIN? (Specify	Taiwa	
BY F	1 Never Married 2 XXMarried	FORCES? 1 YES	2 XNO	If yes, ap-	2 NO Specia	en, Puarto Rican, etc.)	8	ACE — American Indian, lack, While, atc.
	3 Widowed 4 Divorced				- Neo check	7.		chinese
IEI	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S U	rk done during mo		16b. KIND OF	BUSINESS/INDUSTR	γ
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use			Enviro	nmental S	Comutions
MO	17. FATHER'S NAME (First, Middle, Last)	J+	Chemis	st	18 MOTHERIC NA	ME (First, Middle, Maid		pervices
	Ping Nan Lo						eh	
) BE	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street a		Route Number, City or		
5	Ruey-Chen Lin		San				, ototo, z.p 0000)	
	20a. METHOD OF DISPOSITION 1	20b	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c.	LOCATION — City or	Town, Stata
	4 Donalion 5 Other (Specify)		etery, crematory or othe Suburban	<u>Cremato</u>	ory	5-21 Si	lver Spr	ing, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			D ADDRESS OF FA	CILITY		
	Juanita K.	Thomas	M00957	933 (Sist Ave	Services	er Shrine	. MD 20910
	23. PART in anter the diseases, or conshock, or heart fallura. Lis	nplications that cause	the deeth. Do not	t enter the mo	de of dying, euc	h aa cardiec or rea	piratory arrest,	Approximate
	IMMEDIATE CAUSE (Fine)							Onaet and Daath
	disease or condition resulting in death)	Respira DUE TO (OR AS A	tory Fa	32066				
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF:					
CAT	ceuse. Entar UNDERLYING CAUSE (Disease or injury				on me	inthert	La love	s , İ
F	that initieted evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				10 11.01	
H	d							
AL C	PART ii. Othar aignificent conditione of	contributing to deeth be	it not resulting in	the underlying	ceuse given in	Part i. 24s. WAS	AN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
20	Chrisic anem		rexin /c				ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
WE							1,000	DF DEATH?
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)		
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp		OTHER:	5 Reeldence	6 Cher (Specify)		
F	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (WO!	RK?	26d. DESCRIBE HOV	Y INJURY OCCURED	
B	2 Accident Investigation	28. PLACE OF IN HIDY	Albana fana		ES 2 NO			
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	fy)	et, factory, offica		26f. LOCATION (Stree City or Town, Sta	et and Number or Run te)	el Route Number,
	29a. CERTIFIER THE CERTIFYING PHYSICIAL	N: To the heat of my law t						
COMPLET	(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowl On the beale of examination	and/or investigation,	at the time, date : In my opinion, de	and place, and due ath occured at the	to the cause(a) and m	and due to the cour	e/s) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	A . A			29c. LICENSE NUN			
BE	you x. m	undal			D 302		DATE SIGN	ED (Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WHO C						-)	//
		coo culin	y Ph 20	1,00	pidne	IND 310	44	
	MAY 2 4 1993	July Division	JURIHandell					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

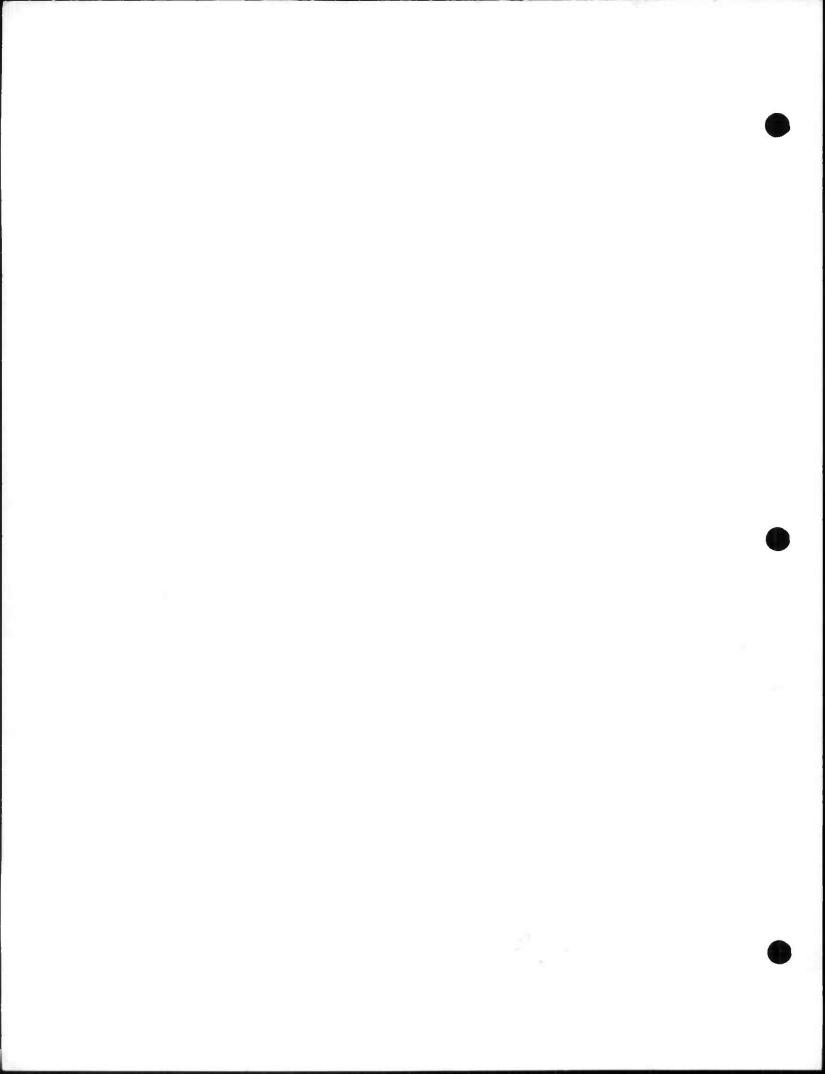
	1 - STATE REGISTRAR	CERT	IFICATE (OF DEAT	TH I		EG. NO	_			
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN		12	3. TIME OF DEA	ATN
- "	SAMUEL LEVINE					MAY 2		1993	YEAR	1:29	P. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	GE (In yrs. last birthd	ly) IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF B	IRTN	2773	a. BIRTH	PLACE (State or I	Foreign
	579-54-6036 1X M 2 🗆 F	88 YR	B. MONTHS DA	YS HOURS	MIN.	(Month, Day	(Year)	1904	POL	y)	
	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TO	WN OR LOCATE	ON OF DE		-,		NTY OF D		
DIRECTOR	SHADY GROVE ADVENTIST HOSPIT	<u>ral</u>	R	OCKVIL	LE				TGOM		
E I	10e, STATE 10b. COUNTY	10c.	CITY, TOWN OR L	OCATION						10d. INSIDE CIT	Y
a	MARYLAND MONTGOMERY	1	BETHESDA							LIMITS?	3 80
A	10e, STREET AND NUMBER			101, ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?	,
FUNERAL	7108 RADNOR ROAD			2081	7					STATES	
5	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT C	F HISPAN	IIC ORIGIN? (Sp	ecify Yes		14. RACE	American Ind	llan,
BY F	1 Never Married 2 Merried Never Married 2 Merried FORCES? 1 YES, GIVE WAR OF	R OATES	If yes	yes 2 X NO	n, Mexica	n, Puerto Rican,	, etc.)		Specif	, White, etc.	
									-	WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUI	PATION most of working	10	16b. KIND	OF BU	SINESS/INC	DUSTRY		
٦	Elementary/Secondary (0-12) College (1-4 or 5 +)	CIN I	T use retired.)								
1	5+	PATENT	EXAMINE			GOVE		-	PRIV	ATE	-
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle,	, Maiden	Surname)			
BE	MAX LEVINE 190. INFORMANT'S NAME (Type/Print)				RA FI						
2			ING ADDRESS (Str					n, Statu, Zip	Code)		
	IRA LEVINE (SON) 20e. METHOD OF DISPOSITION		RADNOR		BET			208			
	1 X Buriel 2 Cremetion 3 Removal from State	20b. PLACE AND DA cemetery, crematory	or other place)			OATE		CATION —			
1	21. SIGNATURE OF FUNERAL RETVICE LICENSEE	MT. LEBA		ETERY E AND ADDRES	00 OF 51	5/25	ADE	LPHI	, MAI	RYLAND	
	· Harry In Hasi		DANZ	ANSKY-	GOLD	BERG MI	EMOR	RIAL	СНАР	ELS, IN	c.
	23. PART Lenter the diseases, or complications that course felling black as the course	sed the death. D	not enter the	mode of dyl	TTTFR	PIKE,	ROC	KVIL	LE, I	MD 208	
	shock, or many failure. List only one cause of	esch ilne.			g, 2001	Cardiac	or respi	natory art	est,	Interval E	Between
	IMMEDIATE CAUSE (Fine disease or condition	(,	\	A	80.0			Onset sn	d Death
ļ	resulting in death) s. DUE TOYOR A	A CONSEQUENCE	OFI:	1110	tal	C/V	121	1		114	1
z		dt. o	50/11	Air	1/11	-611	10	2000	(6)	1100	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	S A CONSEQUENCE	OF):		1)	LIV	1.0	MA		1 7	1
8	CAUSE (Disesse or Injury)
E	that initiated events	S A CONSEQUENCE	OF):								
	resulting in death) LAST										
9	PART II. Other algnificant conditions contributing to death	but not resultin	a in the under	ulaa causa a	dues in I	Dort I Date	1000 0 444	AUTOPSY	Laur		
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	- XIIOMAC CM	AKLIW	096			_ 10	YES 2	X) NO		COMPLETION OF OF DEATH?	CAUSE
Σ			- 17							1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL	-									
泛 I	EXAMINER? HOSPITAL:		OTHER:	PLACE OF O							\dashv
PHYSICIAN: MEI	1 ☐ YES 2 X NO 1 ☐ Inpetient 2 X ER/O 27. MANNER OF DEATH 26s. DATE OF INJUR			Nome 5 Ra	eldence (5 Other (Specale)		U II III OO	21155		
	1 Natural 5 Pending (Month, Day, Year		INJURY	WORK?	l MO	200. DESCRIBE	E NOW II	NJUNT OCI	UNEO		
ă I	2 Accident Investigation 3 Suicide 6 Could and be 28e. PLACE OF INJU	RY — At home, fare				26f. LOCATION	(Street e	and Mumber	or Primi D	num Mumbar	
COMPLETED	4 Nomicide detarmined building, atc. (S	pecify)	•			City or Tow		rearricul	OF FIGHT FR	oute Nomber,	
١٣	29a. CERTIFIER		4								
Σ	(Check only 2 MEDICAL EXAMINER: On the basic of examinary one)										
	200. DIGNATURE AND TITLE OF/CERTIFIER						Noce, en	0 000 10 11	e cause(s)	and manner as I	Refed.
ᆲ┃	The second secon	1116	7 11 1	29c. LICE	NSE NUM	BER				(Month, Day, Yeer)	
၉	30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH WITEH	TV Outer	177	U)//	1	MAY	23,	1993	
- 11	PAUL T. NOONE, M.D., 50 W. EI			4207	Do o						
-				#20/	KUCK	WILLE,	MD	208	352		
	MAY 26 1993 Fine Devides	n-gander	•								
											- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law recent of the law part of the law part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been income from the law provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deat of Hauth 100 hours any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

O. BOX 68760,



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de early early be negative hospita.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 5 should be detached		es.
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TEN	10R:	after	28
JR Al	IREC	SINC	Em
M C	AL D	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal."	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

MEDICAL

PHYSICIAN:

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TO THE HOSPITAL (
TO THE FUNERAL C
DE filed within 72 h
IMPORTANT: If IN

FOR STATE REGISTRAR 16828 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME /First Middle n co/n Lincoln 2. DATE OF DEATH 3. TIME OF DEATH 93 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 🗆 M 2 💢 F 6 DAYS BOSTON HOURS 9b. CITY OWN OR LOCATION OF DEAT COUNTY OF DEATH ontamer DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 3701 International Drive 20906 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White 16a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Publishers Clearing House 4 Office Manager 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname Cyrus Converse Gertrude Stafford 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert C. Lincoln (Son) 3551 S. Leisure World Blvd #E-1, Silver Spring, MD 20906 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 ☐ Buriel 2 X Cremation 3 ☐ Re Suburban Crematory 4 Donation 5 Other (Specify) 5-26 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. M00827 933 Gist Ave. Silver Spring, MD 20910 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition_ CHRONIC OBSTRUCTIVE LUNG DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): TOBACCO ABUSE
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 XNO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 - NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 X N me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D330026 MAY 1993

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ted E. Howe, M.D. Olney 20832

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 2 & 1993

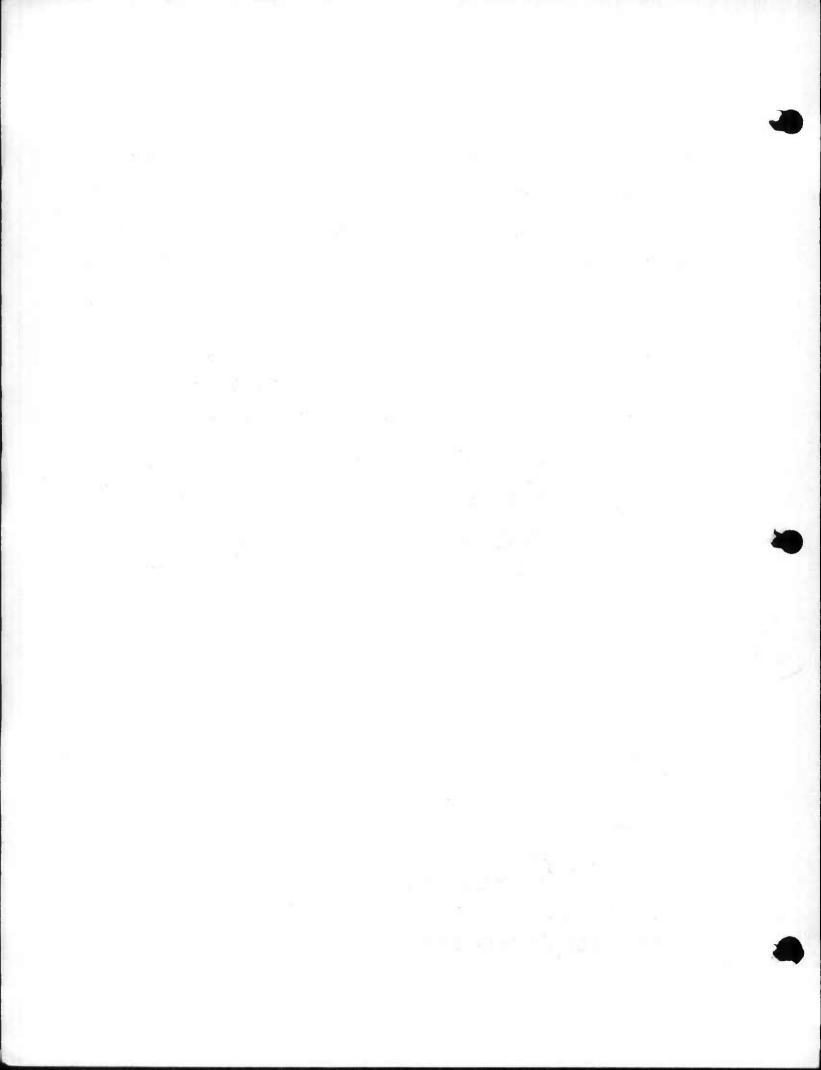
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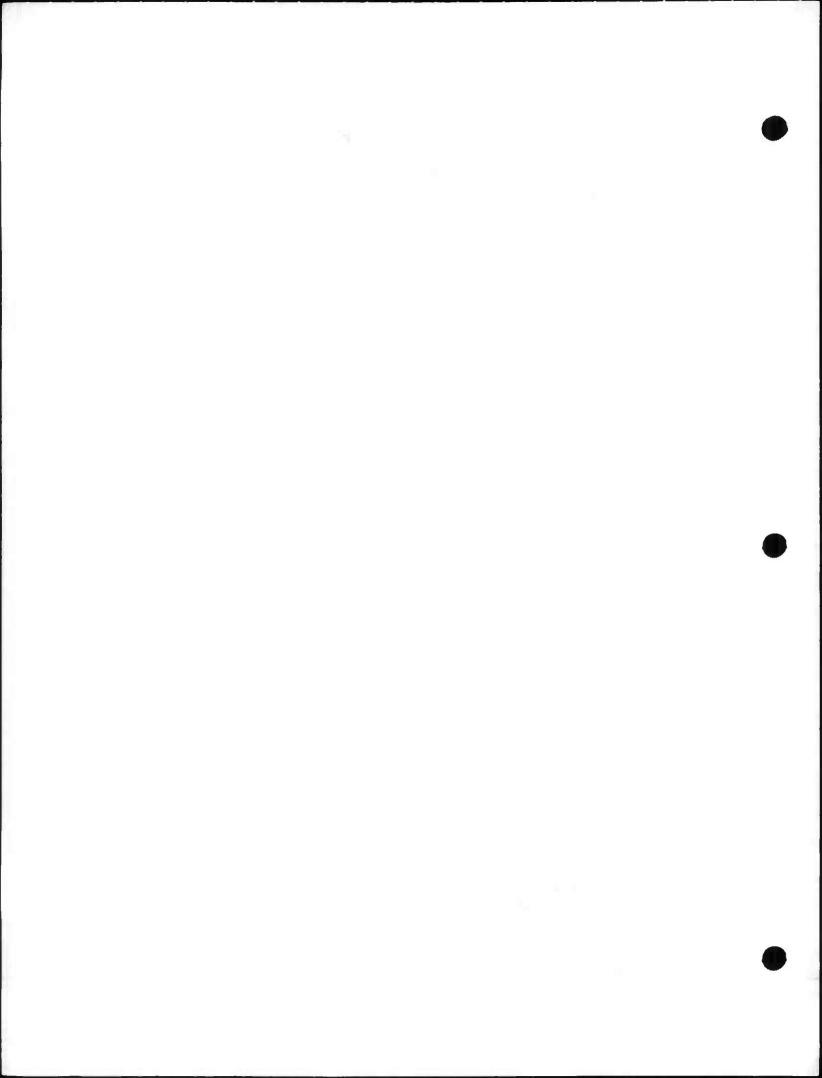
S, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law req in the recommendation of the control of the second of the hospital or attending physician.	certificate has been immed through a provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Health	ent, the medical examiner must be netified at once.
RDS P.O. BOX 13146	the executed w	certificate has been signed the second properties and completely filled in by the in the State Dept. of Health and New Hopens prior to buriel, cremation, or removal.	ny injury, or other traumatic eve
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed to filed within 72 hours after death with the State Dept. of Health at	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

)	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH		73-1	3. TIME OF DEATH
ľ	Afelia	Lace	u							May 26	DAY 199	3 YEAR	Рм
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
l	294-50-2546		1 - M 2 - X	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb 26 1	910	Ohi	
	9s. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			UNTY OF D	_
DIRECTOR	Chesapeake	Manor	Nursing	Home		A	vinos	ld			A	nne A	rundel
E I	10a, STATE	10b. COUNT	7		10c. CI1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
5	MD	Anne	Arundel			Anno	pol	is					XXXYES 2 NO
	10e. STREET AND NUMBER						10	1. ZIP COD	_				WHAT COUNTRY?
BY FUNERAL	523 Ridge	Road						214	101		Un	ited	States
5	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S. A	RMED	13.	WAS DEC	CENDENT (OF HISPAN	IC ORIOIN? (Specify)	es or No-	14. RACE	E — American Indian, k, Whits, stc.
7	1 Never Merried 2		IF YES, GIVE	MAR OR DATES	χ.			2 000				Spec	itv:
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2	Elementary/Secondary (0	⊢12)	College (1-4 or 5	+)	memal					Hon	10		
×	17. FATHER'S NAME (First, M	iridia I sett		1110	mema	cer		10 MOT	MEDIG NA	ME (First, Middle, Maid			
ö	Anthony Pag							10. 1101		ina Sivaro			
BE	19s. INFORMANT'S NAME (7			1	9b. MAILING	ADDRES	S (Street :	and Numbe		Route Number, City or To		Zin Code)	
임	Joanne Ritc									Sherwoo	d Fo	rest,	MD 21405
	20e. METHOD OF DISPOSIT 1 Suriel 2 Cremetic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	other	e OF DISPO							City or To	own, State Maryland
	21. SIGNATURE OF FUNERA	The same of the sa	CENTER /	- I IIII	cres	22.	NAME A	ND ADDRE	SS OF FA	CILITY Takes			Funeral Hon
	Mai	me	9. Du	nes	_					loucester			
	23. PART I. Enter the d	iseases, or	compilcations the	at caused tha c	saath. Do	not ante	r the mo	ods of dy	ing, auc	h as cardiac Dr res	piratory a	irrest,	Approximate
	IMMEDIATE CAUSE (Fir		A / A	use on mach in	161.			•		/	/		Intarval Between Onset and Death
	disease or condition	+	. Mel	e 86h	~	Ca	200	ein	nuc	2 2 4	e/	my_	-
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¥	if any, leading to imme cause. Enter UNDERLY	diata	DUE TO	OR AS A CONS	EOUENCE C	JF):					U		
는 건	CAUSE (Disease or Inju		cDUE TO	OR AS A CONS	EOUENCE (DFI:							<u> </u>
CERTIFICATION	that initiated events resulting in death) LAS	Т											
	DARK II. ON a straight		O		- Int					5]			
EDICAL	PART II. Other significa	int condition	na contributing ti	o dastn but not	reauting	in tha u	ndartylr	ng cause	given in		ORMED?	Y 246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	-	LACE OF I	DEATN (C/	neck only one)			
PHYSICIAN:	1 TYES 2VIVNO		1 Inpatient 2		_	4 X X V	rsing Hor		esidence	8 Other (Specify)			
	27. MANNER OF DEATN 1 Availural 5	Pending	28s. DATE O (Month,	Day, Year)	28b. TI	JURY M	W	JURY AT ORK?	□ NO	28d. DEŞCRIBE HO	W INJURY C	CCURED	
ВУ	2 Accident	Investigation	28a PLACE	OF INJURY — At I	home form			YES 2	_ NO	281. LOCATION (Stre	ot and Alumi	her or Durel	Drute Alumber
COMPLETED	3 Sulcide 8 A	Could not be determined		, atc. (Specify)	none, min,	atrout, re-	.tory, 0111	us.		City or Town, Ste		Del Of Murai	House Number,
	29s. CERTIFIER		ASS 1887		N/II			-50	0505	Water Williams	20-39	5	
MP	(Oriden oriny									to the cause(s) and r			s) and manner as stated.
응													
) BE	296. SIGNATURE AND TITLE	OF CENTIFIE	lym	ae My	AUG	nd	p)	29c. LIC	1684	MOCK	29d. D		28, 1993
욘	30. NAME AND ADDRESS O	C. M	D. 160	USE OF DEATH (IT	EM 27) (%)	a. Print)	,			MD 2106	1		
	31. DATE FILED (Month, Day,	Year)	32. REGISTE	IAR'S SIGNATURE	05.4	5	- 00			, ,,,			
	C. V. Cyric 31. DATE FILED (Month, Day, MAY 2	8 1993	gulia Da	idson-Asn	della								



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P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 notificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	indian physician and completely filled in he the ferbanet director many & charled he detected for one to the ferbanet
BALT hours after death.	ad in her the fernance
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o.O. BOX 68760, a certificate be executed with	ndina phoeinian

			1. DECEDENT'S NAME (First		ia Gertrud	de Lutr	el1	dr	17		TE OF DEATH	4	YEAR 3	1505 M
	D		social security nume 217 34 042		5. SEX 1 M 2 F	6. AGE (In yrs. 1	YRS.	IF UNDER 1 YEAR		(M	TE OF BIRTH onth, Day, Year)	37	8. BIRTHPL Country) Mary	ACE (State or Foreign
6		DIRECTOR	8a. FACILITY NAME (Legot III	Lixe	().	ier /	Rd.	-	NO OR LOCATION OF		110	-	TY OF DEA	
100	077	EC	10a, STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN OR LO	CATION				1	Od. INSIDE CITY
-	-		Maryland		Arundel		D	avidson	nville				1	LIMITS?
	t permi	FUNERAL	10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
	transi	INE I	2811 Patus	kent R	iver Rd.	F EVEN IN U.S.	Ditter	1 20 11110	21035	VIIII II II			ed St	
5-0020	by the hospital or attending physician. be detached for use as the burial-transit at once.	B	1 Never Married 2 🔀 3 Widowed 4 Dive		FORCES? 1 (IF YES, GIVE W	YES 2-	No	if yes	DECENDENT OF HIS , specify Cuban, Mei YES 2 X NO Sp	ican, Puer icily:	GIN7 (Specify Yes to Rican, etc.) No	or No	14. RACE — Black, V Specify:	- American Indian, White, etc. White
215		밆	15. DEC	EDENT'S EDU	CATION COMPLETE	16a. E	DECEDENT'S	USUAL OCCUP	ATION most of working	1	16b. KIND OF BUS	SINESS/IND	USTRY	
21	retained by the hospital or ath 5 should be detached for use notified at once.	COMPLETE	Elementary/Secondary (0		College (1-4 or 5+)		te. Do NOT u	work done during se retired.)) most of working					
N	the hosp detached once.	MP	1.2 17. FATHER'S NAME (First, M	Material Control	-	I	nsura	nce Age			SELF E		ED	
RYLAND	at of the	- 1	James B. 1		l _r						st, Middle, Maiden	,		
œ	5 should notified	8	19a. INFORMANT'S NAME (K	1	19b. MAILING	ADDRESS (Stre	Nettie	_	Cattert		Cordel	
MA,	e 5 sh	임	George A.	Lutre	11				ent River					d.
ALTIMORE,	after death. Page 6 may be yo the funeral director, page moval.		20a. METHOD OF DISPOSIT 1 ☐ Burlal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State	20b. PLACI cemetery, o Laket	FANDDATE	OF DISPOSITION		0	ATE 20c 10	CATHON C	You or Town	State
TIN	death. Pag e funeral dir d. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIF	CENSEE	,		22. NAMI	E AND ADDRESS OF	FACILITY				TITE Ha
BAL	e fun		Kohen	t E	. Elw	ns	Tron		ll-Evans 00 Annapo					715
0	24 hours filled in t tion, or re the medi		IMMEDIATE CAUSE (Fir disease or condition	eart failure.	List only one caus	se on each iir	10.	not enter the	mode of dying, a	uch aa c	ardiac or respi	ratory arri	est,	Approximate Interval Between Onset and Death
68760,	executed within 24 and completely fills o burial, cremation.	Z	resulting in death)		DUE TO (OR AS A CONS	EQUENCE O	f):	nd	1	CH	Q.		
6	or to	RTIFICATION	Sequentially list condit- if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju-	diate ING	DUE TO (OR AS A CONS	EQUENCE O	F):						
P.O. I	ding physiene proting physiene phy	Ш	that initiated events resulting in death) LAS		DUE TO (OR AS A CONS	EQUENCE O	F):						
RDS,	that the dea hed by the att th and Menta any injury,	L C	PART II. Other significe	nt condition	ns contributing to	deeth but not	resulting	in the underl	ying cause given	in Part I.	24a. WAS AN		24b. W	TERE AUTOPSY FINDINGS
O.B.	sign Sign Heat	: MEDICAL									PERFOR		OI OI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AL	N: The law ficate has the State Dept.	SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL				26	L PLACE OF DEATH	Check only	one)			
VITAL	SIAN: T	SIC	EXAMINER? 1 VES 2 □ NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:	Iome 5 ARGelden					
NOF	NDING PHYSICIAN: The law required that this certificate has been if death with the State Dept. of its marked, or item 23 sho	ву рну		Pending Investigation	28e. DATE OF I (Month) De	INJURY by. Year)		IE OF 28c.	INJURY AT WORK?		Sho.	JURY OCC	Sel	9.
DIVISION	OR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED 6	3 Suicide 8	Could not be determined	building, e	INJURY — At I Hc. (Specify)	ome, ferm,	etreet, factory, o	office	281. L	OCATION (Street a to or Town, State)	SUR	x Rural Rou	te Number,
٥		COMPLE			ICIAN: To the best of n									nd manner as stated.
	TO THE HOSPITAL THE FUNERAL Filed within 72 IMPORTANT: II	TO BE	296. SIGNATURE AND TITLE	~ f	sho	mo	De	pute	29c. LICENSE I	OG C	54	29d. DATE ▶ 3	SIGNED (M	forth, Day, Year)
((15)		30. NAME AND ADDRESS OF	n f	2. JON	es, v	EM 27) (Type W ()	, Print)	00 Bo	L	79	2	07	11
			MAY 1 4 199	-	32. REGISTRAF		00							

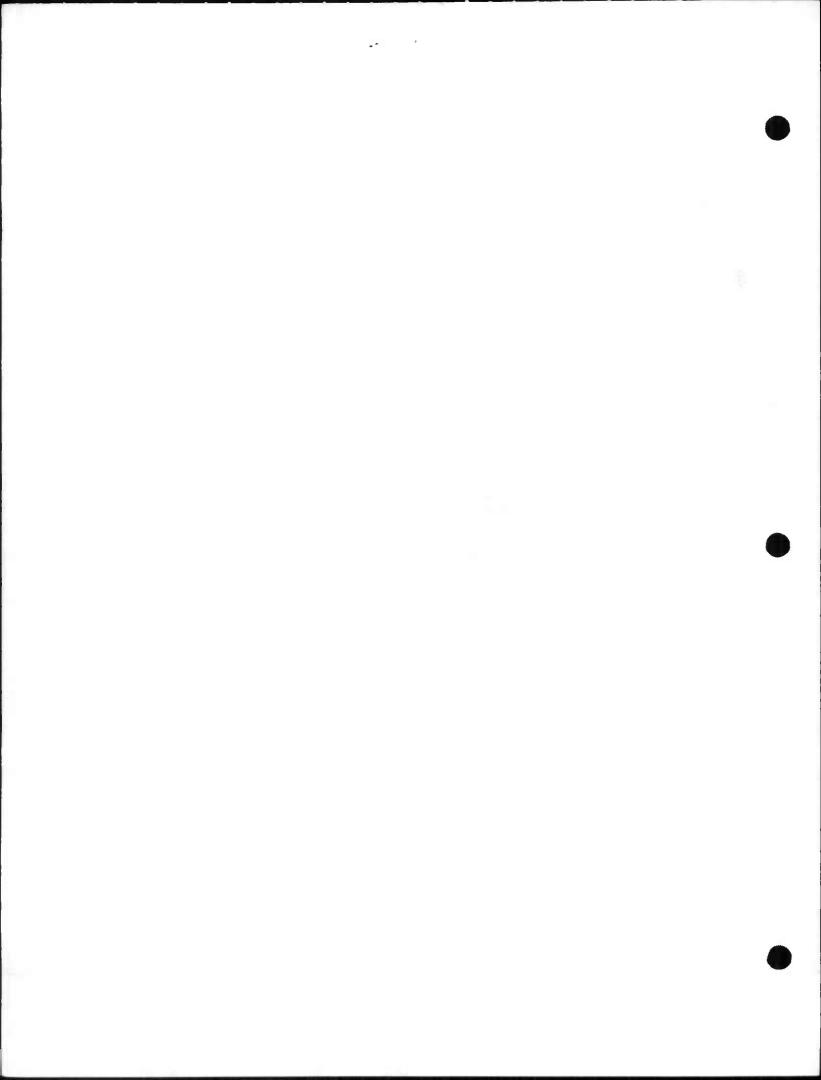


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAN				ONIE	JE DEATH	_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	VENNET	11	MON	TGOME	n V	2. D	ATE OF OEATH ON THE ATE OF OEATH	X	YEAR	3. TIME OF DEATH
- 7	4. SOCIAL SECURITY NUMBER	KENNET					\rightarrow	17 2/, 1	993		9:30 A M
1			6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE		- 44	ATE OF BIRTH fonth, Day, Year)		6. BIRTH Country	PLACE (State or Foreign
	190-12-2002	X X M 2 □ F	7.1	YRS.	MONTHS DA	YS HOURS MIN	112	2/28/93		8.6	YLAND
	9a, FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	MN OR LOCATION OF	OEATH	720737		NTY OF O	
R	THE JOHNS HOPKIN	NS HOSPITA	1/		RAI T	MORE CIT	V				
K	RESIDENCE OF DECEDENT		-		DALI	THORE CIT	1		DALI	IMOR	RE CITY
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L						10d, INSIDE CITY
Ö	MD	HARFO	RD		DAR	LINGTON				- 1	LIMITS?
	10e. STREET AND NUMBER					101, ZIP CODE	_		10. 0.00		
E E	3410 CEDAR	CHURCH	DOAR			2103					HAT COUNTRY?
FUNERAL	11. MARITAL STATUS					- 12 0 2			US/	•	
3	X Never Married 2 Married	12. WAS DECEDENT FORCES?	YES 2 1	RMEO NO	13. WAS	DECENDENT OF HIS	PANIC OR	IGIN? (Specify Yes	or No-	14. RACE Bleck	- American Indian, , White, etc.
ΒY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR OATES			YES XX NO SP		, , , , , , ,		Specif	fv:
		KORE								WHI	TE
밑	15. DECEDENT'S EDU (Specify only highest grade	completed)	/G	has kind of u	VOIK done during	PATION 7 most of working		166. KIND OF BUS	INESS/INC	USTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)		. Do NOT us	e retired.)		1				
₩ I	1.2		Ow	NER				RESTA	URAN	1T	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Fir	rst, Middle, Maiden	Surname)		
BE	FRANK MONTO	GOMERY				MARY	WIL	LIAMS			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Str	set and Number or Ru			State Zin	Code	
2	HILDA MONTGOME	ERY	3	410	CEDAI	R CHURCI					,MD.,21034
			_		OF DISPOSITION				_		
	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	pemetery, cae	matory or of	CEME.	reny E/3	30/9		CATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Custre	11.1 • 1/	IEBU					LIA	PA.	,17314
	111111111111111111111111111111111111111	1. 11 11				E AND ADDRESS OF				-11	
	(kim b)	West			HARI	kins F.I	1. I N	C., DE	LTA	PA.	1/314
	23. PARCA. Enter the diseases, or o	complications that	caused tha de	ath. Do n	ot entar tha	mode of dylng e	uch ss c	erdiec or meni	eton, err	ant.	Approximate
	anock, or naam failure.	List only one cause	e on aach line			mous or synig, s	0011 00 0	ostalac or respir	atory sir	out,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1/		<i>-</i> ,		0 -					Onset and Death
		. Ventric	in l 2v	Sept	el De	feet					
		OUE TO (C	or as a consec	Sept.	el De	feet					Onset and Death
NC	disease or condition resulting in death)	Neutrice OUE TO (C) My OC	on lev Or as a consec a ralizi	Septouence of	el De Frecti	feet					Onset and Death
VTION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	OUE TO (C) OUE TO (C) OUE TO (C)	OR AS A CONSECUTION AS	Septouence of	el De Fercti	feet					Onset and Death
ICATION	disease or condition resulting in death) Sequentially list conditions,	DUE TO (C	OR AS A CONSEC	OUENCE OF) :	feet					Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSECUTION OF AS	OUENCE OF) :	feet					Onset and Death
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	OR AS A CONSEC	OUENCE OF) :	feet					Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF):):						Onset and Death 8 hrs 24 hvs
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	OUENCE OF):):		In Part I.	. 24a. WAS AN PERFORI		24b.	Onset and Death 8 hrs 24 hvs
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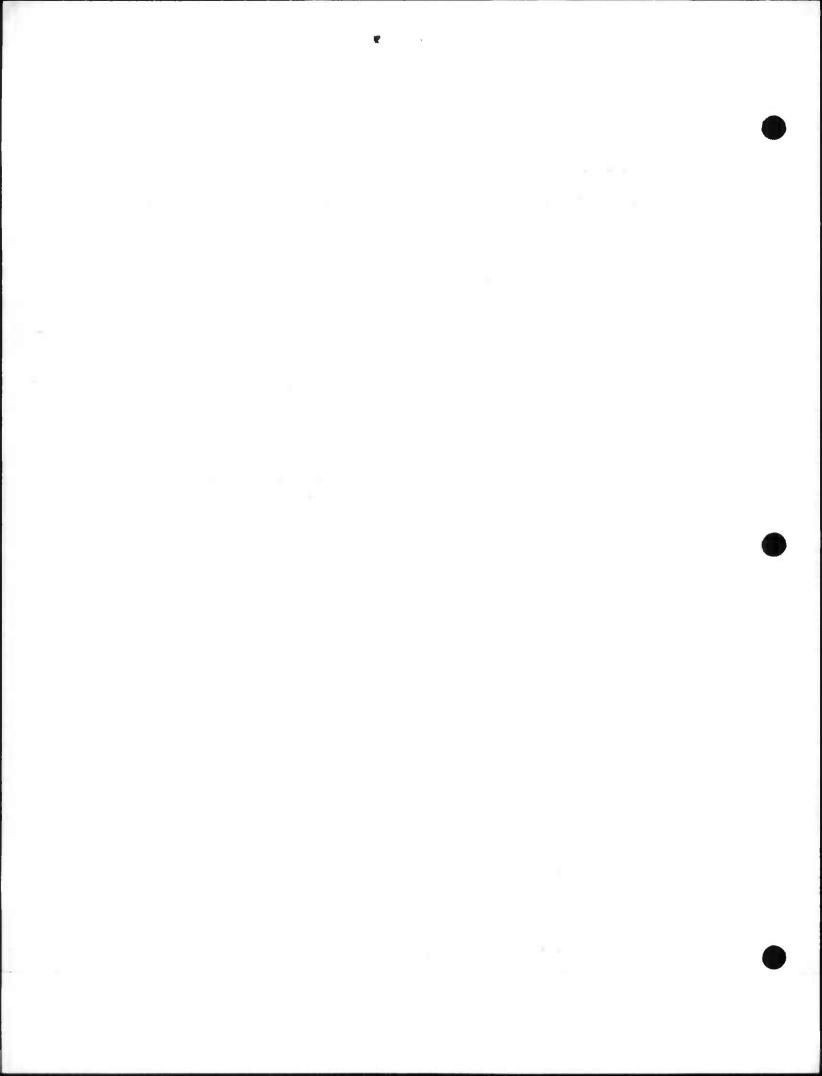


	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			- -				2. DATE	OF DEATH		YEAR 3	. TIME OF DEATH
	Helen Lucille M	ichaels				_		"MA"	Y 25, ™	1993	TEAH	11:20 A. M.
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1	1 YEAR	IF UNDER	24 HRS.	7. DATE ((Month)	OF BIRTH		. BIRTHPL Country)	ACE (State or Foreign
	212-74-2902	1 □ M 2 □XF 5	1 YRS.						L 23,	1941	Nd	
œ	9a. FACILITY NAME (If not institution, give si			9b. CITY,				ATH		9c. COUNT		тн
ō.	Dennett Rd Manor	r N.H.		- Oa	kla	nd, l	ld.			Gar	rett	
DIRECTOR	10a, STATE 10b. COUNTY			Y, TOWN OF		ON					10	Od. INSIDE CITY
ā	Maryland Garre	Ptt		Accid	lent						١,	LIMITS? X
FUNERAL	100. STREET AND NUMBER Rt. 2, Box 98-H				101.	ZIP CODE 215	20			10g, CITIZE	N OF WH	AT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. W	WAS DECE	NDENT O	F HISPAN	IC ORIGIN	? (Specify Yea	or No. 1	PACE	- American Indian.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 Ng	If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 HO Specify:							Black, 1	White, etc. White
	15. DECEDENT'S EDUC		8a. DECEDENT'S	USUAL OC	CUPATION	N		16b.	KIND OF BUS	MNESS/INDUS	TRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT us	work done di se retired.)	luring most	t of workin	g					
틸	8		Homem	aker					Own Ho	me		
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Robert Fred Sind	28				18. МОТН Ма	bel	Blan	Middle, Maiden che Fr	Sumeme)	Kyle	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street an	d Number	or Aural F	Toute Numb	MD 2	n, State, Zip C	ode)	
2	John Wesley Mich	haels	Rt.	2, Bc	ox 98	8-H .	Acci	dent	, MD 2	21520		
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remo	oval from State 20b. P	end Bpr	of Disposit	TION (Name	tery		05 05	-28 F1	iends	y or Town Vill	e MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES		22.	MAR-WA	ADDRES	S AFF	H YI'K	omes,	P. A.		
	M Lynn	I fairnaw	ei.								, MD	21536
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that caused t List only one cause on eac	he death. Do i	not enter t	the mod	e of dyl	ng, such	as cerd	lac or respi	ratory arres	it,	Approximata Interval Between
	IMMEDIATE CAUSE (Final											
	resulting in death) a. renal failure DUE TO (OR AS A CONSEQUENCE OF):											2 years
		insulin de	onsequence of cendent	m: diab	etes	s mei	llit	us				many
NO N	Sequentially list conditions,	DUE TO (OR AS A C	•									years
SAT	If any, leading to immadiate cause. Enter UNDERLYING			,								İ
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):			-					
CERTIFICATION	resulting in death) LAST	1										
ō	PART II. Other significant conditions	contributing to death but	not resulting	In the und	derivino	cause o	Iven In	Part I	24e. WAS AN	ALITOREY	245 W	ERE AUTOPSY FINDINGS
CAL	schizophrenia				,	onuoo g			PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
MED								-	1 TYES 2	No	0	F DEATH?
Σ.								-			1	YES 2 NO
AN	25. WAS CASE REFERRED/TO MEDICAL				26. PLA	CE OF DE	ATH (Chi	ick only one	9)			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati	ient 3 🗆 DOA	OTHER 4 Nursi	ie	100	112					
žΙ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF	28c. INJU	RY AT	T		CRIBE HOW II	NJURY OCCU	RED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	III.	M	1 YE	ES 2 [NO					
	3 Suicide 6 Could not be	At home, farm,	street, facto	ry, offics			28f. LOCA	ATION (Street a	nd Number or	Rural Rou	te Number,	
	4 Homicide determined			<u> </u>						_		
3	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowled	ige, death occum	ed at the tin	ne, date a	ind place,	and due	to the cau	se(s) and man	ner as stated		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination a	ind/or investigation	n, in my op	olnion, de	eth occur	ed at the	time, data	and place, an	d due to the	cause(s) a	nd manner as stated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUM	IBER		29d. DATE S	IGNED (M	fonth, Day, Year)
TO B						171	13	33		13	15,	1197
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	Print)								
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAT	URE									
3 II	31. DATE FILED MONTH POWN TOWN TO 199	3 Juna Davidson	Danie 100									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

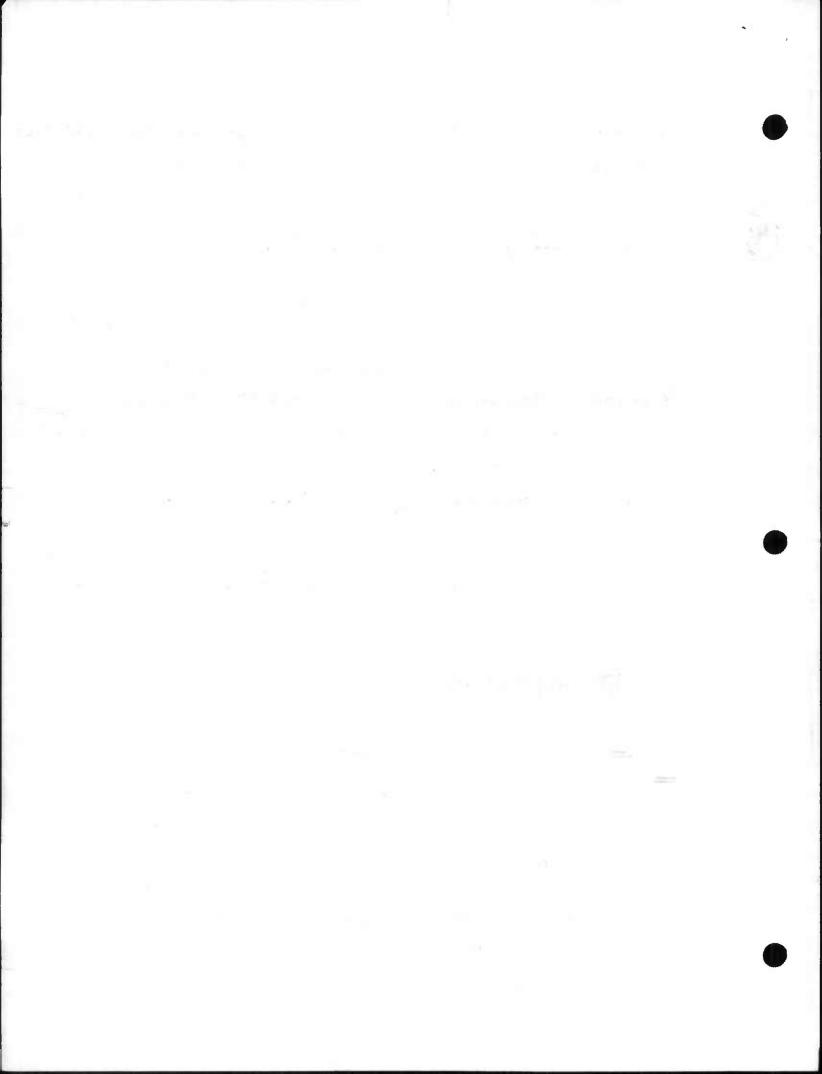
DHMH-18 Rev 1/89



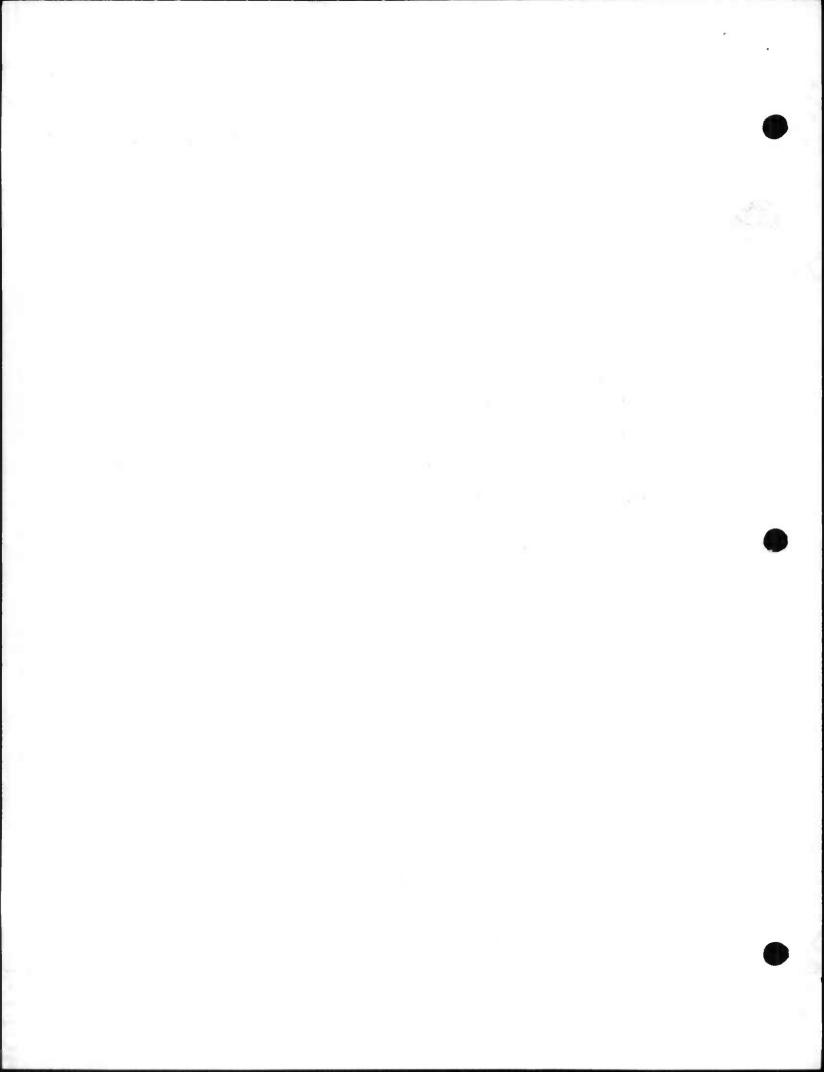
1. DECERPITY HAME (PIECE MINES) 1. DECERPITY HAME (PIECE MINES)	15 16833	AL HYGIENE REG. NO.			ID / DEPARTME CERTIFICA	STATE OF MARYLAND	FOR STATE REGISTRAR		
TO DUE TO THE WAR IN A CONSTRUCTION AND A CONSCIUENCE OF DESCRIPTI	YEAR 2460	TE OF DEATH	2. DAT				h ' 1 . 1	Į.	
THE STREET OF DECEDENT SUBJECT OF DECEDENT SUB	8. BIRTHPLACE (State or Foreign Country)	nth, Day, Year)	HOURS MIN. (Mon	HS DAYS	3 YRS. MONTH	10 M 2 DXF 8	166-127415		멀
TOO OF STORY AND NUMBER 11. MARTINET AND NUMBER 12. WAS OCCORDENT EVER IN U.S. Applied 13. WAS OCCORDENT GENERAL OCCUPATION 14. WAS OPENING OF MARTINET STANKE (First, MASS), Last) 15. WAS OCCORDENT STORY WAS ORD AND IN THE PROPERTY OF THE PROP	avol	9c. COUN	OR LOCATION OF DEATH	CITY, TOWN O	ne r	- //.	Long View Nu	TOR	2. 3 sho
DO SERVICE SET SET SET SET SET SET SET SET SET SE	10d, INSIDE CITY LIMITS? 1 ES 2 NO		rion		.00 -	roll	mo Car		
DO SERVICE SET SET SET SET SET SET SET SET SET SE	TIZEN OF WHAT COUNTRY?	US	21102		e amato.	A ST	3332 n. mai	INERAI	Jan. -transit per
SECREPHYS BUSINESSAMM (Shoot) or finding growth or golden or growth or golden or growth or golden or growth or golden or growth or golden or growth or golden or growth or golden or growth or golden or growth or golden or growth or growt	14. RACE — American Indian, Black, Whits, etc. Specify:	IN7 (Specify Yes or No	ecify Culvan, Mexican, Puerto	If yes, spe	2 NO	FORCES? 1 YES 2	1 Never Married 2 Married	В	
20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE AND DATE OF DISPOSITION Name of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS		Sb. KINO OF BUSINESS/INDI	ist of working	one during mo ed.)	(Give kind of work do life. Do NOT use retired	ompleted)	(Specify only highest grade co	ET	use a
20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in death) 20. PLACE AND DATE OF DISPOSITION Name of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE AND DATE OF DISPOSITION Name of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH Control of contributing in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERENCE TO MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED TO (OR AS	~	, Middle, Maiden Surname)		icturi	Manusa	ickinser	17. FATHER'S NAME (First, Middle, Last)	ш	by the hosy be detache at once.
20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 20. PLACE AND DATE of Deficition (Included Section 1) DATE DATE Dec. LOCATION - comments of the plant	Sip Code) 2115)		and Number or Rural Route Num	RESS (Street o	196. MAILING ADDRI	detie	1901. INFORMANT'S NAME (DOO/Print) EUNICE BLUCC	00	
23. PART I. Enter the diseases, or complications that caused the death De not enter the mode of dying, such as cardiac or respiratory and shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Finel diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	- City or Town, State Run, MD		ru 5/2	emete	y, crematory or other place	ral from State cemelery,	1 Durisi 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		e 6 may rector, pa must b
Shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death)	·	,	les F.H. 34 Mo	Littl	. (]	Little	Ruhard		0 = 0
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Approximate Interval Betwee Onset and Dec	rdiac or respiratory arre	de of dying, such as car	nter tha mo	e deeth. De not en i line.	mplications that caused the ist only one cause on each i	SHOCK, or heart failure. Lis		filled in the on, or rein
DUE TO (OR AS A CONSEQUENCE OF): Construct Construction Con	Vears		Dement: a	3	Heur	DUE TO (OR AS A CON		z	8 2 2 2
The standing in death) LAST d					•		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		te be expirite a
PERFORMED? Performed? Perf							resulting in death) LAST	ш	th certification of other officers
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	PERFORMED?	g cause given in Part I.	underlying	not resulting in the		PART II. Other significent conditions	EDICAL	res that the signed by the ealth and N
27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OC WORK? 28d. DESCRIB	1 TES 2 NO	pne)	ACE OF DEATH (Check only o	26. PL					De la
28. DATE OF INJURY NOWN 28. DATE OF INJURY 1				HER:			. V-V		AN: T tificate s State r Ite
2 (Accident and Number Clay or Now., State) 2 (Accident and Number Clay or Now., State) 2 (Accident and Number Clay or Now., State) 2 (Accident and Number Clay or Now., State) 3 (Building and Could not be determined) 4 (Bodding and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 3 (Building and Number Clay or Now., State) 4 (Building and Number Clay or Now., State)	COURED		URY AT 28d, DE	28c. INJ	28b. TIME OF	28a. DATE OF INJURY (Month, Day, Year)		I	HYSIC his cer with th
Solution for the determined building, stc. (Specify) City or Rown, State) 3332 N. MAIN ST. Check only only only only only only only only			3000				2 Accident Investigation	00	After the death
A A C = N (Check only one)		y or Town, State)	City	nactory, ome		building, atc. (Specify)	_ Coold that be	m	TTEN TOR: after
PLICE TO THE SEASON OF THE SEA				he time. data			29a. CERTIFIER 1 CERTIFYING PHYSICIA	E	DIRI Pour Item
우 큰 팅 중 이								OMI	로 작은 =
29c. LICENSE NUMBER 29d. DAT	TE SIGNED (Month) Day, Year)	29d. DATE	29c, LICENSE NUMBER				96. SIGNATURE AND TITLE OF CERTIFIER	ш	TO THE HOSPI TO THE FUNER be filed within
PPSE 0 20 10 NAME AND ADDRESS OF PURCH WHO COMPLETED CAUSE OF PERTURATION OF THE PURCH STATE OF THE PURCH ST	5 22 93	5 > 5	D331P3			the mi	1/1-4		

MAY 2 6 '93

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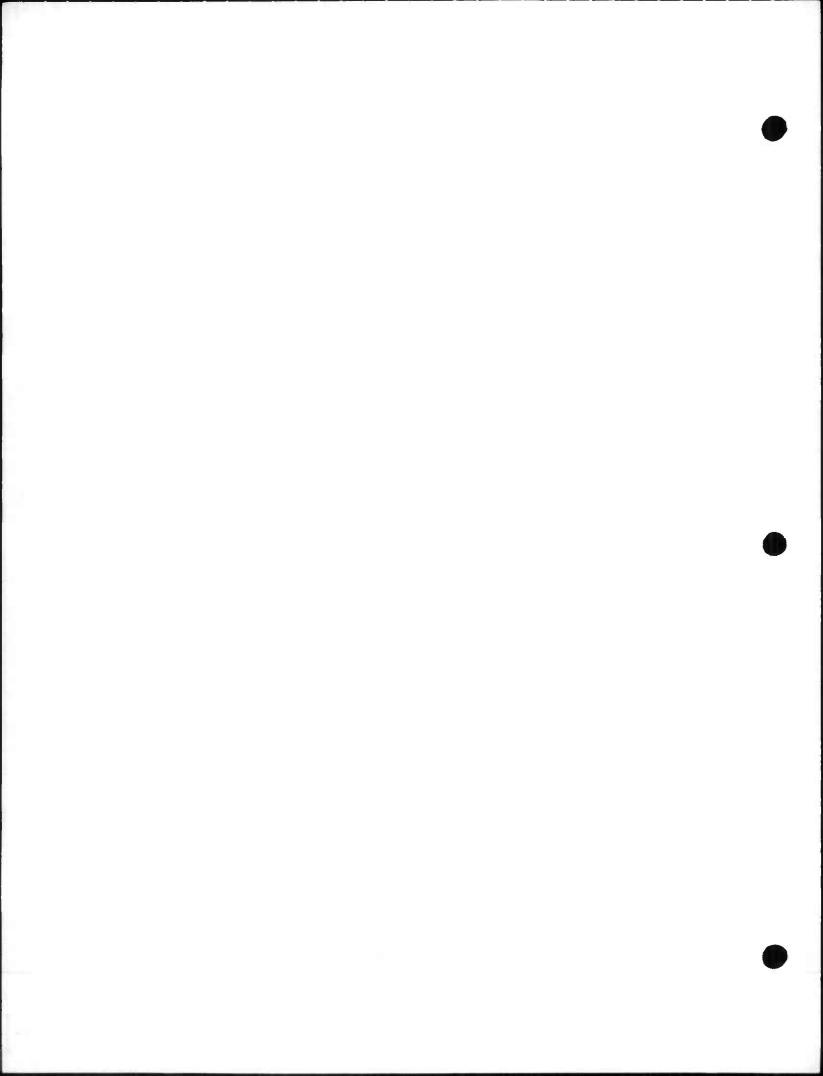
		HEGISTHAH		CE	:KIIIFI	CATE OF	- DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle HTLDA	GRACE	MEA	SELL			2. DAT	E OF DEATH TH DAY	1993475	3. TIME OF DEATH	
. 2	7	4. SOCIAL SECURITY NUMBER 219-66-4394		AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7 DATE	OF BIRTH	8. BI	RTHPLACE (State or Foreign unity) RYLAND	
	TOR	9a. FACILITY NAME (If not institution FREDERICK MEMORESIDENCE OF DECEDE	RIAL HOSPITAL			96. CITY, TOWN FREDE	OR LOCATION OF RICK			9c. COUNTY OF		
	DIRECTOR	10a. STATE 10b.	FREDERICK		KEYN						10d. INSIDE CITY LINES? 1 YES 2 NO	
n. ansit permit.	IERAL	100. STREET AND NUMBER 12029 SIMPSON	S MILL RD.			1	01. ZIP CODE 217	757		10g. CITIZEN C	F WHAT COUNTRY?	
nding physician.	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed Married Diversed	12. WAS DECEDENT EV FORCES? 1 IN IF YES, GIVE WAR O	YES 2 N		If yes, s	CENDENT OF HISP pecify Cuban, Mex S 2 NO Soc			8	ACE — American Indian, lack, White, etc.	
al or atte	LETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION It grade completed) College (1-4 or 5+)	(Gi	ve kind of wo Do NOT use		TON lost of working	16	b. KIND OF BUS		Y	
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, L	nst)	HOM	IEMAKI	±R	18 MOTHER'S	NAME (First	OWN HOME Middle, Melden Sumerne)			
62 W	ш	ELMER L. BURRI	•						L. LINDSEY			
s retained by 5 should be notified at	5 B	19a. INFORMANT'S NAME (Type/Prin						er or Rural Route Number, City or Town, State, Zip Code)				
pe age	-	ELMER J. MEASE					'S MILL				<u>1D</u> 21757	
		20a. METHOD OF DISPOSITION 1	r)	cometery, cree	HOPE	OISPOSITION (I OF PROCE) CEMETE	RY		26 WO	ODSBOR	O, MD	
		21. SIGNATURE OF FUNERAL SERV	O. Shull	el			WOODS	SBORO	, MD		ER & SONS	
executed within 24 hours after death. and completely filled in by the funer o burial, cremation, or removal. matic event, the medical exami		23. PART I. Enter the disease shock, or heart fit IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications that ca illure. List only one cause of a	on each line.						atory arrest,	Approximata Interval Betwee Onset and Deat	
th certificate be execuending physician and Hygiene prior to bur or other traumatite.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE OF): d										
at the death by the atte and Mental y injury,		PART II. Other algorificant cor	nditiona contributing to dea	th but not re	eaulting in	the underlyi	ng cause given	in Part i.	24e. WAS AN		24b. WERE AUTOPSY FINDINGS	
that bed b	: MEDICAL	Jiabethi.	ne 11, fs						PERFORM 1 TYES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
4: The law cate has b State Oept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:			26. I	PLACE OF DEATH	Check only o	ne)			
CLAN: certification the St	IYSI	1 VES 2 NO	1/□Vinpatient 2 □ ER. 28e. DATE OF INJU			□ Nursing Ho	me 5 - Residenc					
	ву рь	1 Natural 5 Pendin 2 Accident Investig	(Month, Day, Ye	bar)	INJU	RY W	JURY AT ORK? YES 2 ND		SCRIBE HOW IN			
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could determ		JUHY — At hor (Specify)	me, ferm, sti	reet, fectory, off	ice		CATION (Street er or Town, State)	nd Number or Ru	al Route Number,	
로 국 가 도	COMPLET		PHYSICIAN: To the best of my I								ne(e) and manner ee stated.	
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE	296. SIGNATURE AND TITLE OF CE	Whe my		_		29c. LICENSE N	UMBER		29d. DATE SIGN	IED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERS () N () 31. DATE FILED (Morith, Day, Year)	Ashe, 10201	Col		nini)	RV	Wive	ly born	MD	2179 P	
		мду 2 7 '93	32. REGISTRAR'S	MAN JOH	lall.							



	REGISTRAR		CERTIF	ICATE	OF DEATH	REG. N	0.				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAR	TIME OF DEATH		
	WILLIAM HAMPTON I	MORRIS				May 2	DAY]	1993	10:25 A m		
			E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign		
	215–26–3151	1 X M 2 □ F	62 YRS.	WONTHS D	TOOKS WIN.	12-15-19	930	Mary:	Land		
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	WN OR LOCATION OF DE	9c. COUNTY OF DEAT			н		
OR	Rt 4 Box 4728			La P1	CHA	ARLES					
티	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40a CIT	Y, TOWN OR L	OCATION			10d, INSIDE CITY			
<u>E</u>	24/2							LIMITS?			
	Maryland Charle	es	l	La Pla	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	Rt 4 Box 4278				20646	5	USA				
N N		12. WAS DECEDENT EVER	IN II S ADMED	T 12 WAS	20040 USA: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No						
F	1 Never Merried 2 Married	FORCES? TY YE	S 2 NO	If ye	s, specify Cuban, Maxica	n, Puarto Rican, etc.)	aa 01 140—	Bleck, W	hita, etc.		
B	3 Wildowed 4 X Divorced	IF TES, GIVE WAR OR	DATES	10	YES 2 X NO Specifi	y:		Specify:	Black		
9	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF E	USINESS/IN	DUSTRY			
Fi	(Specify only highest grade co	College (1-4 or 5+)			g most of working						
AP.	6		Brick	Mason		Const	ruction	on			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid					
BE	Halbert Jacks				Pauli	ne C. Dy	son				
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural			lp Code)			
۴	Claud E. Shorter B010 Gallery Pl. Waldorf, MD 20602										
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🂢 Cremetion 3 ☐ Remove	al from State	0b. PLACE OF DISPO other piace)	DISPOSITION (Name of cemelery, crematory or Clinton, MD 20							
	4 Donation 5 Other (Specify)		Lee Crema				inton	, MD Z	0735		
	21. SIGNATURE OF JUNERAL SERVICE LICEN		M00173		IE AND ADDRESS OF FA		r				
	* John H. Clay	area .	1.001.0	44	H. Eberwein 33 White Pi	ls La. Wh	ite P	1.,MD	20695		
23. FAT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, Approxi											
	shock, or haart failura. Lie iMMEDIATE CAUSE (Finei								intarval Betwaan Onset and Daath		
	disease or condition	CONGE	fr. V5 H	PART	RAINNE						
	disease or condition reaulting in death) a. Conceptive HEART RAILUME OUE TO (OR AS A CONSEQUENCE OF): CORDINAL AMERY DISEASE										
z	b.	COR	owlary A	MERY	puease						
CERTIFICATION	Sequantielly flat conditione, if eny, laeding to immadiate	QUE TO (OR AS	A CONSEQUENCE O	F):			_				
3	cause. Entar UNDERLYING CAUSE (Disease or injury		Corosand								
E	that initiated evanta reaulting in daeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
Ë	d.										
2	PART ii. Other eignificent conditione	contributing to death	but not resulting	In tha unda	rlying causa givan in		AN AUTOPSY		RE AUTOPSY FINDINGS		
EDICAL	DISSOR MOLLE	MISH	REMAL	12/19	Ewaning.		ORMED?	00	AILABLE PRIOR TO MPLETION OF CAUSE		
							2 LANO		DEATH?		
Σ						_		- 1			
¥	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C/	neck only one)					
PHYSICIAN:		HOSPITAL:	utpatient 3 DOA	OTHER:	Homa 5X Reeldenca	8 Other (Specify)					
Ξl	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIA	E OF 28	c. INJURY AT	28d. DESCRIBE HO	V INJURY O	CCURED			
	1 X Natural 5 Pending	(Month, Day, Year) IN	JURY M	WORK?						
E E	2 Accident Investigation 3 Suicida e Could not be	28e. PLACE OF INJU	RY — At home, ferm,	street, fectory.	office	28f. LOCATION (Stre		er or Rural Rout	e Number,		
3 Suicida e Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(onle) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, dash occurred at the time, data and							170)				
91	29e. CERTIFIER	AN: To the heat of my kn	owledge death occur	red at the time	dete and place, and dur	to the cause(s) and	nenner ee et	ated			
₹	(Check only one) 2 MEDICAL EXAMINER:								nd menner as atated.		
	29b. SIGNATURE AND TALE OF BERAFIER				29c. LICENSE NU			TE SIGNED (M			
H	290. SIGNATURE AND VILLE UP DETINITION) 100	Ru F.C.	1000	D35345			lay 28,			
2	30. NAME AND APOPESS OF PERSON WHO				1 233343		17	m, 201	1955		
	Dr George Leon 200		, , , , , ,		MD 20602						
		32. REGISTRAR'S SE					-				
	MAY 28 93	Julia No.	dry Dul.	0							
- 1	MAY 28 93 Julia Davidson Bandalle										

IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)	Y 65 7		20	510					OF DEATH			3. TIME OF DE	ATH
	Vada (Grace	Myers	5						May 2, 1993 3:45p M					D W
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER		-	R 24 HRS.	7. DATE	OF BIRTH		A BIRTH	IPLACE (State or	Formige
	212-54-7	065	1 M 2 K F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	n. Day, Year)	190	2 M	aryla	nd
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)						ION OF D	EATH		9c. COU	NTY OF D	EATH	
DIRECTOR			Avenue	2		G	ait	her	sbu	rg		Mo	ntgo	mery	
2	RESIDENCE OF DEC	10b. COUNTY	,		100 077	Y. TOWN C		1011							
=	Maryland		tgomery	V		Gait			ra					10d, INSIDE CE LIMITS?	-
	10e. STREET AND NUMBER		ogomer,	Z .	`			ZIP COO						1 X YES 2	
RA		hland	Avenue				101		~ 087	7			meri	WHAT COUNTRY	
FUNERAL	11. MARITAL STATUS	III and		NT EVER IN U.S. AF	MED.	1 19 1	Me Dec				N? (Specify Yes			- American In	
	1 Never Married 2	Married	FORCES?	YES ZON			f yes, sp	ecify Cub	en, Mexico	an, Puerto	Rican, etc.)	or No-	Black	t, White, etc.	Hen,
BY	3XXVidowed 4 Divo	roed	IF TES, GIVE	THIN ON DATES			☐ YES	- Series I- INC	Speci	ry:			Speci	White	15.31
COMPLETED	15. DEC	EDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL O	CUPATIO	ON		16b	. KIND OF BUS	SINESS/INI	DUSTRY		
ᄪ	Elementary/Secondary (0		College (1-4 or 5	+)	Sive kind of a b. Do NOT us	or retired.)		St of Work	ing						-
P.	High Scho	ol		ŀ	lome	nake	r								
8	17. FATHER'S NAME (First, Mi	70 =						18. MOT	HER'S NA	AME (First,	Middle, Maiden	Surname)			1
BE (Charles	Eyle	r						Nor	a S	mith				A. 1
2	194. INFORMANT'S NAME (7)										ber, City or Town				
-	Allyn H.	Myers	, Jr.	F	2.0.	Box	51	5,	Dam	ascu	ıs, Ma	ryl	and	2087	2
A)	20a. METHOD OF DISPOSITI		oval from State	20b. PLACE cemetery, cre			TION (No	me of		DAT	_		City or To		.
	4 Donation 5 DOther	(Specify)		- Welle	er Me	eth.				5/6	Thu	rmo	nt,	Maryl	and
}	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Hm.														
	Nobest	L. N	fillian	w							ertn, and			unera 2-0117	T HM
	23. PART I. Enter the di	seases, or c	omplications the	at caused the de	eath. Do r	not enter	the mo	de of dy	ing, suc	ch as can	diac or respl	ratory ar	reat,	Approxi	nate
	shock, or he IMMEDIATE CAUSE (Fin		List only one ca											Onset a	Between nd Death
	disease or condition	→	Prob	suble a	ther	osel	ero.	u	CATO	diova	roculo	e des	cea c	_	years
1	disease or condition resulting in death) Probable atheroscleratic cardiovaseulor disease 5 years Due to (or as a consequence of):														
z	Sequentially list conditions b.														
CERTIFICATION	Sequentially list conditions, If any, leading to immediate														
2	CAUSE (Disease or Injury														
<u></u>	that initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	OUENCE O	F):									
H			1												
١٢	PART II. Other significe	nt condition	contributing to	death but not	resulting	in the un	derlyin	ceuse	given in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY	
MEDICAL											PERFOR			COMPLETION OF	
											1 123 9	Zino		OF DEATH?	NO
														1 129 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF I	DEATH (C)	heck only or	ne)				
Sic	1 YES 2 1 NO	[HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER	1:		/	6 🗆 Othe				/	
主	27. MANNED OF DEATH		26a. DATE O		28b. TIM	E OF	28c. INJ	URY AT		T	SCRIBE HOW II	NJURY OC	CURED		
BY		Pending Investigation	(MONII), I	Day, Year)	ING	URY M		RK? /ES 2	NO						31
	2 Culatda	Could not be	28a. PLACE (OF INJURY — A1 ho	ome, farm,	street, fact	ory, offic			281. LOC	ATION (Street a	nd Numbe	r or Rural F	Route Number,	
크		determined	Contains	, www. (Specify)						City	or Town, State)				
COMPLET	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best o	f my knowledge, de	eath occurr	ed at the ti	me, dete	and place	a and due	to the car	use(s) and man	mer se ete	ted		
ž I			R: On the basia of a) and manner as	stated.
	29b. SIGNATURE AND TITLE								ENSE NU			_			
BE	/-	/7	\times							050	5		SIGNED	Month, Day, Yea	,
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27) /7/ma	Print)		ט	J. (2)				1-1	,,,	
	Nathan We						on	Dri	ve.	Fre	ederi	ck.	Mary	vland	2170
		Year)	32. REGISTR	AR'S SIGNATURE											7
	31. DATE FILED (Month, Day,	19			Manda	200									



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I'ME MOSPITAL OR ALL'ENDING PRISIDIANT I DE LAW REQUIRES THAT THE DEATH CERTIFICATE DE EXECUTED WITHIN 24 NOUTS After Death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defactive		
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		FOR 1 - STATE	STATE OF N	MARYLAND /	DEPAF	RTMEN	T OF H	EALTH	AND M	IENTAL HYGIE		93	16837	
		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICAT	E OF	DEAT	ГН	REG. N	D.			
		D'Acry	Edwin	Marsh	nall					Month May 25	, 199	YEAR 3	6:00 A	
		4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. In:		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		B. BIRTNPI	ACE (State or Foreign	
是多			(X M 2 □ F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	May 25	, 19) goungy)	aryland	
LED)	000	9a. FACILITY NAME (If not institution, give street	et and number)			96. CIT	Y, TOWN O	R LOCATIO	ON OF DEA	DEATH 9c. COUNTY OF DEATH				
	Ę	907 Springfield	Avenu	le			Ca	mbr	idge	e Dorc			nester	
100	DIRECTOR	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					Od. INSIDE CITY	
physician. burlal-transit permit. Page		Maryland Doro	hester	•	Cambridge							3	LIMITS?	
it per	FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITI		AT COUNTRY?	
cian. Ftrans	N.	907 Springfield	AVERU		Meo				1613					
the fire	В	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES X2X	NO		It yes, spe	cify Cuber	n, Maxican,	en, Puerto Rican, atc.) Black,			- American Indian, White, atc. White	
	TED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16e. DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin	0	16b. KIND OF BI	JSINESS/IND	USTRY		
Q 20	COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5 +) life	live kind of a Do NOT us	se retired.)	Dri	ver						
the hospital detached for once.	OM	17. FATHER'S NAME (First, Middle, Last)				uck Driver								
8 8 a	BE C	Arthur J	. Mars	hall						rine Co				
5 should notified	0 8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code									
ge 5	F	John Marshall			907	Spi	ing	fiel	Ld A	ve. Cam	bridg	ge, M	ld. 21613	
e 6 m rector,		20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remova 4 Donation Donation Donation	i from State	20b. PLACE A cemetery, cre Dor.	AND DATE OF OF OF OF OF	of DISPOS ther place!	a 1	_{ne of} Park	5		n brid			
death. Page tuneral direct. Lexaminer n		21. SIGNATURE OF FUNERAL SERVICENCEN	SEE			22.	NAME AN	DADDRES	S OF FACIL	ЛТҮ				
r death. he funera al. examir		Ather War	4							al Home	nidae	Mai	. 21613	
ours after of in by the or removal		23. PART I Enter the diseases, Dr con shock, or heart fellure. Lis	plications that	csused the de	ath. Do n	ot antar	tha mod	la of dylr	ng, such	ss cardiac or reap	lratory arn	est,	Approximata	
		IMMEDIATE CAUSE (Final		i		1			. 1	1			Onset and Death	
ed within 24 in ompletely fille il, cremation, event, the		disesse or condition resulting in death)	Ce	PebRU	vas	cu/	CR	966	ide	nt				
and comp o burial, c	_	DUE TO (OR AS A CONSEQUENCE OF):												
ite be executed ysician and cor prior to burial, traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate our TO OR AS A CONSEQUENCE OF):												
leath certificate be attending physician mtal Hygiene prior to y, or other traun	CA	CAUSE (Disease or Injury]	
certificate ding physic tygiene pri r other tr		that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF	·):								
death of attendental Hy. or	CEF	d												
를 보고 를	AL	PART II. Other algnificant conditions of	ontributing to d	death but not r	eaulting I	n tha ur	darlying	cause g	Ivan in Pa	ert I. 24s. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
signed by Health and	MEDICAL	very day	10/0							_ 1 _ YES		cc	OMPLETION OF CAUSE	
sh of			4/0	er 1						-		11	YES 2 NO	
ATTENDING PHYSICIAN: The law CTOR: After this certificate has b after death with the State Dept. 28 is marked, or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			02115		CE OF DE	ATH (Check	only one)				
certific the Si	IYSI		Inpatient 2				ing Nome		ildence 6	Other (Specify)				
	PHY	1 Netural 5 Pending	(Month, Day		26b. TIME INJ	E OF URY	28c. INJU	K?	_	6d. DESCRIBE HOW	NJURY OCC	UREO		
NDING I: After r death Is mar	0 8)	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	(NJURY — At hor	ne, term, <i>a</i>	treet, fact		S 2 [Bt. LOCATION (Street	and Number	or Aurel Acut	n Mumber	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ш	4 Nomicide detarmined	building, e	tc. (Specify)			,			City or Town, State	ino ivombor (or ribrar ributi	e rearriber,	
AL DIRECTOR A DIRECTOR NO. 172 hours	7	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as ateted.												
	COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.												
五五百	BE (29b. SIGNATURE AND THOSE OF CERTIFIER	M . 1	140.0	`				YSE NUMBE	R	29d. DATE	SIGNED (MC	onth, Pay, Year)	
₽ ₽ ₽ ₹	2	30. NAME AND ADDRESS OF PERSON WHO CO	MPI ETEO CAUSE	MIN.)	21.11		1)-	7376	1 7		5/26	143	



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

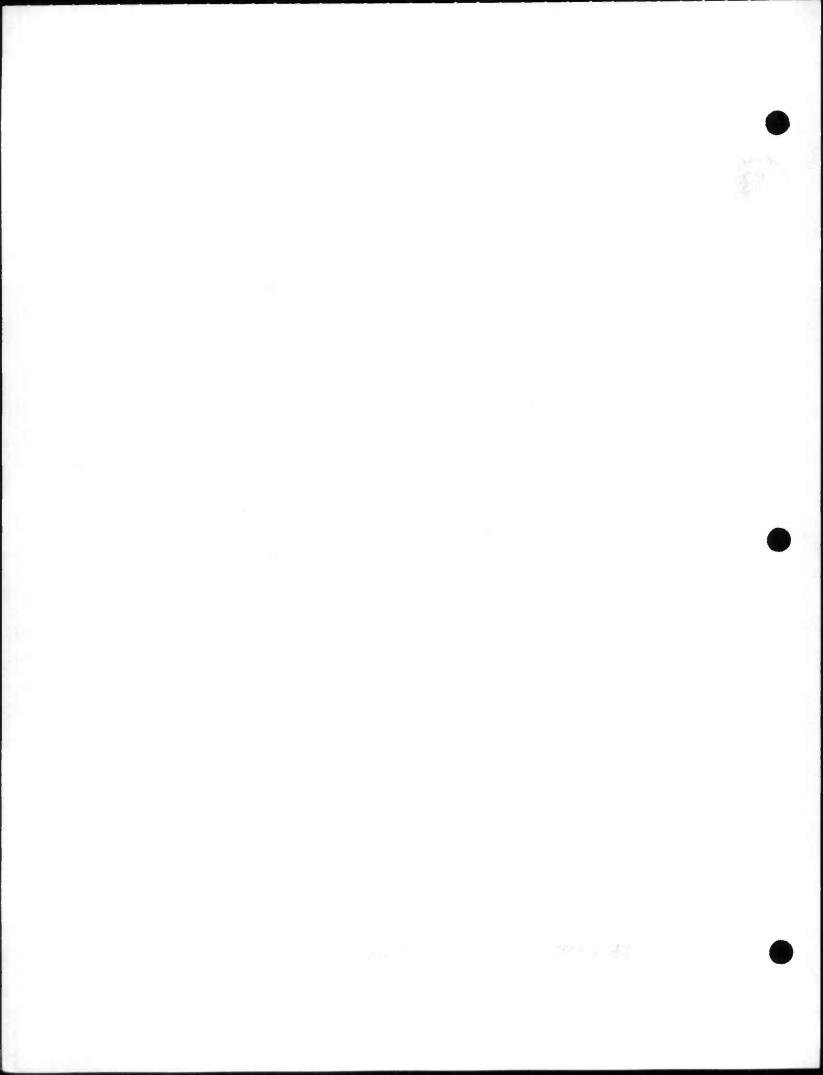
'93

32. REGISTRAR'S SIGNATURE

a Javidson-Randell

31. DATE FILED (Month, Dely, Year)
MAY 27

DHMH-16 Rev 1/89



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BALLIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page for differ the complete of the funeral director, page	be med writin /z incus are used; with the State Dept. or result and wenter prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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SITISION OF THAT RECORDS, P.O. BOA 80/60,	S.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in by the formal statement of the completely filled in the comple	Ten I
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	1 - STATE REGISTRAR	STATE OF MARYLAND / E	DEPARTMENT OF RTIFICATE O	HEALTH AND F DEATH	MENTAL HYGIEN	_	10000					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	FRANCIS BRO			TTHEWS, J	5 au	4 9 S	3150 m					
		6. AGE (In yrs. lest b	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	6. BIRT Coun	HPLACE (State or Foreign try)					
	220-03-4284 1 9e. FACILITY NAME (If not institution, give stree	 	YRS.	133	10-08-19		ryland					
Œ	PHYSICIANS MEMORIA	L HOSPITAL	LA PI	N OR LOCATION OF $\mathfrak c$	DEATH	CHARLE						
DIRECTOR	RESIDENCE OF DECEDENT					CHARLE	3					
RE	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?					
	Maryland Char	:les	La Plata	l			1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			WHAT COUNTRY?					
N	309 Washington A	AVE. P.O. BOX 2. WAS DECEDENT EVER IN U.S. ARME		20646		USA						
	1 X Married 2 Married	FORCES? 1 THE 2 PARTY OF THE 2 PARTY	II yes,	specify Cuben, Mexic	NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, ck, White, etc.					
ВУ	3 Widowed 4 Divorced	W II	10,	ES 2 NO Spec	ify:	Wh.	ite /					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		EDENT'S USUAL OCCUPY kind of work done during	TION	16b. KIND OF BUS							
		College (1-4 or 5+)	NOT use retired.)		Dept of	Agric	ulture					
MP	12	Soi	l Technic	ian	US Gove	rnment						
	17. FATHER'S NAME (First, Middle, Last)	1			AME (First, Middle, Meiden							
BE	Francis Brook Ma 190. INFORMANT'S NAME (Type/Print)				Jones Ma							
2	Mary Clare Matth				Route Number, City or Town							
	20a. METHOD OF DISPOSITION	20h PLACE ANI	D DATE OF DISPOSITION				CA-A-					
	20b. PLACE AND DATE OF DISPOSITION 13/2 Burdel 2 Cremetton 3 Gremoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of oate of capacity, or other place) 20b. PLACE AND DATE Of DISPOSITION (Name of oate of capacity, or other place) 20b. PLACE AND DATE Of DISPOSITION (Name of oate of capacity) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City o											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Arehart-Echols Funeral Home, Inc.											
	23. PART I. Enter the Diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate											
	interval Batween											
	disease or condition	Consister 11	east Fa	Ime			Onset and Death					
	resulting in death) e	DUE TO (OR AS A CONSEQUE	ENCE OF):	Λ Λ .								
Z	Sequentially list conditions,	acute 11	morardi	ul Info	utun		!					
Ĕ	if any, leeding to immediate	OUE TO (OR AS A CONSEQUE	ENCE(DF):	0								
일	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUE	ENGE OF									
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (ON AS A CONSECUE	ENGE OF):									
	d											
I¥	PART II. Other significant conditions c		suiting in the underly	ing couse given in	Part I. 24a. WAS AN . PERFOR		. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
MEDIC	- Kuml Failu	1.	Jubells	Mellio	1 TYES 2	□ NO	COMPLETION DF CAUSE OF DEATH?					
	Chrimin		1 1 1 1		_		1 - YES 2 - NO					
AN	25. WAS CASE REFERRED TO MEDICAL	4 Trutten h	upt 14	p								
PHYSICIAN:	EXAMINER?	OSPITAL:	OTHER:	NEACE OF OEATH (C								
H	27. MANNED OF DEATH	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY		ome 5 Residence	8 Other (Specify) 28d. DE\$CRIBE HOW IN	HIRV OCCURED						
	2 1 Accident 5 Pending Investigation	(Month, Day, Year)	INJURY	VORK?	SUBJECT FEL							
Э ВУ	2 (Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY AI home	OTALL		28I. LOCATION (Street e		Route Number,					
Ë	4 Homicide determined	building, etc. (Specify) YARD			City or Town, State) 309 WASHINGTO							
PLE	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, death	n occurred at the time, d	Ite end piece, end du			ILAIN, IID.					
COMPLETED		On the basis of exemination end/or invi					e) end manner ee stated.					
	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU		29d. DATE SIGNED						
) BE	7.5.	7 & Dunly M	n		009	▶ 5-8	24-93					
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH (ITEM 2	27) (Type, Print)	, , , ,		3						
	Henry L. Burke MD	115-A LaGrange	Avenue.	2.0. Box	591. IaPlat	a. Marul	and 20646					
	31. DATE FILEO (Month, Day, Year)	Juna Day door - Hand	الماك	1078		THE TOTAL VI	7.0040					
	MAY 2 (33	7	-									

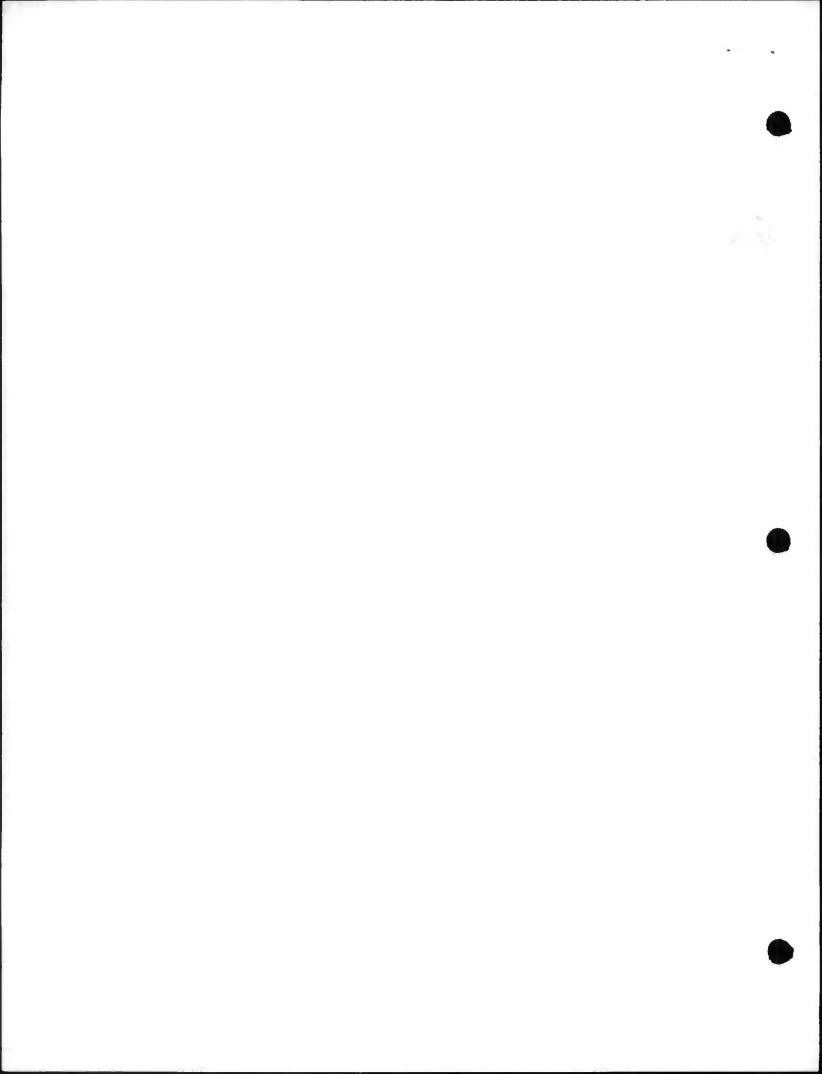
for the

s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache emoval.	fical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache tified within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F		/ DEPARTMENT				MENTAL	HYGII	ENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. I	NO.

93 16839

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN		93 16839	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	James Latl	nam M	attingly,	Sr.		May 26,		1:19 P. M	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	6.	BIRTNPLACE (State or Foreign	
	220-16-9142 9e. FACILITY NAME (If not institution, give stre	1 ⊠ M 2 □ F 68	YRS.	DAYS DAYS	HOURS MIN.	Feb. 8, 1		Maryland	
DIRECTOR	Box 22 Chaptico Hu			Chaptio			St. Mary's		
입	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY	
8	Maryland St	. Mary's	Cha	aptico				LIMITS?	
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	Box 22 Chaptico H	urry Road			20621			U.S.A.	
5		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian, Black, White, etc.	
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, atc.)		Specify: White	
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a, DECEOENT'S US (Give kind of work life. Do NOT use r	k done durina moi	N at of working	16b. KIND OF BU	SINESS/INDUS	TRY	
اڌ	Elementary/Secondery (0-12)	College (1-4 or 5+)		,		Chaha	TT 2 b	un Naturia	
N N	8th Grade 17. FATNER'S NAME (First, Middle, Last)		Mechan	11C				y Admin.	
		Mattalan - Jan				ME (First, Middle, Melden	-		
H	William Henry 190. INFORMANT'S NAME (Type/Print)	Mattingly		DDF00 (0)	Mazie	Ann Route Number, City or Tow	Latha		
2	James L. Mattingly	v. Jr.						, Md. 20621	
	20e. METHOD OF DISPOSITION		PLACE OF DISPOSIT			-	_	or Town, State	
	1X Burial 2 □ Cremetion 3 □ Remov	ral from State	other place)						
ı	21. SIGNATURE OF FUNERAL SERVICE LICE		arles Men		D ADDRESS OF FAC		naruto	wn, Maryland	
	Fro 0 NE	19 1.		Matti	ngley-Gar	rdiner Fun	eral H	iome, P.A.	
	1 Juchael	gardiner						vland 20650	
	23. PART Enter the diseases, or co shock, or heart feilure. Li		ch line.				iretory srrest	interval Between	
	iMMEDIATE CAUSE (Fine) disesse or condition	1 1	n/	22 727 5	leat	7-1	7	Onset and Death	
- 1	resulting in deeth)	Heura A	1740	car	era (+ Mo	nace		
_		· I not to four as a	77 07,			/		1	
0	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):			- 50			
¥	if sny, leading to immediate cause. Enter UNDERLYING								
Ĭ.	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions	contributing to death by	it not seculting in	the mederical	. sausa abas la	Part i. 24a. WAS AF	ALITODOV	24b. WERE AUTOPSY FINDINGS	
¥	PART II. Other significant conditions	Contributing to death of	it not resulting in	the unverlying	Cause given in	PERFO		AVAILABLE PRIOR TO	
ă						1 YES :	NO	OF DEATH?	
Σ						_		1 TYES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF DEATH (Ch			/	
S	EXAMINER?	HOSPITAL:		THER:	1				
4	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpo	28b. TIME	□ Nursing Hom	URY AT	6 Other (Specify) 28d, OESCRIBE NOW	IN HIRV OCCIN	DEO.	
4	1 Natural 6 Pending	(Month, Day, Year)	INJUF	TY WO	PIKY	Edd. OLGONIDE NOW		120	
BY	2 Accident Investigation 3 Suicide a Could get be	26e. PLACE OF INJURY	— At home, farm, str			2sf. LOCATION (Street	end Number or	Rural Route Number.	
	4 Homicide 6 Could not be	building, etc. (Speci		,		City or Town, Statu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COMPLETED	294. CERTIFIER								
MP	(Critical Daily	IAN: To the best of my knowle		2000				ceuse(e) and menner as stated.	
8		11/	onabi investigation,	in my opinion, o					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	AA			29c. LICENSE NUI	MBER	29d. DATE 8	HGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED AFFINE OF DE	TH //TEM AT /5-	nine)	117	7//	J. J.	127/93	
	. 4 .71	-/		•	M 7	- 3 20450	/	/	
	Dr. James Boyd, M	Andrew Commence of the Commenc		iratown	, Marylar	na 20650			
	MAZ 8 '93	12 HOUSTRAPS SIGNI	n-Handade						



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
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IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Richard

RICHMAN

MAY 1 8 1993

31. OATE FILED (Month, Day, Year

2

93 16840 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY MUNRO HTM 5 OF 93 20 Claire J. 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F 216-40-9984 Dec. 1 1942 MASS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Delaware Sussex Fenwick Island 1 X YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26 Wilson Lane 19944 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Narried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: ВҰ 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done thuring most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Owner Hardware Store 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Angelo Miranda Claire Nazarro 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Timothy J. Munro 26 Wilson Lane, Fenwick Island, DE 19944 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Redmen's Cemetery 5/20/93 Selbyville, DE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Res U Hastings Funeral Home, Selbyville, DE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heart fellure. Liet only one cause on each lina. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) . MASSIVE INTERCRANUL HEMORRHAGE HUGES OUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO ALCOHOLISM COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 AO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🗹 Natural BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29s. CERTIFIER
(Check only one)

29 CERTIFIUM PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(s) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

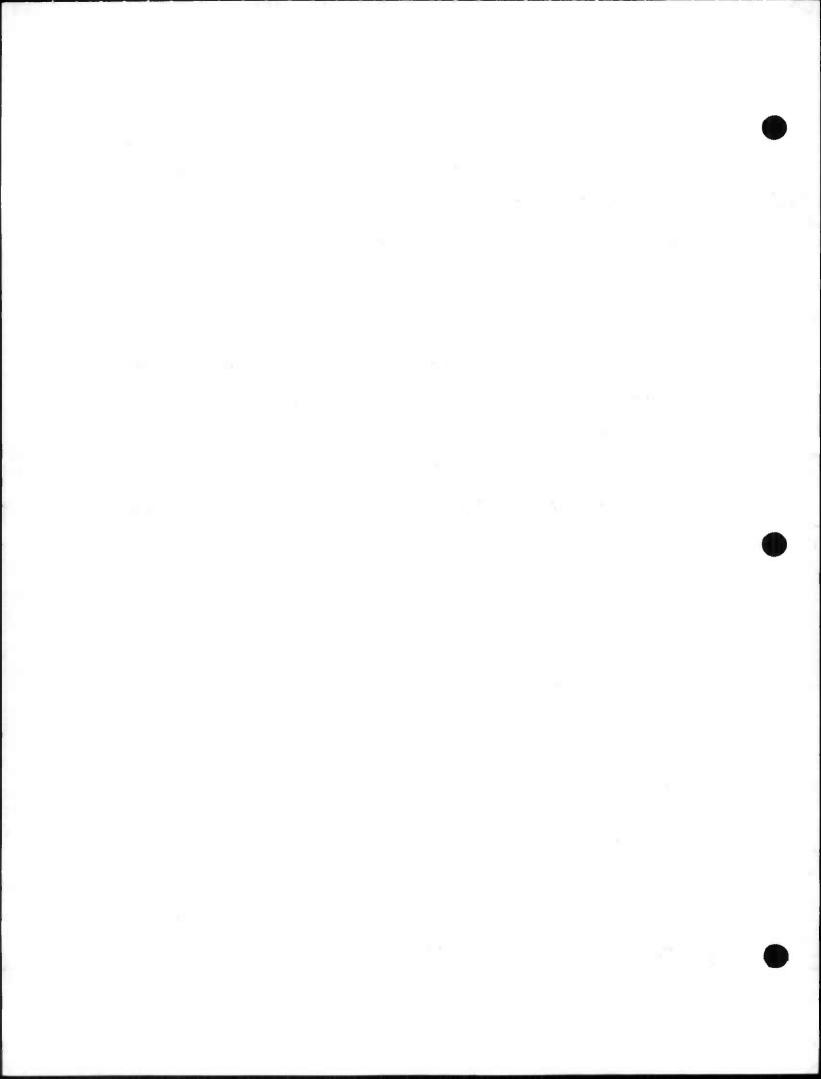
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 560 ELLONSOE DR-B-204 BIRD MD 32. REGISTRAR'S SIGNATURE a Davidson-Randalle

0-22132

ElDinel WD

6-

5-14-93



30

DHMH-18 Rev 1/89

2. DATE OF DEATH

7. DATE OF BIRTH

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Belote

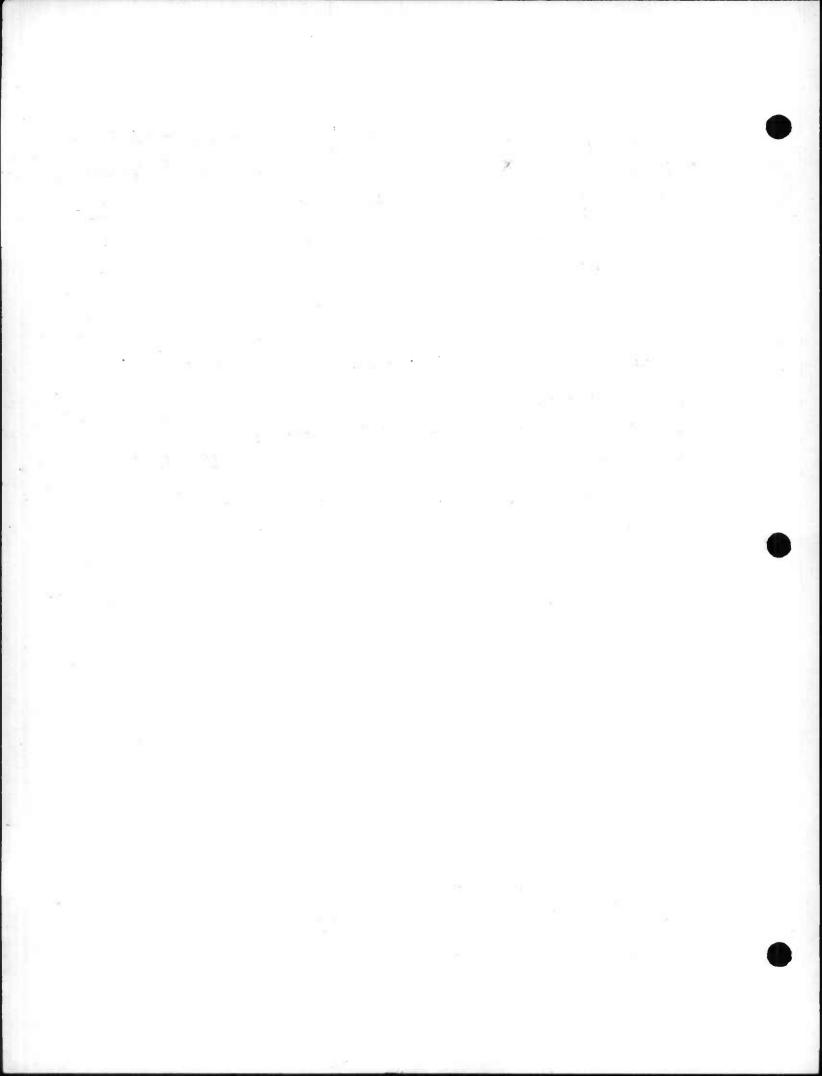
8. AGE (In yrs. last birthday)

S. SEX

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be P.O. RECORDS, OF VITAL DIVISION

DAYS HOURS MIN. IRGINIA 5088 1 M 2 6 9b. CITY, TOWN OR LOCATION OF DEATH e. COUNTY WOR CESTER DIRECTOR comoke 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY NORCESTER ocomoke YES 2 NO FUNERAL 101. ZIP CODE log. CITIZEN OF WHAT COUNTRY? SA 2185 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY K 4 Divorced 3 Widowed ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Aborer ARm COMPL WORK once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna tester Ħ BE notified 19b. MAILING ADDRESS (Street and Number or nber, City or Town, State, Zip Code) 2 Box ISON n Docomoke Md pe METHOD OF DISPOSITION 20h. PLACE OF DISPOSITION (Nat 20c. LOCATION - City or Town, State must nation 3 🗆 Re ☐ Cre Hope Donation 5 - Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner NHARTON 070 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapira attending physician and completely filled in by intal Hygiene prior to burial, cremation, or remo Approximste shock, or heart fellure. List only one cause on feach line Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease pr condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic NO Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CERTIFICATI CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 signed by the atter Health and Mental Dept. of Health and Mental PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAR ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO this certificate has been PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item State HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Homs 5 Residence 8 - Other (Specify) the 9 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Netural 5 Pending 1 YES 2 NO BY death 2 Accident DIRECTOR: After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Sulcide 8 Could not be COMPLETED hours after 28 4 Homicide tem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my languages, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (Ξ 2 MEDICAL EXAMINER: On the basic of an IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFUE 光 THE BE 306 51 2019 223 2 30. NAME AND AGORESS OF PERSON Rivonside WELL 0 31. DATE FILED (Month, Day, Year)
MAY 2 0 1993 32 REGISTRAR'S SIGNATURE Andales



1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF I	IEALTH AND DEATH	MENTAL HYGIEN		3 15842
1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF OEATH	AY	3. TIME OF DEATH
CHARLES	LAMONT		MOSES	5	04 24	199	3 1:58 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month,-Day, Year)	65	BIRTHPLACE (State or Foreign Country)
9s. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF OEATH
IN FRONT OF 74	6 LINNARD	AVENUE	BALT	MORE			
MD 10b. COUNT	Himoro	10c. CITY,	O Lim	TION ()			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	at Park A	un Belde	more 10	ZIP CODE	,	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISDA	NIC ORIGIN? (Specify Yes	9	I. RACE — American Indian,
1 Nover Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		in, Puerto Rican, atc.)	1. WHO	Black, Whits, etc. Specify:
15. DECEDENT'S EO (Specify only highest grad	UCATION le completed)	16a. OECEDENT'S US	UAL OCCUPATION	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1/4 or 5+)	illa Do NOT use refered)					tis
17 SATHER'S NAME (First, Middle, Last)	2 .			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumarge)	
Thomas III	Oses			Em	ockinic.	Mou	Hore
19s. INFORMANT'S NAME (Type/Print)	. / .	19b. MAILING AL	DRESS (Street)	nd Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)
Krnestine MOZ	Utlie	4/170	U. Pa	ell aux	. Batti	more	Md 21207
20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Res C Donation 5 Other (Specify)		b. PLACE AND DATE OF I metery, crematory or other CROShip		me of	0ATE 20c. LO	CATION — CH	y or Town, Stats
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Andles	,	22. NAME AI	D ADORESS OF FA	CILITY FORAS	Fur	ene sewice
23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on	sech line.			h as cerdiec or respi		Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE OF):					
PART II. Other significent condition	ns contributing to deeth	but not resulting in t	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1			10F 0F 07-7-			
EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch			
27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Out 28s. DATE OF INJURY	patient 3 DOA 4			8 X Other (Specify) 28d. DESCRIBE HOW I		FREET
1 Natural 5 Pending	(Month, Day, Year)	INJUR	wo wo	RK?			TED
2 Accident Superior Control of the Place of the Muley At home form story delice.							
4 Nomicide 8 Could not be determined	building, stc. (Spe	icify)			IN FROM	OF	746 LINNARD
29s. CERTIFIER		ON ST			AVENUE		IMORE, MARYLA
(Check only	ER: On the basis of examination						21229
29b. SIGHATURE AND TITLE OF CERTIFIE	hell			29c. LICENSE NUM			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	n()	O.C.M.	. С.	- 02	1/24/1993

Penn Street,

32. REGISTRAR'S SIGNATURE Chia Laigdson

Baltimore, Maryland

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flevirs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Your)

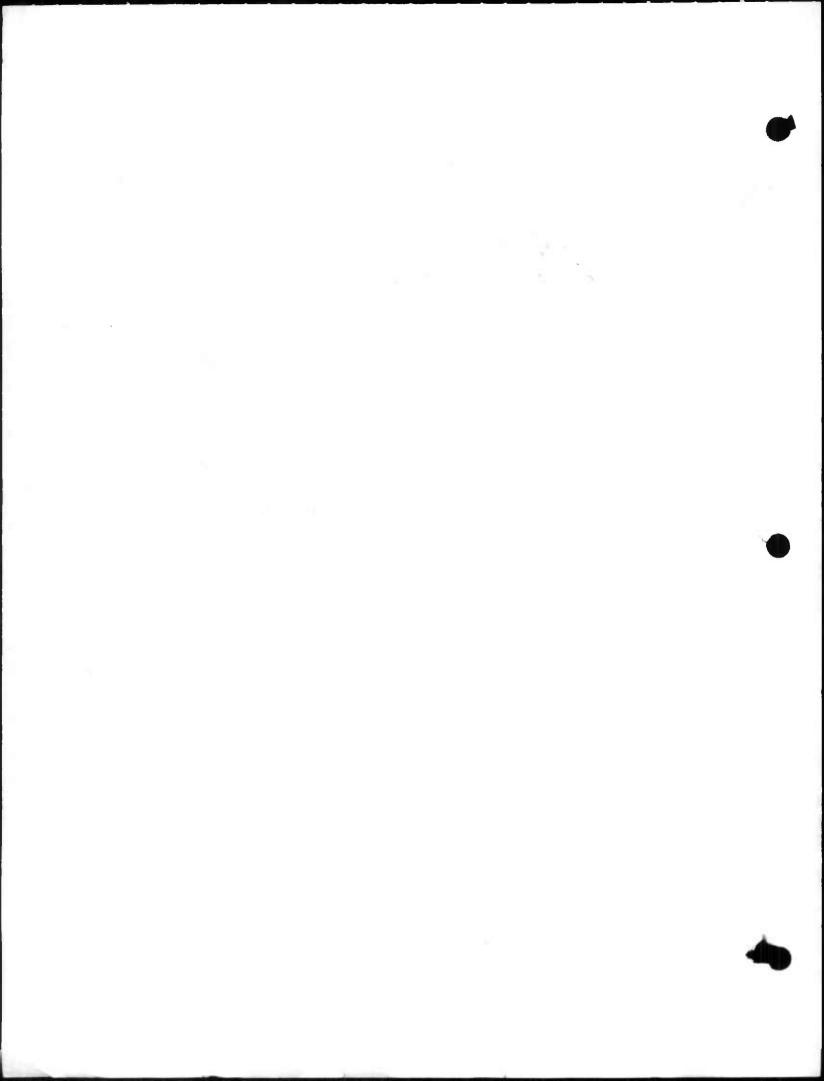
APR 2 7 1993

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-18 Rev 1/89

21201



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	NT OF H	EALTH AND I	MENTAL HYGIEN		0 10040
1	1. DECEDENT'S NAME (First, Middle, Last) MINNIE MAE	2 McCra	ry			2. DATE OF DEATH MONTH D	8 3	EAR 3. TIME OF DEATH A
	219-34-1109	5. SEX 6. AGE (In yrs.	YRS. MONTH	2.5	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-19-1	1	BIRTHPLACE (State or Foreign Country) NC
OR	9e. FACILITY NAME (If not institution, give street Harford Mem	it and number)			de Gra		111111111111111111111111111111111111111	ford
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN					10d. INSIDE CITY
	MD Harf 10. STREET AND NUMBER	ord	Havre		Grace ZIP CODE		10g. CITIZEI	1 TYES 2 X NO
FUNERAL	2209 Williams	Drive 12. WAS DECEDENT EVER IN U.S.	ADMED	2 WE DEC	21078	IIC ORIGIN? (Specify Ye		USA usa
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 200	Seo '	If yes, spe	city Cuben, Mexica 2 X NO Specify	n, Puerto Rican, etc.)	1 or No 14	. RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDUCA: (Specify only highest grade co Elementary/Secondary (0-12)	impleted)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e durina mos	N t of working	16b, KIND OF BU	SINESS/INDUS	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		housewi	fe	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE C	James Leach				Beula	h		
2	Della Horne					Poute Number, City or Tow		,
	20e. METHOD OF DISPOSITION 1 Deniel 2 Cremation 3 Remove	al from State 20b.PLAC	CE AND DATE OF DISPLACEMENT OF OTHER PLACEMENT OF O	OSITION /Nan				or Town, State
	4 Donation 5 Other (Specify)	Ber	rkley Ce	2. NAME AN	D ADDRESS OF FA	CILITY		ton, MD
	· lale 1/2	en f		P.O.	Box 1	rd Funera 88 Havre	de G	race. MD
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	mplications that caused the st only one cause on wach if	death. Do not ente	er the mod	le of dying, suc	h as cardiac or reap	ratory arres	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardo OUE TO JOH AS A DONE	av ar	res	+			Onset and Death
NO	Sequentially list conditions,	QUOTIC DUE TO (OR AS A COM) lucen	lealy	pulle	y . a	14	
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONT		U	(1		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OH AS A CONS	SEGUENCE OF JE					
AL C	PART II. Other significant conditions	contributing to death but no	t esulting in the	underlying	cause given in	Part I, 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
MEDIC	Prince	es nach	res .			1 [] YKS 2		COMPLETION OF CAUSE OF DEATH?
	Menin	Stores.				_		1 TES 2 NO
SICIAN:		OSPITAL:	3 DOA OTHE	ER:	ACE OF DEATH (CN	eck anly one) 6 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Penting	26s. DATE OF HUJURY (Month, Day, Year)	265. TIME OF INJURY	25c. INJU	RY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED CI
BY	2 Accident Investigation 3 Suitcide 6 Could not be	36s. PLACE OF INJUSTY AL	home, farm, street, fe		ES 2 NO	281. LOCATION (Street)	and Number or	Rural Houle Number
ETED	4 Momicide determined	building, etc. (Specify)				City or Town, Study)		
COMPLET		N: To the best of my knowledge, On the bests of examination and/o						
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Prian I (for lu	P	DUST	S Z	29d. DATE S	IGNED (Morith, Only, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	TEM 27) (Type, Print)				-	
	31. DATE FILED (Month, Day, Year) JUN 02'93	32. REGISTRAR'S SIGNATURE	Pandall					

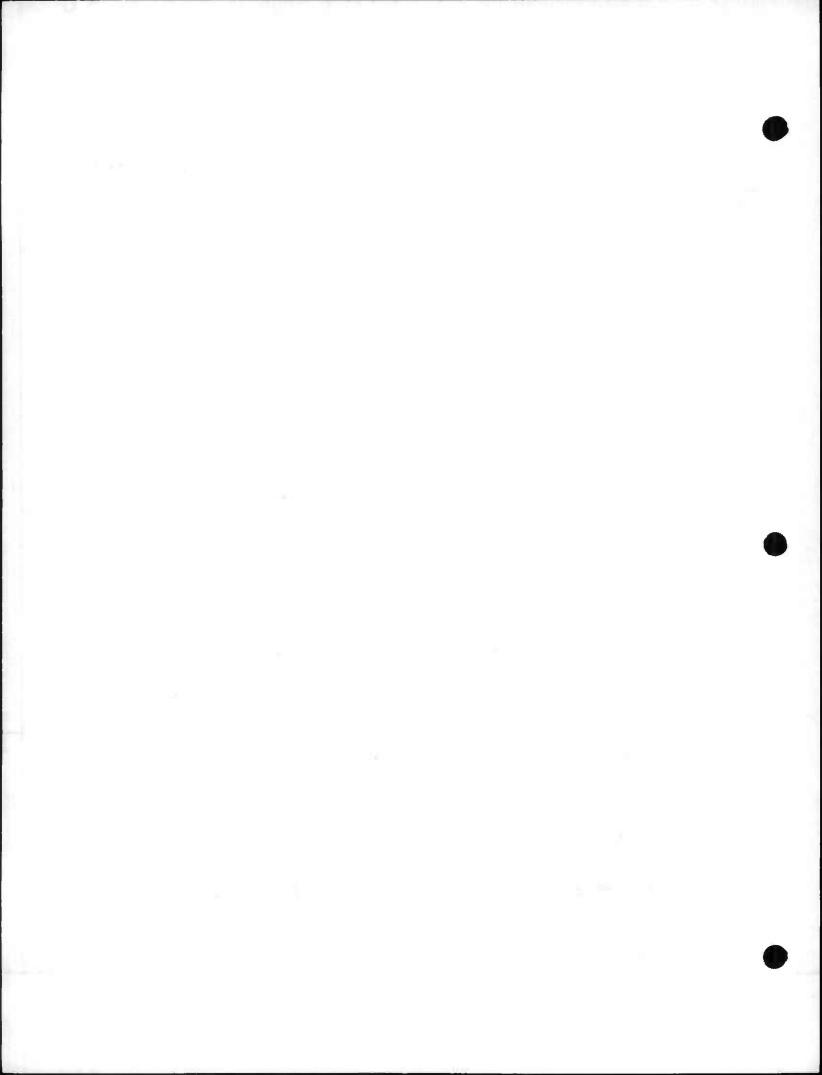
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DHMH-16 Rev 1/89

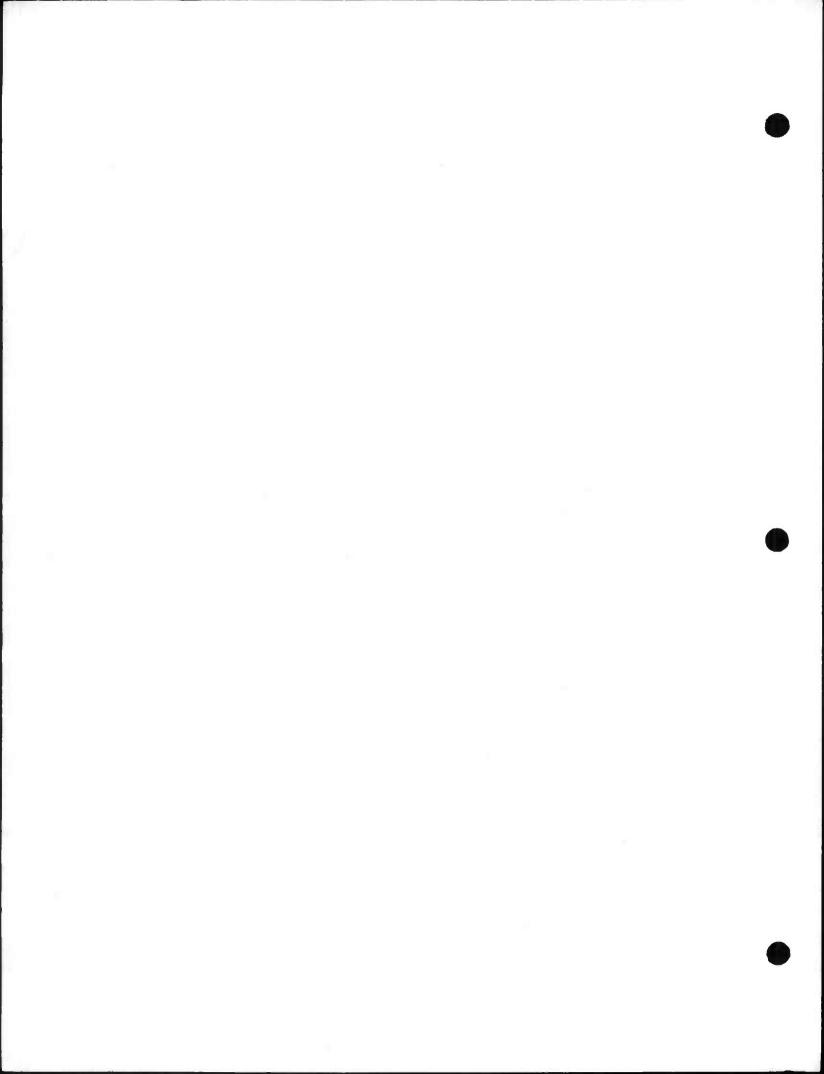
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	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, e filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
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		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).	
	- 9	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
		Hazel			Mino	r	May 10,		8:15 A.M. w
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign
P		224-20-3351		1 YRS.	120146		(Month, Day, Year) Sept. 18, 1	1921	/irginia
Antonia.	œ	Sa. FACILITY NAME (If not institution, give st			9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY C	
	DIRECTOR	Medlantic Manor	@ Layniii		<u> </u>	Silver Sp	ring	Monto	jomery
	350	10e. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LO	CATION			10d. INSIDE CITY
~		Maryland Mont	tgomery	S	ilver S	pring			1 YES 2 NO
physician. burial-transit permit	FUNERAL		Bel Pre Roa		- 1	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
an. ransit	MER	Medlantic Manor @			me	20906		Unite	ed States
physician burial-tra	E	11. MARITAL STATUS 1 [X] Never Married 2 Married	12. WAS DECEDENT EVER I	2 X XNO	13. WAS E	ECENDENT OF NISPAN apecify Cuban, Mexican	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14, F	RACE — American Indian, Black, White, etc.
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗆 Y	ES 2 XNO Specify			Black
or attending r use as the	G	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S			16b. KIND OF BU	I SINESS/INDUSTF	
for us	E .	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the. Do NOT u	work done during se retired.)	most of working			
he hospital o detached for once.	COMPLETED	8th grade		Domes	tic Wor	ker	Dom	nestic	
	00	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Meiden	Sumame)	
ed by t	BE	Joshua		Minor		Minnie	<u>_</u>		Sanka
should 5 should notified	2	Mary L. Minor (da	wahtam)				Number, City or Tox		
may be or, page st be		20a. METHOD OF DISPOSITION		b. PLACE AND DATE			W.; Washing	CATION - City of	
9 8 2		1 🕅 Burial 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donation 6 🗆 Other (Specify)	val from State	metery, crematory or o	n Natio	nal Cemet		150	Maryland
Page al direct		21. SIGNATURE OF FUNERAL SERVICE LIC			7	AND ADDRESS OF FAC	NI PTV		
		I from mode	They of		3831	Georgia /			ral Home D ₂ C. 20011
d in by the or removal.		23. PART I. Enter the diseases, pr c	omplications that cause	ed the death. Do					Approximata
		shock, or heart failure. I IMMEDIATE CAUSE (Finel	.ist only one cause on a	each line.	,			,	Interval Between Onset and Death
		disease or condition resulting in death)	Klena	1 Fo	ti/ux	7			
ted within 24 completely fills ial, cremation, event, the		resulting at death)	DUE TO (OR AS	A CONSEQUENCE O	F):				
	Z	Sequentially list conditions,	trypo	Aons we	- C	en disu	myo pot	They	
8 " 2 E	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TOYON AS	A CONSEQUENCE O	F):		0	/	
eath certificate be attending physician mal Hygiene prior b	FIC	CAUSE (Disease or Injury that initiated events	DUE TO OR AS	CONSEQUENCE O	J100				
nding Hygie	E	resulting in death) LAST	Diale	ites	meli	1, fan	-		
		PART II Other elgoifficent condition	and thusbands do do st.		U.	7 3			
1 20 1	DICAL	PART II. Other algnificant conditions	contributing to deeth i	but not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ires the signed fealth	ED						1 🗆 YES :	2 NO	OF DEATH?
of H	ME				<u> </u>				1 YES 2 NO
SICIAN: The law requires the certificate has been signed in the State Dept, of Health 5, or item 23 shows any	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ock only one)		
State	Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	tpetient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence			
S cert	Ť	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0
ig PH er thi ath w	BY	1 Netural 5 Pending 2 Accident Investigation	(110111, 00), 100,			YES 2 NO			
R: Att		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, ecify)	street, factory, o	fice	28f. LOCATION (Street City or Town, State		ral Route Number,
RECTO TITS aff					_				
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt IMPORTANT: If Item 28 is marked, or Item 23 shows a	COMPLETE		CIAN: To the best of my know						
UNER ITHIN	Ö	2 WEDICAL EXAMINES	R: On the basis of examination	on and/or investigation	on, In my opinior	, death occured at the	time, date and place, a	nd dus to the cau	se(a) and manner as stated.
THE F	BE	286. SIGNATURE AND TITLE OF CONTIFIER				29c. LICENSE NUM	IBER		NED (Month, Day, Year)
2 2 2 W	6	30, NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (See	Defeat	1 1 2 2	01/	May	10, 1993
1						Wheator	Marylan	d 20002	
(4)		M. Wajeed Khan, 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE 📞	Ayenue	, wileator	, mary ran	4 20302	
		MAY 1 9 1993	32. REGISTRAR'S SIGN	dson-Aanda	الاكم				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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		1 - REGISTRAR		CE	RTIF	ICATE O	F DEATH	MENIAL	REG. NO	-	- 0	10040
		1. DECEDENT'S NAME (First, Middle, Lest)					DEMIN	2. DATE O		•		3. TIME OF DEATH
		Rose	MALONE	1				MONTH	De	AY	YEAR	1 3
	-1	4. SOCIAL SECURITY NUMBER 5						0	13	2+	93	/ - U3 M
		The state of the s		(In yrs. les		IF UNDER 1 YEAR	-	7. DATE OF (Month,)	BIRTH Day, Year)		Count	IPLACE (State or Foreign
	-1	970 10 0051		90	YRS.			9-1	7-02		M	ash.,D.C.
8	-1	9a. FACILITY NAME (If not institution, give stree	it and number)			96. CITY, TOW	OR LOCATION OF	DEATH		9c. COL	UNTY OF D	EATH
1 8	5	SO. MANY/A	LND HO	SPITT	40	01	WION			1>0	WEA	= Por (00)
ÌÈ	5	RESIDENCE OF DECEDENT	110.	2/1/			12/010			R	MER	GXDL Vas
l ji	<u> </u>	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
o company	5	Md. Prince	e George's		F+	.Washir	aton					LIMITS? 1 YES 2 X NO
		10e. STREET AND NUMBER	s ocorge s		1 2 0	T	101. ZIP CODE			10- 017	FIZEN OF V	WHAT COUNTRY?
140	È	7907 Vernon Drive					20744					States
	2	11. MARITAL STATUS		W								
	2	1 Never Married 2 Married	2. WAS DECEDENT EVER FORCES? 1 YES			13. WAS D	ECENDENT OF HISP. specify Cuban, Mexic	ANIC ORIGIN? (Specify Yes	or No-	14. RACI	— American Indian, k, White, etc.
2	- 1	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			ES 2 NO Spec		,		Speci	
											<u> </u>	MITTLE
Į.	<u> </u>	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	(Gi	ve kind of v	USUAL OCCUPA vork done during	TION most of working	16b, K	IND OF BUS	SINESS/IN	DUSTRY	
<u> </u>			College (1-4 or 5 +)		Do NOT us				0-1			
3 2		12			ates	person			Sal	.es		
Once.	۶ II	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mid	dle, Maiden	Surname)		
ed at		Jacob Minder					Dais	Schl	0000	~~		
a fee		19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	t and Number or Rura	I Brute Number	City or Four	o Ctata 7	in Code)	
E 5	2	Harry Maloney			Sa	me as	10a10f.	r roote rearroot,	City Or IOW	n, Stelle, Zi	(D C000)	
9	ł	20a. METHOD OF DISPOSITION										
TS I		1 XBuriat 2 Cremation 3 Remove		ametery		F DISPOSITION		OATE			City or To	
E		4 Donation 5 Other (Specify)		Ac	ldiso	n Chape	el 5-15-	93	Sea	at Pl	leasa	nt,Md.
=	H	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE / C I			22. NAME	AND ADDRESS OF F	ACILITY Le	e Fun	eral	. Hom	e,Inc.
Бха		100 d //so	x /*			6633	Old Alex	ander	Ferry	Roa	ad	
E -	\dashv	23. PART I. Enter the diseases, or com	policetions wat cours	ad the de	oth Do	CLint	on Maryl	and 20	735			
Del	- 1	shock, or haart fallure. Lia	t only one cause on	aach lina.	Bill, DO II	ot antar tha r	noda of dying, su	ch aa cardia	c or reapi	retory ar	reat,	Approximate interval Between
9	- 1	IMMEDIATE CAUSE (Final				,		1 =	1 "	1		Onset and Daath
5	- 1	disease or condition resulting in death)			CC	cute	myocard	eal 1	rular	the		1 Koren
New Year		ACTO STOCKED	DUE TO (OR AS	A CONSEC	UENCE OF	7):			1	71.		1/00
or other traumatic event, the medical examiner must be notified at once.	: 1								1			
ry, or other traumatic	2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OF	7);						
E S		cause. Enter UNDERLYING										
		CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEC	UENCE OF):						
o E		resulting in death) LAST										
3 6	3	d										
		PART II. Other significant conditions of	ontributing to death	but not re	suiting i	n tha undariy	ng causa given in	Part I. 2	la. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
my int		later	Bertens	and the same	0. 5	2/22 :	Par Dic		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									YES 2	MO NO	- 1	OF DEATH?
shows -			conic of	she	utu	re lui	y dista	14				1 YES 2 NO
ž 3							¥					
SICIAN.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				PLACE OF DEATH (C	heck only one)				
To X	5		☐ Inpatient 2 ER/Our	tpatient 3	□ DOA	OTHER: 4 Nursing H	me 5 Residence	6 - Other (5	Specify)			
		27. MANNER OF DEATH	28a. DATE OF INJURY		28b. TIMI	E OF 28c. I	NJURY AT	28d. DESCR		NJURY OC	CURED	
		1 Netural 5 Pending	(Month, Day, Year)		INJ		VORK? YES 2 NO					
m a	- 111	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJUR	RY — At hor	ne term e			281 I OCATI	ON (Street o	and Maranha	D	
90 LL		4 Homicide determined	building, etc. (Spi	ecify)		diest, lectory, or		City or	Town, State)	na Numbe	Y OF HUMBI H	loute Number,
EIW												
을 등		29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAL	N: To the best of my kno	wledge, des	th occurre	d at the time, de	te and place, and du	e to the cause	(a) end men	ner aa sta	rted.	
IMPORTANT: If Ite		one) 2 MEDICAL EXAMINER: 0) and manner as stated,
É Ö	13	29b. SIGNATURE AND TITLE OF CERTIFIER	~ A	1 0	10	-						C 11 C 12 C 2011
E H		The street of th	A Man	In D	Up	my	29c. LICENSE NO	Q1.10	.	29d. DAT	SIGNED	(Month, Day, Year)
≥ 0			1 Mary	VIV	//	U	20	7 6 / 0			0/1	2/13
1"		30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF D	EATH (ITEN	27) (Type,	Print)	,				7	20244
		d. SANHOND U	Youn 6	4	117	01 4	D0	ON 1	RD	F	7-1	Uush mn
)		31. DATE FILED (Month, Day, Year)	92. REQUETRAR'S SIQ	HATURE	-							
/		MAY 1 8 1993 4	ma day ason	Mandal	12							



10a. STATE

4. SOCIAL SECURITY NUMBER

578-01-4705

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

919 EASTERN AVENUE

10h COUNTY

LAURA

5. SEX

1 M 2 F

IF UNDER 24 HRS.

anital Heights

9b. CITY, TOWN OR LOCATION OF DEATH

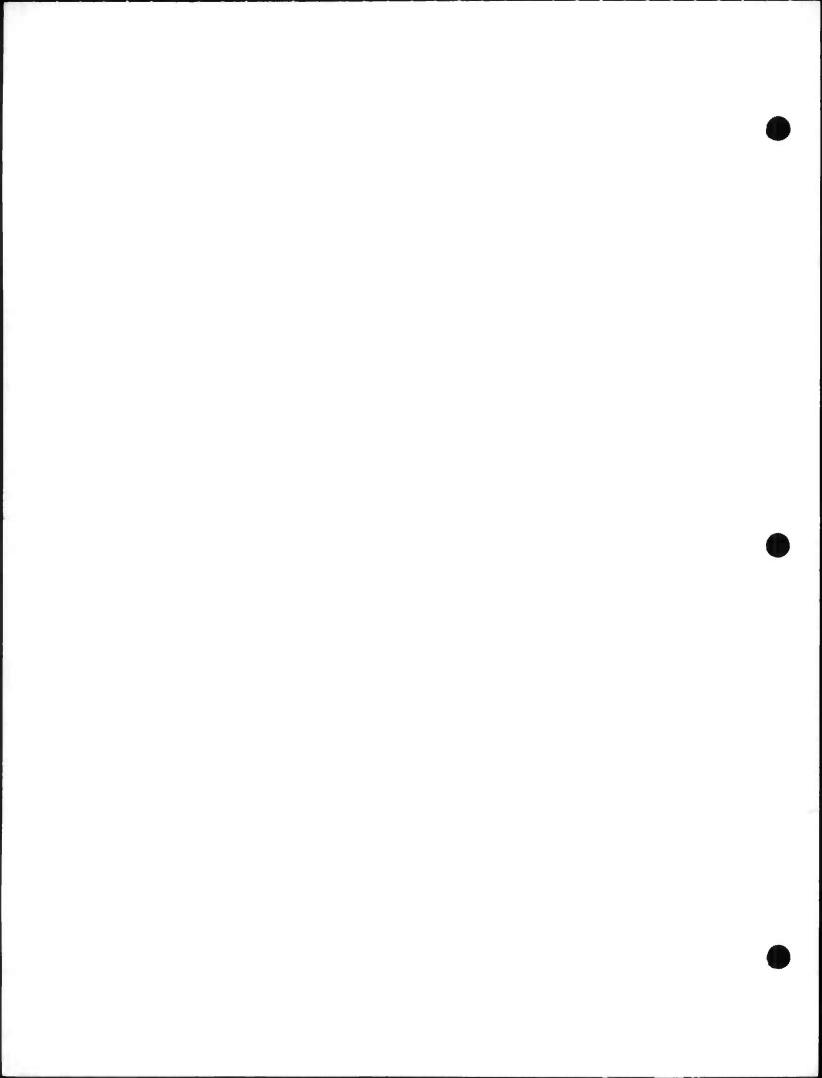
BIGGS MOUTON

84

6. AGE (In yrs. last birthday) F UNDER 1 YEAR

DIRECTOR 10c. CITY, TOWN OR LOCATION mD PRINCE George's CAPITAL 1+E16475 use as the burial-transit permit FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 919 EASTERN AVENUE 20743 nours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 \(\triangle \text{YES 2 NO} \) Specify: 11. MARITAL STATUS FORCES? 1 YES 2 1 Never Married 2 Married BY 3 XWidowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp filled in by the funeral director, page 5 should be detached for ion, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) 12th Receptionist 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Alfred Diggs Ella Braxton notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ann W. Donelson 949 Eastern Ave., Fairmount Hgts., Md. 20743 å 20s METHOD OF DISPOSITION
142 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must competery, cromators or other place)
Lincoln Mem. Cem. 5/20/93 Suitland, Md. 22. NAME AND ADDRESS OF FACILITY
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE any all medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel completely filled rial, cremation, the disease or condition Candiac amby Th event. resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): the attending physician and con i Mental Hygiene prior to burial, Teriosclerotiz traumatic CERTIFICATION Sequantially ilst conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST ō Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL has been signed by the E Dept. of Health and M m 23 shows any inju Mellitus Diabetes 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) TO THE FUNERAL DIRECTOR: After this certificate his filed within 72 hours after death with the State DIMPORTANT: If item 28 is marked, or item EXAMINER? OTHER: 1 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 5 Pending Investigation 1 Natural NIA 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Nomicide 29s. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 TMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Deputy Medical 29c. LICENSE NUMBER 표는 기를 가는 가 있다. BE DO1852 2 2 3 9 DEVORE MD 4203 QUENTSUNA POLITICA TO THE MEDICAL PRINTS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Culia Davidson-Randalle MAY 1

REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH 93 6 4 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Tupelo, Miss. 2-1-09 9c. COUNTY OF DEATH PRINCE beenges 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. U.S. Government 20c. LOCATION — City or Town, State Approximeta Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) 15-13-93



1 - FOR STATE REGISTRAR

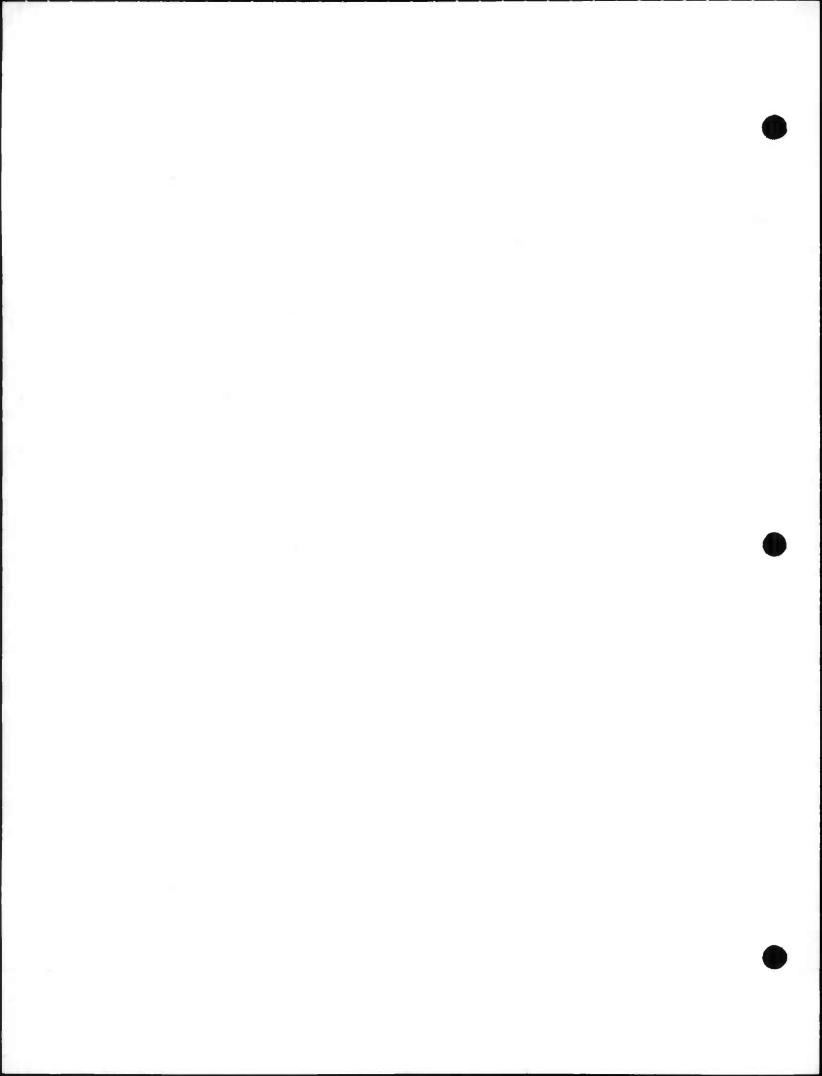
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	TEGIOTIVIT		CENT	IFICATE	JE DEATH	REG. N	Э.		
	1. DECEDENT'S NAME (First, Middle, Last) Shawn	Ashley	Ma	Duffia		2. DATE OF DEATH MONTH 5 - 15	-9°	75AR 3. TIN	ME OF DEATH
	4. SOCIAL SECURITY NUMBER . 142 62 7262	5. SEX 6. AGE	(In yrs. lest birthd	MONTHS D	AR IF UNDER 24 HRS. WS HOURS MIN.	7. DATE OF BIRTH	W	_ Country)	C (State or Foreign
_	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
DIRECTOR	11555 COSCA PA	RK PL.,		CLIN	TON			P.G.	
H	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR L				10d. I	INSIDE CITY
0		P.G.		CLI	NTON				YES 2 NO
ERAI	11555 COSCA	PARK PI.			101. ZIP CODE 2073	15	10g. CITIZE	USA	OUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED	13. WAS	DECENDENT OF HISPA		es or No- 1/	4. RACE - Am	nerican Indian.
D BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	8/10/82-7	2 UNO MATES /31/85	If ve	s, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, etc.)		Specify: BI	
ETEL	15. DECEDENT'S EDU (Specify only highest grade		(Give kind	T'S USUAL OCCU of work done durin	PATION g most of working	16b. KIND OF B	JSINESS/INDUS	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		LEGAL		PVT.			
COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)		
BE (HARVIE J.	McDUFFIE			FLOR	RA O. HUM	IPHREY	S	
0	19a. INFORMANT'S NAME (Type/Print) HARVIE MCDUFF	TE			CA PARK				20735
	20a. METHOD OF DISPOSITION	201		TE OF DISPOSITIO			OCATION — CH		
	1 Secretaria 2 Cremation 3 Rem 4 Donation 5 Other (Specify)				RANS CEM	5/20/93	CHEL	TENHA	AM MD.
	21. SIGNATURE OF THEREAL BEHVICE LI			22. NAN	E AND ADDRESS OF FA	ACILITY			
	- Jacob. U			WA	TSON F. 35 14th	H.INC. ST., N.	W. 20	010	
	23. PART I. Enter the diseases, pr shock, pr heart fallure.	complications that cause List only one cause on e	d the death. D	o not enter the	mode of dylng, suc	ch as cardiac or res	piratory arres	ıt,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Donne	1 im		1. 12.	Sum	Jane .	0	Onset and Deat
	resulting in death)	a. De ruche	A CONSEQUENCE	OF):	Reguen	Jeff 1			
Z	Sequentially list conditions,	b			<i>V</i>				
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE	OF):					
E I	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE	E OF):					
ERTIFI	resulting in death) LAST	d							
N C	PART II. Other significant condition	ns contributing to death b	out not resultin	g in the under	lying cause given in	Part I. 24a. WAS A	N AUTOPSY		AUTOPSY FINDINGS
EDICAL						1 YES	2 Me		ABLE PRIOR TO LETION OF CAUSE ATH?
Σ							-	-	YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (CI			<u> </u>	
SICIAN:	EXAMINET?	HOSPITAL:	patient 3 🗆 ĐQi	OTHER:	Home 5 Hesidence				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED	
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	· At home, fan cify)	n, street, factory,	office	281. LOCATION (Stree City or Town, State		Rural Route No	umber,
PLE		ICIAN: To the best of my know	rledge, desth occ	urred at the time,	data and place, and due	to the cause(a) and m	enner as stated.		
O BE COMPLETED BY PHYSICIAN: N		ER: On the basis of examination	n and/or investig	ation, in my opini	on, death occured at the	tima, date and place, a	ind due to the c	cause(s) and n	nanner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Quinne	in		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month	, Day, Year)
2	39/MAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF BE	ATH (ITEM 27) (7	уре, Ртіпі)	00170	50	15	75-	73
	Huder ARO	dubuge /	110,5	809 E	ar bum	Chaps	br. M	1/20	748
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGN	Davidson	Randell	1	11			
	MAYIB	1993 guhar		*					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

16847



	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	ICATE	OF H	EALTH	AND M	MENTAL	HYGIEN	E	J	10040	
	1. DECEDENT'S NAME (First, Middle, Last)				- CATE		DEA			OF DEATH		-57	3. TIME OF DEATN	-
	THELMA M	CDANIEL							0.5	- 09		YEAR	10:22AM	м
	4. SOOTAL'SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER	I YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH , Day, Year)		8. BIRTH	HPLACE (State or Foreign	-
	457-30-3413	1 🗆 M 2 🖒 F	74	YRS.	- 1			1.21	MAR.		1919		ROE, LA.	
DIRECTOR	9a. FACILITY NAME (If not institution, give to PRINCE GEORGE S		CENTER			HEVE		ON OF DEA	ATH			NTY OF D	GEORG ^t S	
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY	-
E I	MARYLAND PRINC	E GEORGES	,				IDOVE	סה					LIMITS?	
	10e. STREET AND NUMBER	D OBOROBE	,				ZIP COD				10g. CITI	ZEN OF 1	WHAT COUNTRY?	-
FUNERAL	7708 PENBROOK PLA	CE					20	785				USA	A	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED	13.	WAS DEC	ENDENT C	OF HISPANI	C ORIGIN	? (Specify Yes	or No-	14. BACI	E American Indian	_
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WA						n, Mexican, Specify:		lican, etc.)		Speci		
	15. DECEDENT'S EDU	CATION	18a DEC	EDENTIO	USUAL O	CUBATIO			- 441				BLACK	_
	(Specify only highest grade	College (1-4 or 5 +)	(GIV	e kind of a	work done (se retired.)	during mos	st of working	ng	100.	KIND OF BUS	INESS/IND	USTRY		
립		4 YEARS		EDU	CATO	R				PR.	IVATE	5		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18, MOTI	HER'S NAM	E (First, M	liddle, Maiden				
BE	ISAIAH L. TU	RNER						AMY	HENR	Y				
2	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street ar	nd Number	or Rural Ro	oute Numb	er, City or Town	, State, Zip	Code)		
7	SUZANNE SMITH							LAND	OVER	, MAR	LANI) 20	0785	
	20a METNOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Rem	oval from State	20b. PLACE At cemetery, crem	ND DATE (OF DISPOS ther place)	ITION (Nei	me of		OATE	20c. LO	CATION —	City or To	own, State RYLAND	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE A	NATIONA	YT H	ARMOI	VY M	EM.	PARK ss of faci	5/19	9 LAND	OVER	, MA	RYLAND	_
	* Walson	in of	2101	11						AL HOM	Œ			
-	23. PART I. Enter the disesses, or	(L (11.)	Olly	487	/ 74	74 L	ANDO	VER F	RD,L	ANDOVE	R, M	ARYL	AND 20785	
	shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aCa\	e on each line.	LSY) rest	on	X	-a1(L	المرا)	etory sir	est,	Approximate interval Between Onset and Death	
N	Sequentially list conditions,	b	LI WL		1	all	und	0	sh.	ock	, (ST.6	delling	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. A	h dom	mal	2 8	sori	41	anei	441	lum	- hu	y de	olelling	
	that initiated events resulting in death) LAST	OUE TO (C	OR AS A CONSECU	JENCE OF	d:	-			Y			1		
5		1.												_
DICAL	PART II. Other significant condition	s contributing to d	eath but not re	sulting (n the un	derlying	cause g	given in P	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDI									_				1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF D	EATN (Chec				Щ		_
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	li:		sidencs 8						-
È	27. MANNER OF DEATH	28a. OATE OF IN	JURY	28b. TIM	E OF	28c. INJL WOF		_		(Specify)	JURY OCC	URED		-
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, rear)	INJ	M		ES 2	ON						
COMPLETED	3 Suicide 6 Could not be determined	28s. PLACE OF building, et	INJURY — At homic. (Specify)	e, farm, s	treet, facto	ory, office			28f. LOCA City o	TION (Street a r Town, State)	nd Number	or Rural R	Route Number,	-
	29a. CERTIFIER (Check only	CIAN: To the beat of m	ry knowledge, deat	h occurre	d at the ti	me, data	and place.	and due to	o the caus	e(s) and man	ner sa state	ed.		-
5	one) 2 MEDICAL EXAMINE) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	Dorma -					29c. LICE	NSE NUMB	3ER	G	29d, DATE	SIGNED	(Month, Day, Year)	-
2 ∦	30. NAME AND ADDRESS OF PERSON WN	O COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type,			-	710	0110			7	17/53	_
	BRUCE	Lown	AN			PG	614	7					ţ	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	Panda	20_		•	-					····	-
	MAY 2.0 1993	June	I MONE - A											



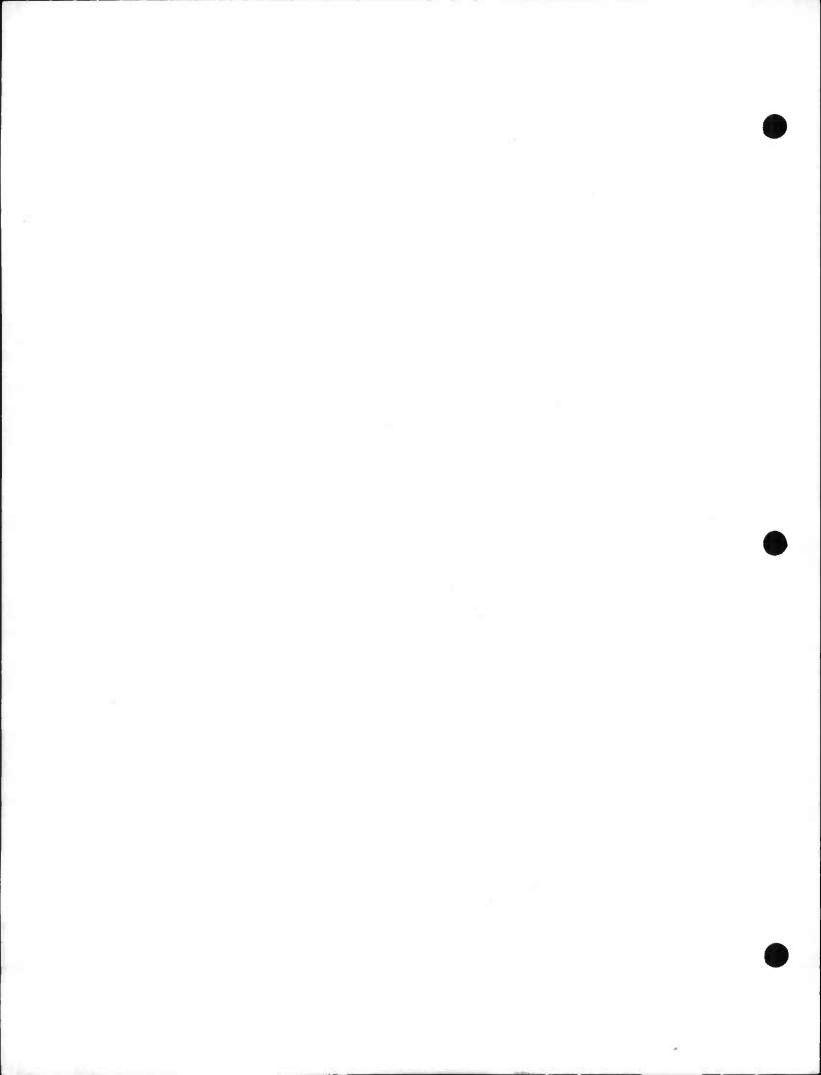
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages high within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



							0.0	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	_	16849
	1. DECEDENT'S NAME (First, Middle, Last)	6 0	MATTHE	کلان		2. DATE OF DEATH	\$ 9'E	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-30-3968	5. SEX 6. AGE (1	75 YRS. MON	INDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/29/18	8.8	HRTHPLACE (State or Foreign ountry)
NO.	9a. FACILITY NAME (If not institution, give stre SOUTHS PA) W			01.	R LOCATION OF DE		Sc. COUNTY OF	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Tregerion		WN OR LOCATI	ION	Ща	1///~	10d. INSIDE CITY
	Maryland P.G. 100. STREET AND NUMBER	•	Upper		DOTO ZIP CODE		10g, CITIZEN	LIMITS? 1 🖾 YES 2 🗌 NO OF WNAT COUNTRY?
FUNERAL	12007 North Mai				20772		Unite	ed States
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2NO		cify Cuben, Mexica	NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: Lack
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	done during mos	N t of working	16b. KIND OF BUS		
MPL	12	College (I-4 of 5 T)	Nurse					th's Hosp.
BE CC	17. FATHER'S NAME (First, Middle, Last) Rev. Paul Dolse	ey Sr.			Emma I			
5	19e. INFORMANT'S NAME (Type/Print) Maxine Young					Route Number, City or Tow		» arl.MD2077
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove Donation 5 Other (Specify)	ral from State 20b.	PLACE AND DATE OF DIS elery, cremetory or other pi 'MON' MEI	SPOSITION (Nar	ne of	DATE 20c LO	CATION - City (or Town State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE AUTI		2. NAME AN	D ADDRESS OF FA	CILITY Hodges	and	Edwards
	23. PART V Enter the diseases, or co	mplications that ceused	the death. Do not e			ver Hill		Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	0	umoni	A				Interval Betwee
CERTIFICATION	Sequentially list conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DI M 5	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	AR	IERY	DISSEA	SE	
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions ATHERD	SCLE Re	ut not reaulting in the	e undarlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA		HOSPITAL:	ОТІ	28. PL/	ACE OF DEATH (Che	eck only one)		
HYS	1 D YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 28c. INJU	RY AT	6 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	0
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, Jerm, street,		ES 2 NO	28f. LOCATION (Street a	nd Number or Ru	iral Route Number,
ETEI	4 Homicide determined	building, etc. (Speci	······································			City or Town, Stete)		
COMPLETED		AN: To the best of my knowle On the basis of examination						se(s) end manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1	MAFAIR		29c. LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year)
0	MACON	NUV			1127	7744	- 511	4163

MD 913 CO TO

32. REGISTRATIS SIGNATURE PLANTAGE

32. REGISTRATIS SIGNATURE PLANTAGE

33. REGISTRATIS SIGNATURE PLANTAGE

34. REGISTRATIS SIGNATURE PLANTAGE

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39. REGISTRATIS

WHO COMPLETED CAUSE OF DEATH (ITEM #7)

1993

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. So filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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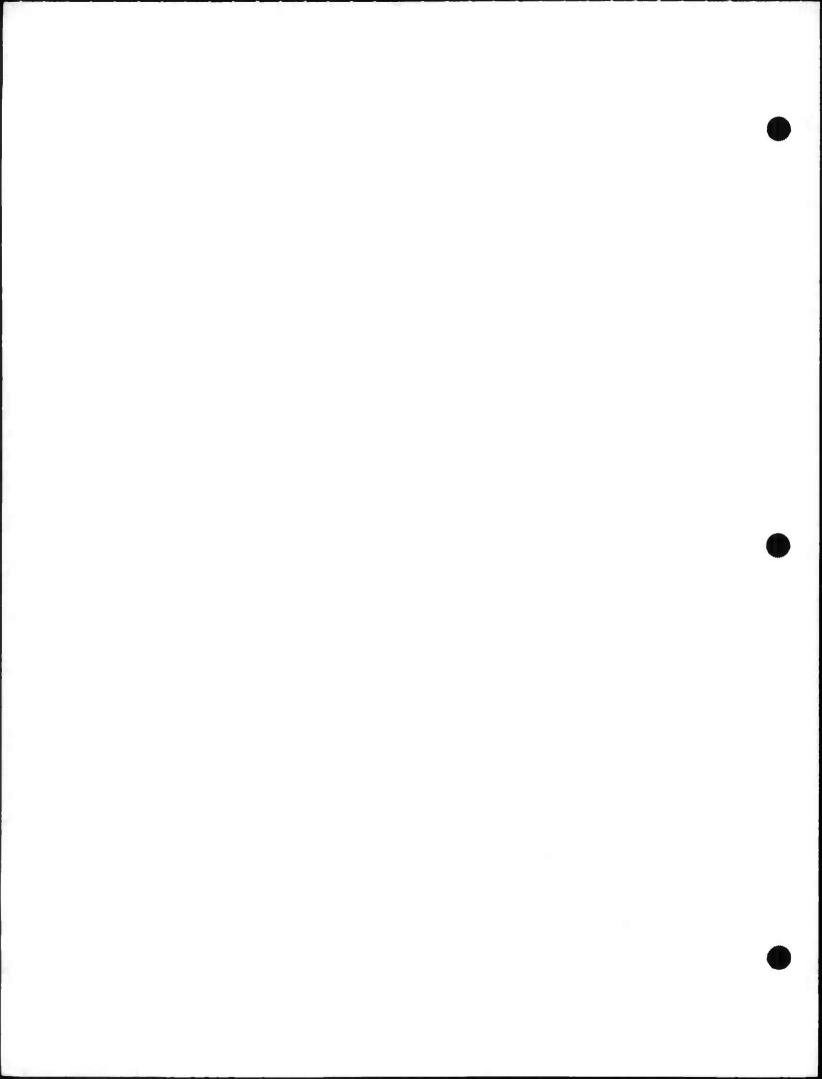
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SINIE UP MANTLA		CATE OF	DEATH	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) MYRTLE M MCKAY					2. DATE OF DEATH MONTH 20	19		3. TIME OF DEATH
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			
1	246-70-7056	□ M 2 X F 7 L		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05/15/1		Country)	North
	9a. FACILITY NAME (If not institution, give stree	/	'	9b. CITY, TOWN C	R LOCATION OF D		9c. COUNT	Carc	olina
OR	FORT WASHINGTON	MEDICAL CE	ENTER	FORT W	ASHING	ΓΩΝ			GEORGES
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					1011		NCL	GLONGES
DIRECTOR		George's	2010	, TOWN OR LOCAT	7.70			- 1	10d. INSIDE CITY LIMITS?
1	MD Prince	George S	FORT	WASHI	NG I ON		10- CITIZE		YES 2 NO
ER/	1201 livingston	rd			0744			U.S.	
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	NIC DRIGIN? (Specify Yea		4. RACE -	- American Indian
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2X NO ES	II yes, spi	2 ND Specif	n, Puerto Rican, etc.)			White, atc. Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION moleter()	16a. DECEDENT'S L			16b. KIND OF BUS	INESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use		st or working				
₹	Secondary		Hous	ewife		House			
	17. FATHER'S NAME (First, Middle, Last) John D. McKay					ME (First, Middle, Malden Lia McLea		V > 37	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town		-	
2	Felix M. McKay,	Jr.				.,Camp Sp			20748
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation XXRemova		LACE AND DATEO	F DISPOSITION (Na			CATION — CI		
	4 Donetion 5 Other (Specify)	Cl	ery, cremetory or oth	emeter	У	5/30 Dun	n, N	.C.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		٦,	22. NAME AN	D ADDRESS OF FA	House	of D	iaas	
	Massage C.	mag. 8		4906	Iverson	n Pl., Tem			
	23. PART i. Entar the diseeses, or com shock, or heart failure. Lia	iplications that caused to only one cause on asc	the daeth. Do no	ot entar tha mod	da of dying, suc	h sa cerdiec or respi	ratory erre	st,	Approximate interval Between
ŀ	IMMEDIATE CAUSE (Final disease or condition	ACUTE	= Mula	1.100	4/ 1. I				Onset and Death
ł	resulting in death) a	DUE TO (DR AS A C	ONSEQUENCE DE	ון מטואירט	AC IMI,	ARCTION			Homs
z	- constitution of the second	ANTEND.	/		DIGUAGO	Ulsa dise	AIF		M.C.
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A C		:	1-10//		// [
5	CAUSE (Disease or Injury	DUE TO (OR AS A C	CONCEDUENCE OF						
Ē	that initiated events resulting in dasth) LAST	50E 10 (011 A5 A 0	ONSEDUENCE OF)						
	DADT II. Other standstands are the								1
PHYSICIAN: MEDICAL	PART ii. Other significant conditions c	ontributing to death but	NEUM		cause given in	Part i. 24s. WAS AN. PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	DIMION IN	Dillion,	LIVZVIII	1010124		1 YES 2	☐ ND		COMPLETION OF CAUSE OF DEATH?
Σ.						-		1	☐ YES 2 ☐ ND
N N	25. WAS CASE REFERRED TO MEDICAL			28. PL.	ACE DF DEATH (Ch	eck anly one)		_	
Sic		OSPITAL: Inputient 2 (XER/Output)		OTHER:		8 Other (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJL	IRY AT	28d. DESCRIBE HOW IN	IJURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 ND				
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE DF INJURY — building, atc. (Specify	- At home, ferm, sto	reet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number o	Rurel Rou	ite Number,
ᆲ	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAI	N: To the best of my knowler	ige, death occurred	at the time, date	and place, and due	to the cause(a) and men	Der as stated		
ĕ I	one) 2 MEDICAL EXAMINER: C								and manner as stated.
W	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ABER	29d. DATE	FIGNED (M	Aonth, Day, Year)
8 0 1	Jan /			1.7	D19	431	15/	20/0	33
	30. NAME AND ADDRESS OF PERSON WHO CO	MID. 61XX	H (ITEM 27) (Type, F	till Ra	1 Oxani	Hill M	12	574	5
	31. DATE FILED 10 10 2 16 1 1993	32. REGISTALE SHEWAT	ben-Kanda	le .	, 00	1111		. /	
		0 ~	. 1 2	-					1

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit perm, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Paulish filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

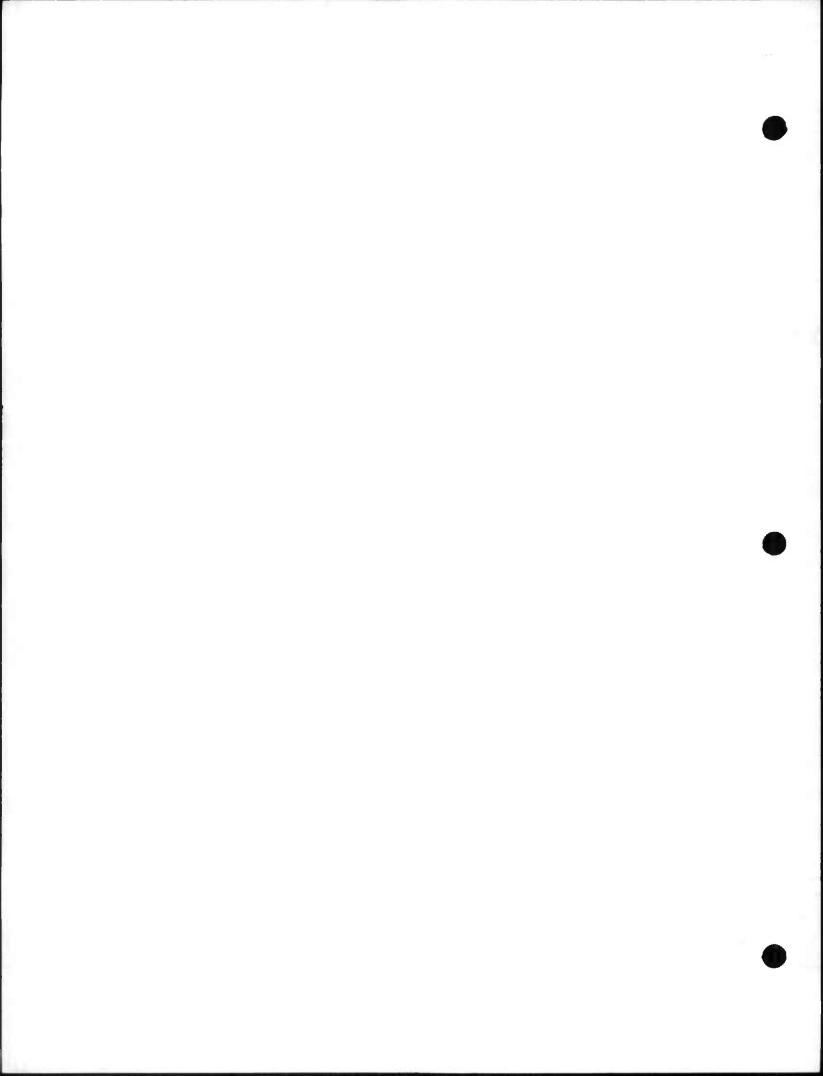
	1 - STATE REGISTRAR		SIAIE UF N		ERTIF					II. Aller	REG. NO.	C		
	1. DECEDENT'S NAME (First, M	fiddle, Last) .	5					DLA		2. DATE OF	DEATN	,		3, TIME OF DEATN
	Ruth M. Mo	oneyha	m							May	15	w/	993	0255 AM
	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	I 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	ынтн	, =	- 1.	APLACE (State or Foreign
	220 12 3516	1	□ M 2 □ E	7	6 YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		7	Flor	(44
	9a. FACILITY NAME (If not instit					9h. CITY	/ TOWN C	R LOCATIO	N OF DE		2 121		INTY OF D	
Œ	Washington A			ital				Park		Montgomery				
5	RESIDENCE OF DECE		- Hoop	Takona Tark						nery				
DIRECTOR		Ob. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Maryland	Prince	George	's Bowie							LIMITS?			
A	10e. STREET AND NUMBER						101	ZIP CODE				10a, CIT	IZEN OF Y	WHAT COUNTRY?
ER/	2240 Hindle	Lane			20716						United Stat			
FUNERAL	11. MARITAL STATUS	12	. WAS OECEDEN	T EVER IN U.SA	RMED	13.	WAS DEC			IIC ORIGIN? (Specify Yes			
	1 Never Married 2 Ma	1000	FORCES? 1	YES 2 X	_		If yes, spe	elfy Cuba	n, Mexica	n, Puerto Rica	en, etc.)			E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorce	ed		No		1 163	2 110	Specify	N	0		Spec	White	
ED		ENT'S EDUCAT	16a, D	ECEDENT'S	USUAL O	CCUPATIO	N		16b. KI	ND OF BUS	INESS/IN	DUSTRY		
Ē	Elementary/Secondery (0-12		college (1-4 or 5+	·) #	Give kind of the Do NOT un	se retired.)	auring mo:	st of worldn	g					
Ē	9			Wa	itres	S					Foo	od S	ervi	ce
COMPLETED	17, FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)													
BE C	Byrd G. Lac	v						٨	w1 on	a Ma	4 4	Mana	. 771.	
	19e. INFORMANT'S NAME (Type	/Print)		1	9b. MAILING	ADDRESS	S (Street a	nd Number	or Rural F	Toute Number,	City or Town	n, State, Zi	p Code)	dilowii .
5	Terry K. Sea	1			2240	Hin	dle	Lane	Во	wie M	aryla	ind	207	116
	20a. METHOD OF DISPOSITION	N		20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LO	CATION -	City or To	own. Stata
	1 Burlel 2 Cremetion 4 Donation 5 Other (Sc		from State	cemetery, ci	ropo 1	ther place)	Cra	mato	C37	1				
	Commetter Comm												la virginia	
	Robert	5	8	7)					uneral				
\dashv	nowell	<u>C.</u>	Cur	no 11	U.Q	1	<u>6000</u>	Anna	apol:	is Rd.	Bow	ie M	d. 2	0715
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hasn failure. List only one cause op each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. What are the mode of dying, such as cardiac or respiratory errest, a. Cauchy condition onset and Death													
Z	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially liat conditions, If any, laeding to immediata cause. Entar UNDERLYING													
윤	CAUSE (Disease or injury that initiated eventa		DUE TO	(OR AS A CONSE	EDUENCE O	Ð:								
E	resulting in death) LAST													
8		0												
PHYSICIAN: MEDICAL	PART II. Other algorificant	conditions c	ontributing to	death but not	resulting	n tha ur	nderlying	cause g	iven in		e. WAS AN	MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										- '	YES 2	NO		OF DEATH?
2														1 YES 2 NO
A	25. WAS CASE REFERRED TO N	AEDICAL I												
<u> </u>	EXAMINER?	н	OSPITAL:			OTHER		ACE OF DE	ATN (Che	eck only one)				
ΥS	27. MANNER OF DEATN	111	26a. DATE OF	ER/Outpatient	1		_		sidenca	6 Other (S				
	1 Netural 5 Per	nding	(Month, De		26b. TIM	URY	26c. INJU	RK?		28d. DESCR	IBE HOW IN	IJURY OC	CURED	
B	- Consum	estigation	260 PLACE OF	F IN IN IPPLY AA N			1 🗌 Y	-	NO					
COMPLETED		uld not be ermined	building,	F INJURY — At h atc. (Specify)	oma, rarm, s	ereet, ract	ory, onice				ON (Street a lown, State)	nd Numbe	r or Rumal F	Route Number,
P.E.	29a. CERTIFIER (Check only	YING PNYSICIAI	i: To the best of	my knowledge, d	eath occum	d at the t	ime, date	and place.	end due	to the cause/	a) and men	Der an ate	ted	
M														i) and manner ea stated,
	296. SIGNATURE AND TITLE OF						1							
H H	29d. LICENSE NUMBER 29d. DATE SIGNED (Manth, Day											(Menth, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)													
	CLARA CHAN, M.D. 7525 Greenway Carly Dr. Grownelt, MD													
	MAY 2 1 1993 32. REGISTRAT'S EXGNATURE Junia Saydon-Randelle													



		FOR 1 - STATE REGISTRAR	STATE OF	MARYLAI	ND / DEPAI CERTIF					MENTA	AL HYGIEN REG. NO		13	16852
		1. DECEDENT'S NAME (First, Middle, Last RONALD	WAYNE			MARE	BLE	Y		2. DATE	E OF DEATH	1.4	VEAR	TIME OF DEATH
DHS 1/0	3)	4. SOCIAL SECURITY NUMBER 578 66 3090	5. SEX 1 M 2 F	6. AGE (In	yrs. last birthday) YRS,	MONTHS	DAYS	IF UNDER	MIN.	08/	of BIRTH th, Day, Year) 31/47	- 1	Country)	ACE (State or Foreign
	CTOR	9a. FACILITY NAME (If not institution, give 1145 SOUTHVIE RESIDENCE OF DECEDENT						OWN OR LOCATION OF DEATH 1 HILL PRINCI						GEORGES
	DIRE	NA NA NA	TY		9.9	ry, town or location SHINGTON, D.C.								Dd. INSIDE CITY LIMITS? YES 2 \(\text{NO} \)
an. ransit permit	NERAL	730 Cheasepeake					101. ZIP CODE 20032					UNIT	TATES	
21215-0020 al or attending physician. for use as the burlat-transit	BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V 1966-19	1 💢 YES War or Dati	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify cuban, Mexican, Puerto Rican, et 1 YES 2/4 NO Specify:							- American Indian, White, etc.	
21 Por u	PLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5		6a. DECEDENT'S (Give kind of life. Do NOT u	work done dur ise retired.)	ing mos	N It of workin	g		GOVERN		ISTRY	
MARYLAND 2- retained by the hospital o 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) CLIFF MARBLEY		1 205 11411 1170 1170					ERA	n Surneme)				
RE, MARY ay be retained the page 5 should the notified	2	196. INFORMANT'S NAME (Type/Print) CLIFF S. MARBLE)	(BROTHE		8911	Canter	nterbury Way, Clinton, Md. 20748 POSITION (Name of DATE 20c. LOCATION — City or Town, State							
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		20e METHOD OF DISPOSITION 1 IZ Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE L		20b. P cemete HAI	RMONY M	EMORIA	AL I	PARK	SS OF FA	5/2				, State RYLAND
BALTIMOF fer death. Page 6 m the funeral director, oval.		· Mel So	Ropest	,	M859	ALI 553	EXAN 88 N	NDER Marll	S.	POPE	FUNER	estvi	lle,M	1d 20747
ain 24 hours ely filled in thation, or re-		23. PART i. Enter the disease, or shock, or heert failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	Λ	J.14	he death. Do h line.	60					unds		st,	Approximata interval Between Onset and Death
P.O. BOX 687(th cartificate be executed tending physician and con al Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	OR AS A C	ONSEQUENCE C	DF):								
L RECORI	MEDICAL	PART II. Other significant condition	ns contributing to	death but	not resulting	in the unde	erlying	cause g	given in	Part i.	24a. WAS AN PERFOR	MED?	CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Z f a a a	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X XES 2 NO	HOSPITAL:	□ ER/Outpati	lent 3 🗆 DOA	OTHER:		SXIX						
ON OF VI DING PHYSICIAN: After this certifica death with the St s marked, or it	ВУ РН	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Day, Year) -1993	3 1:0	0 PM		ES 2	У мо		SCRIBE HOW I			
VISIC ATTEND ECTOR: A s after d 1 28 is		3 Suicide 6 Could not be detarmined	building	, atc. (Specify)	AI HO	ME				114		JTHVI	EW D	DRIVER
로 기가 느	COMPLETED	one) XX MEDICAL EXAMIN												nd manner ee stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	29 NAME AND ADDRESS OF BETTOON IN	(orke	1	M				C . M					onth, Day, Year) - 1993
		30. NAME AND ADDRESS OF PERSON W TO ARE (Month, Dey, Year)	OCKE	MP	111 P	enn S	Str	eet	, Ва	alti	imore,	Mar	ylar	nd 21201
			998	ula Dai	Hason-Ra	ndall								

OHMH-16 Rev 1/89

21201



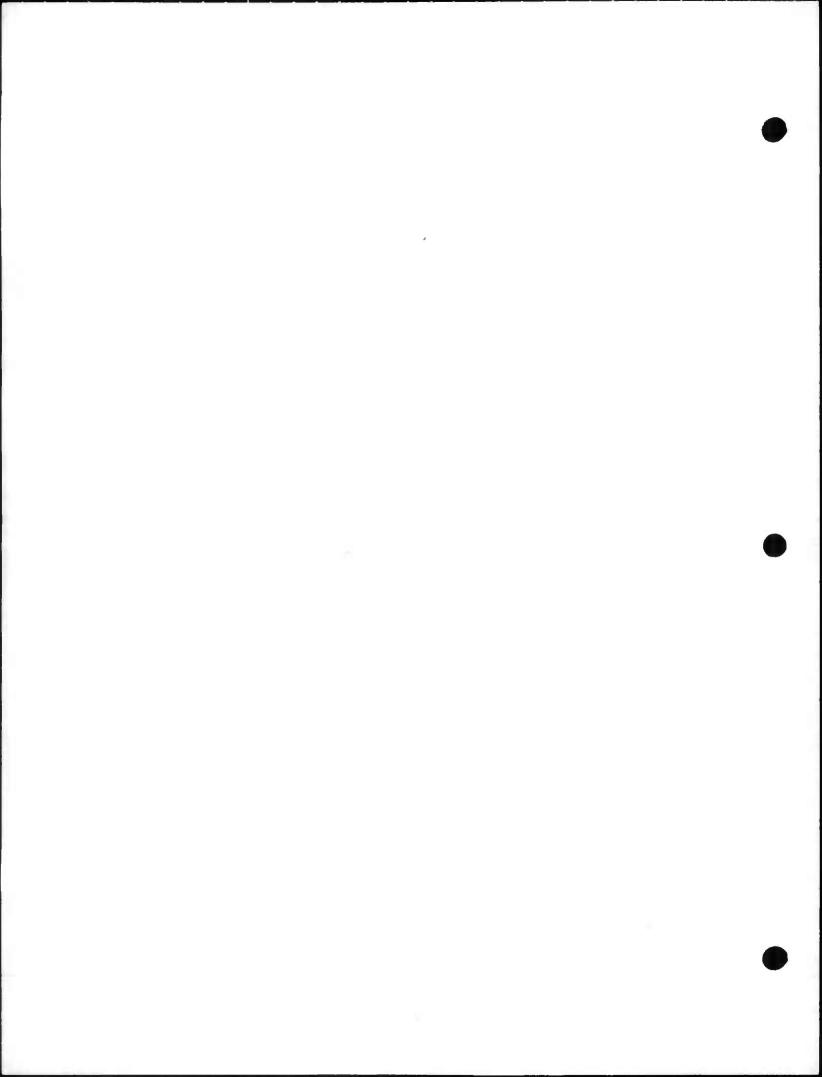
3	1/2
1	intht.

TOTHE HOSPITAL OR ATTENDING PHYSIOLAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TOTHE FUNCTIAL DIRECTOR After this certificate has been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the with the State Dayl. of Health and Mertal Hygiene prior to borial, cremation, or removal.

AMPORTANT: If item 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFI	CALE	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)	Mayhen	Jettie (Creolia	Mayhew	2. DATE OF DEATH	MY 9:	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	8. BIRTHPLACE (State or Foreign		
	577 44 6250-A	1 🗆 M 2 🗡 F	91 YRS.	MONTHS DAYS		(Month, Day, Year)	1	Country) MECKLENBURG N.C.		
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	OR LOCATION OF DE			NTY OF DEATH		
5	WASHINGTON ADVEN	TIST HOSPIT	AL I	TAKON	1A PARK			MONTGOMERY		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						1110111	. COMERCE		
DIRECTOR	SHEET TO SHEET SHE	E GEORGE		, TOWN OR LOC EAT PLI				10d. INSIDE CITY LIMITS? 1 LIPES 2 NO		
-	10e. STREET AND NUMBER	DE GEORGE	3		IOI. ZIP CODE		140.000	1 EPIBS 2 NO		
FUNERAL	POOVED	TERR			20743			VITED STATES		
3	1268 DUUKER	12. WAS DECEDENT EVER	IN U.SARMED	13. WAS D	ECENDENT OF HISPANI	C OBIGIN? (Specify Vi				
	1 Never Married 2 Married	FORCES? 1 YES	2 A NO	If yes,	specify Cuban, Mexican ES 2 X NO Specify:	, Puerto Rican, etc.)	0.110-	14. RACE — American Indian, Black, White, etc. Specify:		
BY	BI.ACK									
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S ((Give kind of w	USUAL OCCUPA ork done during : retired.)	TION most of working	16b. KIND OF BU	SINESS/INC	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	5.7111	o retired.) MSTRESS		n	RIVAT	קוני		
M	17. FATHER'S NAME (First, Middle, Last)		SEA	MOIKES				.E		
	CHEESEMAN	CONNOR			SYLVIA	ME (First, Middle, Maider	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	COMMOR	19b. MAILING	ADDRESS (Street	t and Number or Rural R	OUIIISUII	vn Stata Zir	n Code)		
2	JOANN McINTOSH		7212				MD	20747		
	20a, METHOD OF DISPOSITION 1) Burlet 2 Cremation 3 Rem		Db. PLACE AND DATE O		Name of	DATE 20c. LO	CATION -	City or Town, State		
	4 Donation 5 Other (Specify)		HARMONY M	her place) EMORIAI	PARK	5/15 LA	NDOVE	ER MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	4		ALEX	ANDER S P	OPE FUNER		OME		
	23. PART I. Enter the diseases, or o	tope In.			PA AVE S					
CERTIFICATION	Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Oue-70 (of As a CONSEQUENCE OF):									
G										
: MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting in	the underly	ng cause given in F	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAIL ANALE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO		
ž.	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH /Chie	ok anly oned				
S I	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 ☐ ENOu		OTHER: 4 (1) Mursing Ho	one 5 🗆 Residence 6	Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Weer)		mer s	VORK7 YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED		
8	3 Suicide B Could not be determined	25e. PLACE OF INJUR building ste. (Sp.	IY — At home, farm, at octfy)	reet, factory, of	Noe	28f. LOCATION (Sines City or libers, State	and Number	or Runii Route Numbec		
COMPLET		CLAN: To the best of my kno R: On the besis of examinati						ted. he cause(s) and manner as atlated.		
TO BE	29h MONATURE AND TITLE OF CERTIFIES	inider	87/		D28	120·	294. DAT	E SIGNED (Month, Dinj. Hear)		
5	30. NAME AND ADDITIESS OF PERSON WHO	R SING	the T	73/9	A Har	nover t	ad	way MD 202		
	MAY 1 3 1993	22. REGISTRAN'S BIS	door Randall	2						



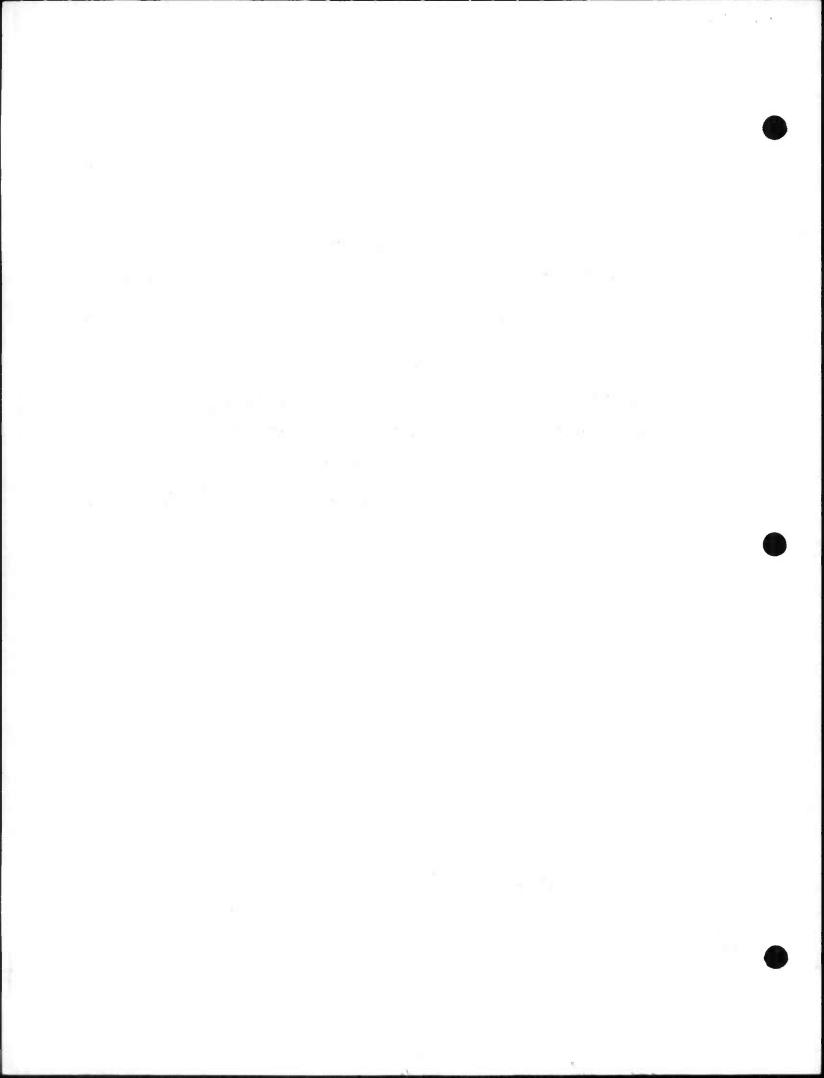
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE			OF DEA		MENIAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH			YEAR	3. TIME OF D	EATH
	Samuel Leonard			pin	3			May	25,	1993	3	9:05	Р м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	-	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF (Month, D	av Year)		a. BIRTH	PLACE (State o	or Foreign
	352-03-4035	1 M 2 D F	80	YRS.				06-22	2-12			SOURI	
Œ	9e. FACILITY NAME (If not institution, give					WN OR LOCAT					INTY OF DI		
5	Malcolm Grow USA	F Medical	Center		Andr	ews AF	В, М	D		Pri	nce G	George	5
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CI1	Y, TOWN OR I	OCATION						10d. INSIDE	CITY
	MARYLAND PRIN	CE GEORGE	S	F	r,Wash	INGTON						LIMITS? 1 ♥ YES 2	□ NO
₹.	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTR	77
FUNERAL	9113 ALLENTOWN					2074	-				J.S.A		
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI		13. WAS	DECENDENT	OF HISPAN	NC ORIGIN? (S	Specify Yea m, etc.)	or No-	14. RACE Black	- American White, stc.	Indian,
BY	3 XWidowed 4 Divorced	1943-196			1 🗆	YES 2 XNO	Specify	y:			Specif		
ED	15. DECEDENT'S EDU	CATION	16a. DEC	EDENT'S	USUAL OCCL	PATION		16b. K/I	ND OF BUS	INESS/ING		BLACK	
Ħ.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	//de	ne kind of Do NOT u	work done duri se retired.)	ng most of work	ng						
MP	8		CC	ЮK				υ.	S.ARM	1Y			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surneme)			
8	CLYDE MAUPINS							IZA DA					
2	19e. INFORMANT'S NAME (Type/Print) SAUNDRA WASHING!	DON'T				reet and Numbe							
	20a. METHOD OF DISPOSITION	LOIN			OF DISPOSITION	I ANAIC	AVE.						
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, crem	natory or o	ther place)	M (Name of		6-1			City or Ton		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DON	IC OF		ME AND ADDRE	SS OF FA	CILITY			O,IL		
	() l 11-1	2 00			277	N. Dame	TOU		IS FU				
\dashv	23. PART I. Enter the diseasea, or	complications the	t coursed the de-	th De		N.PATI							
- 1	snock, or heart lallure.	List only one cau	se on each line.	itii. Do i	not enter the	i mode or dy	ing, auci	n aa cardaac	or respii	ratory an	rest,		i Between
	iMMEDIATE CAUSE (Final disease or condition	Metabol	ic Acido	าราร								Onset	and Death
	resulting in death)		(OR AS A CONSEO		F):								
Z	Sequentially list conditions,	Renal H											
Ĕ	if any, leading to immediate		(OR AS A CONSEQ		,								
CERTIFICATION	CAUSE (Disease or injury that initieted events	c Dilated	Cardion	LYOD O	athy_							-	
E	resulting in death) LAST	4	,		. ,.							İ	
	DARWELL COLUMN ALL MANAGEMENT AND ALL MANAGEMENT AN											+	
¥.	PART II. Other significant condition Malnutrition	s contributing to	deeth but not re	suiting	in the under	fying ceuse	given in		a. WAS AN A PERFORI	MED?		WERE AUTOPS	OR TO
ğ								1	YES 2	NO I		OF DEATH?	OF CAUSE
Σ	Sick Sinus Synd	rome										1 YES 2	□ NO
AN	Gastric Cancer 25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF E	EATH /Ch	ant anti anni					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home 5 R							
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF (Month, Di	INJURY	28b. TIM	E OF 26	. INJURY AT	PROPRICE	28d. DESCRI		JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(MORIT, D	ny, rewr)	IN	M 1	WORK?] NO						
	3 Suicide 6 Could not be	26e. PLACE O building,	F INJURY — At honetc, (Specify)	ne, term,	street, tactory,	office		26t. LOCATIO	ON (Street at	nd Number	r or Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one)	ICIAN: To the best of	my knowledge, des	th occurr	ed at the time,	date end plece	, end due	to the cause(e) end man	ner ee sta	ted.		
ő	2 MEDICAL EXAMINE		ramination end/or in	rvestigatio	on, in my opini	on, death occu	red at the	time, date and	d place, end	due to th	he ceuse(e)	end menner	e stated.
BE	296. SIGNATURE AND TITUE OF CERTIFIE	/	WA	_		29e, LIC	ENSE NUM	IBER		29d. DAT	E SIGNEO	(Month, Day, Ye	er)
ē I	36. NAME AND ADDRESS OF BERSON WI	/	PV e	-								, 199	3
	John V. Gandy, II				P	alcolm						er	
14	31. DATE FILED (Month, Day, Year)				A	ndrews	AFB	, MD 2	0331	<u>-660</u>	0		
	MAY 2 8 19	198 In	R'S SIGNATURE	1- Par	dell								1
	19(431 6/ 1/ 1/	100 /1		-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-15 Rev 1/89

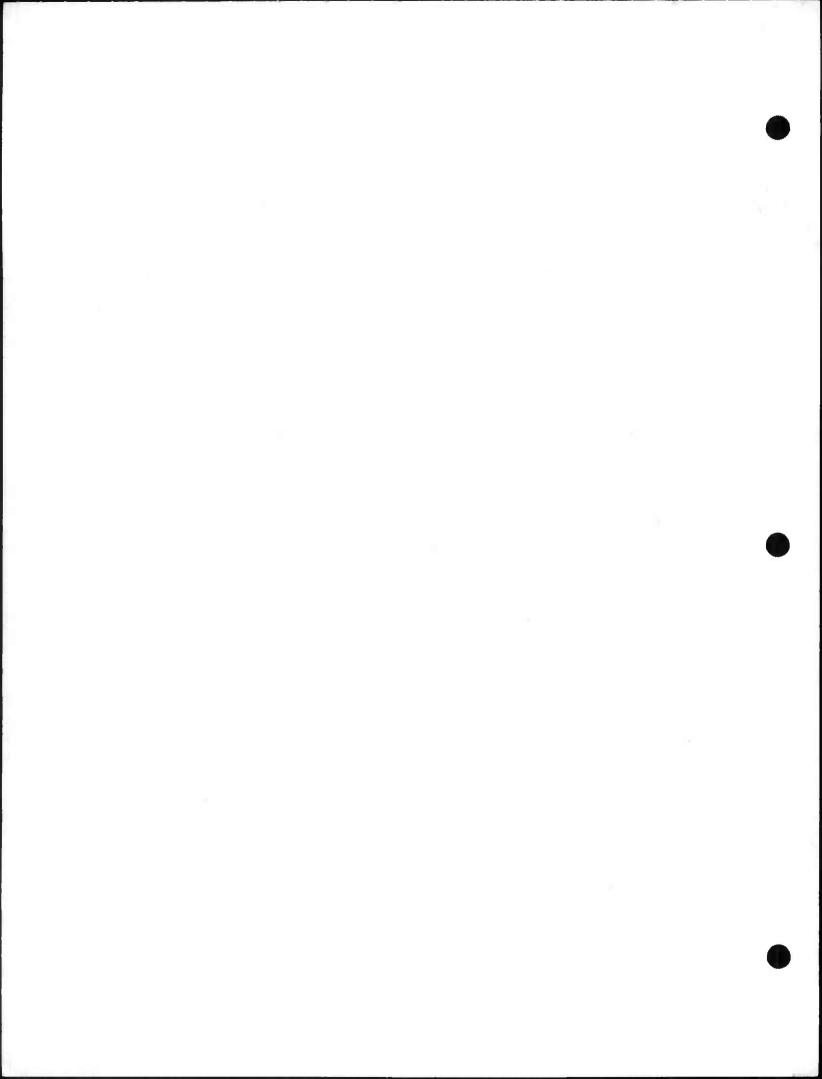


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HAVELENE 93 16855

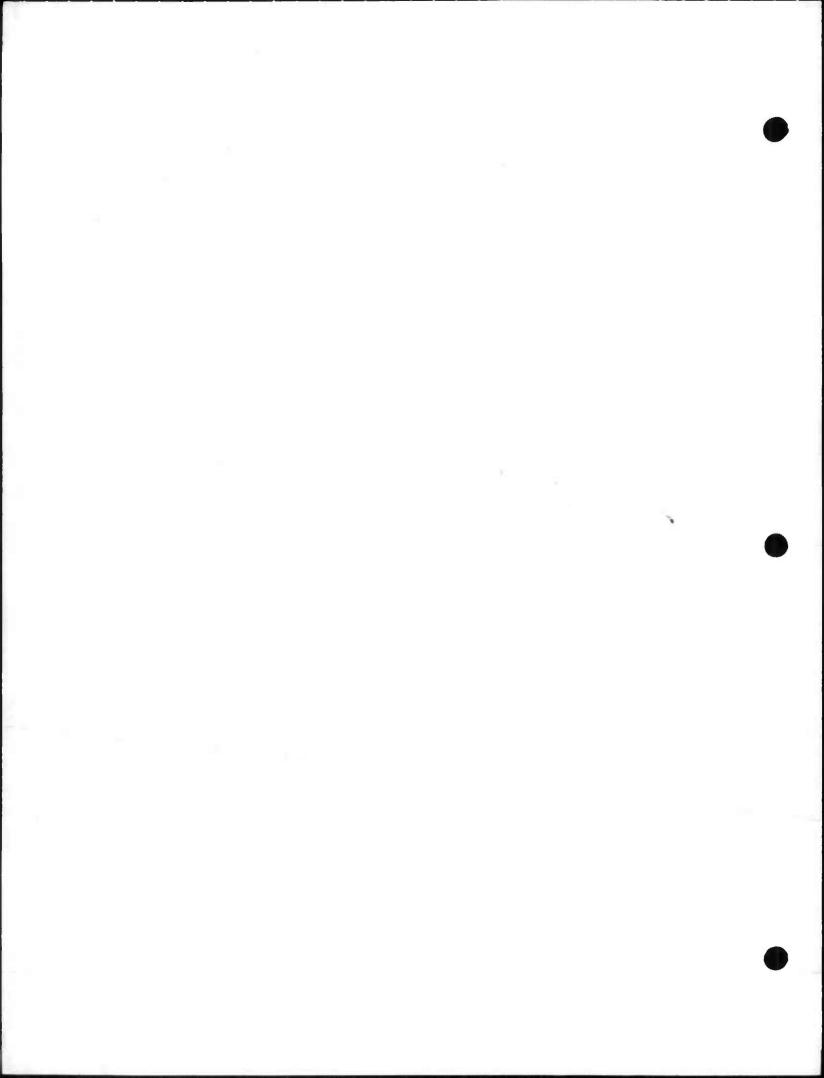
	1 - STATE REGISTRAR	SIMIE UF II	CE	RTIF	ICATI	E OF	DEAT	H H	WENIA	L HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	E/I	ULDROW						2. DATE	OF DEATH	Y 6	YEARS	3. TIME (OF DEATH	
	21101230	1º1	6. AGE (In yrs. last)	birthday)	IF UNDER	1 YEAR	IF UNDER	24 MDS		OF BIRTH	. 0			O A mate or Foreign	_
	249-25-3788	M 2 □ F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	20 Mont	to Climic Money	972	Dan	in [gton,S	5 (
	9a. FACILITY NAME (If not institution, give street						R LOCATIO		ATH		9c. COU	NTY OF E	DEATH		
TOT.	6300 BLK.SUITLAN	ND ROAL)		Sui	tla	nd,	Md.			PR	INC	E GE	ORGES	
DIRECTOR	10s. STATE 10b. COUNTY				Y, TOWN								10d. INSI		
	D.C.			W	ashi								1 X YES	3 2 NO	
FUNERAL	812 K St., N.					101	ZIP CODE	0002	2		_	.S.A	WHAT COU	NTRY?	
B	11. MARITAL STATUS 1 (X) Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 NO							to Rican, etc.) Black, Wi			E — Americ k, White, at		
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION mpleted)	(G/ve	kind of v	USUAL O	CCUPATIO	IN st of working	9	16b	KIND OF BUS	SINESS/INC	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ain [.]	ter					Priva	te				
00	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden					
B	Marvin Miller N	luldrow		****					•	ae Fa					_
2	Marvin Miller N	<u>luldrow</u>								Wash			. 20	019	
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removi 4 Donation 5 Other (Specify)	ol from State	20b. PLACE AN Gemetery, cremit Harmon	atory or o	per place)	ter	me of	0.5	DAT.		CATION -		own, Stata	Μd	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	0	#91			D ADDRES		H ITV	Capit					1
Ц	* Marin Ja	neon	Salle	u	14	25	Mary	lan	d A	ve.,	NE	Was			
	23. PART i. Enter the diseases, or con shock, or heart failure. Lie	nplications that it only one caus	caused the deal	td. Do n	not entar	the mod	da of dyli	ng, such	as card	fiec or respi	ratory an	rest,	inte	roximata rvai Batween	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	OR AS A CONSEQU	D (e Di	I	N	u,	ries				Ons	set and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	ENCE OF	F):								İ		-
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQU	ENCE OF	7):								-		-
KERT	resulting in death) LAST														
	PART II. Other significant conditions	contributing to	death but not res	sulting i	n the un	derlying	ceuse g	lven in F	Part i.	24a. WAS AN PERFOR		24b		OPSY FINDINGS PRIOR TO	1
PHYSICIAN: MEDICAL					-	_			-	1 YES 2	□ NO		OF DEATH	ON OF CAUSE	i
2									-				YES	2 🗌 NO	ı
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:					ACE OF DE	ATH (Chec	ck only on	•)					ł
IXSI	1 X YES 2 NO 1	☐ Inpatient 2 ☐	ER/Outpatient 3			ling Home	5 🗆 Res	_		(-p//	300		TLA	ND RD.	
	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF (Month, Da		265. TIMI INJ 1:1(E OF URY	28c. INJU WOI	RK?	ZNO.	DRI	VER I	N A	UTO	FIX	ED]
D BY	2 Accident investigation Suicide 6 Could not be	26e. PLACE OF	INJURY — At home					-	261. LOC	ATION (Street a	MDA(or Rural F	Route Numbe	er,	\mathbf{I}
ETE	4 Homicide detarmined			N RO	DAD				630	or Town, State) OBLK	.SU	ITLA	AND I	ROAD	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:) end mann	ner as stated.	1
BE C	200. SCHATUIN AND TITLE OF CERTIFIER	10	4.	1			29c. LICEI	NSE NUME	BER				(Month, De		+
5	ME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E.OF DEATH (ITEM	27) (Some	Print1		0.0	C.M.	E.		•	5-16	-199	93	1
	JUARON LOU	EE, M) 111			Str	eet,	Ва	lti	more,	Ma	ryla	and	21201	
	MAY 2 4. 1993	32/HEGISTRAF	Le signifique												1





1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF MA		TIMENT OF		MENTAL HYGIEN REG. NO		
100	1. DECEDENT'S NAME (First, Middle, Lest) SHIRLE	· Y	Mo	DONA	LD	2. DATE OF DEATH MONTH DO		year 6:43 p m
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign COUNTY) ASHINGTON, D
œ	577 60 9426 9a. FACILITY NAME (If not institution, give	street and number)	46		OR LOCATION OF		9c. COUNT	Y OF DEATH
5	PRINCE GEORGES		TY HOSPIT	AL CF	EVERLY	, MD	PRIN	CE GEORGES
DIRECTOR	MD PR	n INCE GEOR	1231	PITOL F	ATION IEIGHTS	, MD		10d, INSIDE CITY LIMITS? XYXXYES 2 \(\square\) NO
	10s. STREET AND NUMBER	LADE	-	1	01. ZIP CODE 20743		109. CITIZE	N OF WHAT COUNTRY?
FUNERAL	1676 BROOKS SQU	12. WAS DECEDENT E FORCES? 1			CENDENT OF HISP	ANIC ORIGIN? (Specify Yes		I. RACE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 X Drivorced	IF YES, GIVE WAR			S 2 X XIO Spec	cen, Puerto Rican, etc.) offy:		Specify: BLACK
ETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)		USUAL OCCUPAT work done during r		16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLI	Elementary/Secondary (0-12)	College (1-4 or 5+) 2yrs	ACCOUN'	TANT SU	JPERVIS	OR D.C.	GOVE	CRNMENT
ш	17. FATHER'S NAME (First, Middle, Last) WILLIE STEWA	RT			ARLENE	BROWN	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)		I .			of Route Number, City or Tow		
	ANGELA BRYANT 20a. METHOD OF DISPOSITION 1 57 Burlel 2 Cremation 3 Ref	moral from State	20b. PLACE AND DATE	OF DISPOSITION (JSTON, TEXAS by or Town, State
	4 Donatloy & Other (Specify)		HARMONY	MEMORIA	AL 5	/27/93 LA	NDOVE	R,MD
	/ Lack	Mel	llen	RALPI	H WILLI			rC
	23. ART I. Enter the diseases, or shock, or heart failure.	complications that co. List only one cause	aused the death. Do on each line.	not enter the m	ode of dying, su	ich as cardiac or respi	ratory arres	Interval Between
	immediate cause (Final disease or condition resulting in death)	CARI	DIU-PULN AS A CONSEQUENCE O	ONAR	ARRE	ST		Onset and Death
Z			CARIDIAL					
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OF	AS A CONSEQUENCE O	F):				
	PART II. Other significant condition	d	ath but not resulting	in the underlyi	na cause alven i	n Part I. 24s. WAS AN	ALTTOROV	24b. WERE AUTOPSY FINDINGS
DICAL					ing cause given i	PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MED					-			1 🗆 YES 2 🗇 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Check only one)		
HYSI	1 YES 2 ND		R/Outpatient 3 DOA	4 - Nursing Ho	me 5 🗆 Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOW II	NURY OCCU	REO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	Year) IN	M 1	YES 2 ND	200. 52001152 11017		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, farm, . (Specify)	street, factory, off	ice	261. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
COMPLETED						ue to the cause(s) and mar		cause(s) and menner as stated.
BE	205 SIGNATURE AND TITLE OF CERTIFIE	ED.			l de la constant de l			
٥	J. BERGER, MD	HD COMPLETED CAUSE (DE DEATH (ITEM 27) (Type	Print) AK	BETHE	SDA.MD =	2081	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Day	dalle	,	,		
	MAY 2 4 19	193 Ficha	the tensor of the					



FOR STATE REGISTE	RAF
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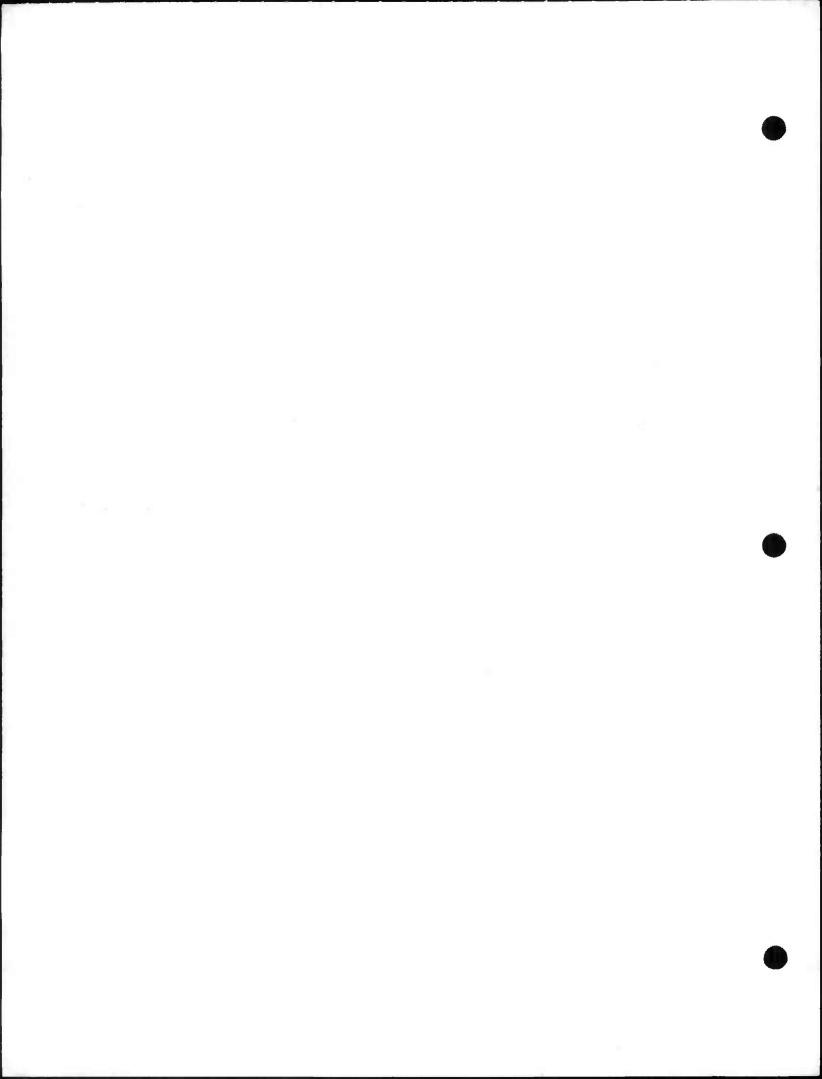
	1 - STATE REGISTRAR	STATE OF M					EALTH DEAT		MENTAL HYGIEN REG. NO				
- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	_	-51	3. TIME OF DEATH	
	ROSA		MA.	TTHE	WS				05 03		93	9:50AM	м
ij	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign	\exists
	578–56–5102	1 □ M 2 🔀 F	52	YRS.	111111				April 22,	1941		ington, D	d
œ	9e. FACILITY NAME (If not institution, give s						R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DE	АТН	
5T,	PRINCE GEORGE'S	HOSPITAL	CENTER			CHEV	ERLY			PRI	NCE C	EORGE 'S	Ц
REC	Monard 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION	الاسم ٢				10d. INSIDE CITY	\dashv
0		e George	S					Land	over			LIMITS?	
FUNERAL DIRECTOR	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								\neg				
N	8109 Manson Str								785	L.,	U.S		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	TEVER IN U.S. ARM YES 2 NO AR OR OATES	IED)		If yes, sp	ENDENT O	, Mexican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc. Black		
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OEC	EDENT'S	USUAL O	CCUPATIO	N et anekle		16b. KIND OF BUS	SINESS/IND	USTRY		\dashv
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Lerk		auring mo	si of workin	,	U.S. Pos	stal	Serv	ice	
COMPLETED	12th grade 17. FATHER'S NAME (First, Middle, Last)	1	C.	rerk			BOOK STORY						
BE CC	George F. Dudley	7					Ma	ry V	• Keys	Surname)			
10	190. INFORMANT'S NAME (Type/Print) Mr. James Matthew	rs (Husbar	nd) 8	MAILING 109	Mans	(Street o	St. L	ando	ver, Mary	Land	°2078	85	
	20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remo	oval from State	20b. PLACE AN	NDDATE	OF DISPOS	ITION (Na	me of			CATION —	City or Tow	n, State	\dashv
	4 Donation 5 Other (Specify)		Harmon	y Me						andov	er, l	Maryland	
	21. SIGNATURE OF PONERAL SERVICE LIE	W/M			R	lolli		uner	al Home, I			22212	
	23. PART I. Enter the disesses, or o	complications that	caused the des	th Do r	4	339	Hunt	Pla	ce, N.E. V	Wash.	D.C		4
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	S/S PR AS A CONSECU							atory and		Approximata interval Between Onset and Deati	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Ga	Stoom AS A CONSECU	esh	nal	ble	e dring	7					
CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	JENCE OF	7):								
CAL	PART II. Other significant condition	s contributing to	death but not re-	suiting i	n the un	derlying	cause g	yen in P				WERE AUTOPSY FINDINGS	3
Dic	Chr	nic Ken	al fai	Kun	<u> </u>	on	dval	Jh	1 TYES 2			COMPLETION OF CAUSE OF DEATH?	
X								0	_			T YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					20 80	105.05.05	AT11 404					4
SIC	EXAMINER?	HOSPITAL:	FR/Outnationt 3	DOA	OTHER	t :			ck only one)				\dashv
PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF I (Month, Day	NJURY	28b. TIM		28c. INJI WO	JRY AT		Other (Specify) 28d. OESCRIBE HOW IF	JURY OCC	URED		1
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At homits. (Specify)	e, term, s	Rreet, facto		ES 2	-	281. LOCATION (Street a	nd Number	or Rural Ro	ute Number,	\dashv
ETE	4 Homicide determined		:						City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIK one) 2 MEDICAL EXAMINED								o the cause(a) and man ime, date end place, and			end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	Jalli					29c. LICE	78	7.5	29d. DATE	SIGNED	Month, Day, Year)	1
2	30. NAME AND AGORESS OF PERSON WHO	1 4	E OF OEATH (ITEM	27) (Type,	Print)	,	2		^	7	/ T/	1.2	\dashv
	C.R.NATH, N.D.	14300 (siallant	- +	OX /	chy	Bow	ie, M	1)- 2071	5			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD	S SIGNATURE	- Pans	lall								7
	MAY 1 0 199	24 700											



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remond. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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•	01	Pag
		permit.
020	physician.	burial-transit
1215-0	r attending	use as the
AND 2	he hospital o	detached for
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MAR	retaine	shou
MORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physician	director, page 5 should be detached for use as the burlat-transit permit. Page

2 been signed by that, of Health and N After this certificate death with the State

OR ATTENDING PHYSICIAN: The law

P P 2

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30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)

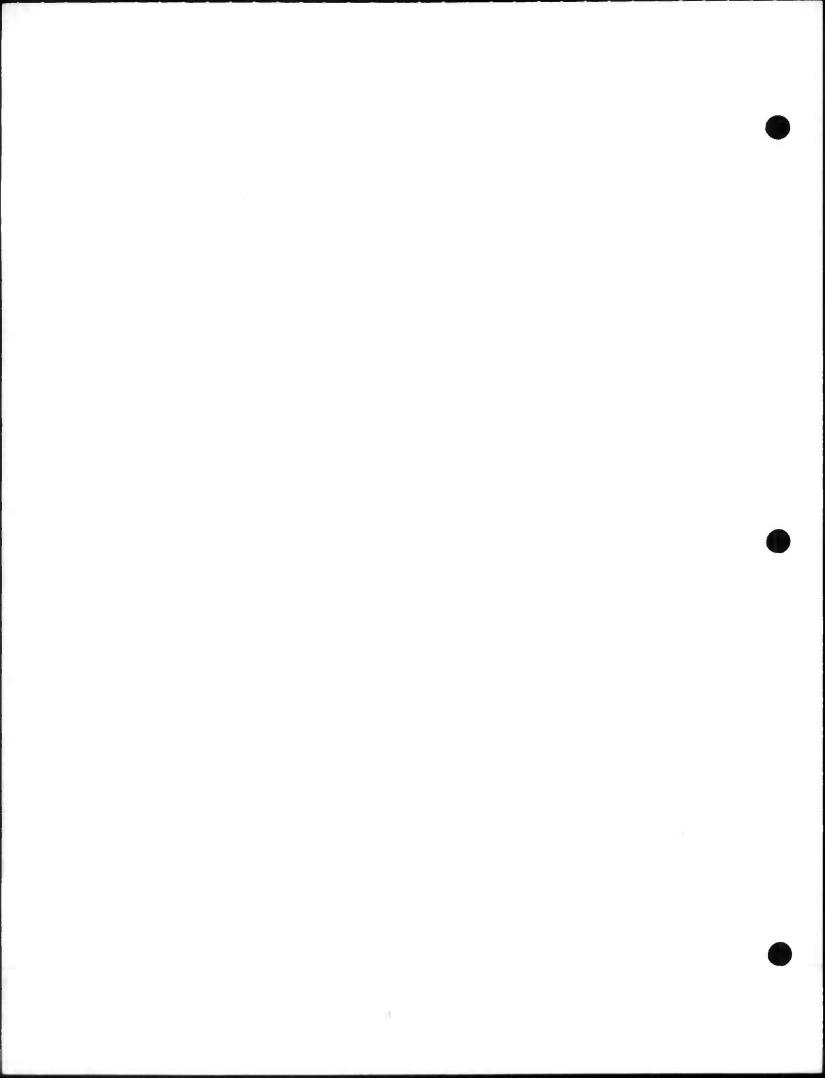
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1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATN Miles 93 COLANT 06 740 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS MIN. 578-20-0297 M 2 F YRS. 02 4 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland | Anne Arundel Harwood 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4750 I Flanders Lane 20776 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 2 X NO 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES ΒY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Prince Georges County Elementary/Secondary (0-12) College (1-4 or 5+) 8 School Security 0 Security Guard be notified at once. 17. FATNER'S NAME (First, Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE James W. Miles Minnie Weis Kettle 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Miles 4750 I Flanders Lane Harwood, Maryland 20776 20s. METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from State
4 Donation 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Fort Lincoln Cemetery 5-11-93 Brentwood, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FORT Lincoln Funeral Home 3401 Bladensburg Rd. Brentwood, Maryland 20722 namman medicai 23. PART I. Enter the diseeses, or complications that and **Approximate** shock, or heart failure. List only one caus **IMMEDIATE CAUSE (Finsi** the disease or condition resulting in death) event, OUE TO (OR traumatic CERTIFICATION Sequentially list conditions, DUE TO (OF if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO /OR AS A CONSEQUENCE that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATHY 1 TES 2 HO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL: OTHER: 1 YES Inpatient 2 | ENOutpatient 3 | DOA w 5 - Residence 6 - Other (Specify) 0 27. MANNET OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 125 sturel 5 Pending BY T YES 3 NO 2 Accident 28e. PLACE OF INJURY -At home, farm, street, fectory, office 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number City or Rein. State) L DIRECTOR: A ! hours after d ! item 28 is COMPLETED 6 Could not be 4 | Homicide CERTIFYING PHYSICIAN: To the best of my k death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE FUNERAL (MPORTANT: IL BE

Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS WHO COMPLETED CAUSE OF H (ITEM 27) 300 Ki a Davidson-Randell OHMH-16 Rev 1/89



1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF					
1. DECEDENT'S NAME (First, Middle, Last)		JEIII III	IOAIL O	DEA	111	REG. NO.	<u> </u>	3. TIME OF DEATH
Bruce I. Ma	rtin	_					, 1993	1:30 pm
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
220-60-2558	1x M 2 □ F 42	YRS.	GONTING CONT	HOORS	min.	OCT.14,195		ASHINGTON, D.C.
9a. FACILITY NAME (If not institution, give s	1000		9b. CITY, TOW	OR LOCATI	ON OF DE		9c. COUNTY	
13508 PARKLAND DR	RIVE		ROC	KVILLE	Ξ		MONT	GOMERY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	γ	10c CIT	Y, TOWN OR LO	CATION				
MARYLAND MONT	GOMERY	100.01						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	GOMEKI		RUCK	VILLE	F		10a CITIZEN	1 YES 2 NO
13508 PARKLAND DR	RIVE							
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS D		20853 OF NISPAN	IC ORIGIN? (Specify Yes	US.	A. RACE — American Indian,
1 Never Married 2 AMarried	FORCES? 1 YES 2 THE PROPERTY OF THE PROPERTY O	Йио	If yes,	specify Cuba ES 2 NO	n, Maxicar	, Puarto Rican, etc.)	2.22	Black, White, etc. Specify:
3 Wildowed 4 Divorced				- A	_		lw	HITE
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of v	USUAL OCCUPA	TION most of workin	ng	166. KIND OF BUSI	NESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us						
17. FATHER'S NAME (First, Middle, Last)	4 IASS	SISTAN	T MANA		12.7.17.1	DALTON		
HUGH I. MARTIN						AE (First, Middle, Maiden S		
19a. INFORMANT'S NAME (Type/Print)		105 MAII INC	ADDRESS (Com			RET D. AVI		
MARCEEN D. MARTIN								
20a. METHOD OF DISPOSITION	20h PLACI		PARKLA		TAF	ROCKVILLE	_	AND 20853
1 Donation 3 Rame	oval from Stata cemetery, c	crematory or of			v	1		
21. SIGNATURE OF FUNERAL SERVICE LIC	znyke / /	101 011	22, NAME	AND ADDRES	SS OF FAC			
* MAMOU	(L(",V0					LINS FUNER		
23. PARS-1. Enter the diseases, or o	complications that caused the	death Dog	500 t	INIVER	SITY	BLVD.,W.	SIL.SI	PR. MD. 20901
snock, or neert reliure.	List only one cause on each ilr	ne.	ot enter the n	node or dyl	ng, sucr	ea cardiec or respin	story arrest	interval Between
IMMEDIATE CAUSE (Finel disease or condition	OUE TO (OR AS A CONS	1 /2	notor.	YY -	10	C 1-		Onset and Death
resulting in death)	OUE TO (OR AS A CONS	EQUENCE OF	n:	414	601	7 0400	me	240
			,		(, v.
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EQUENCE OF	7):					
CAUSE (Disesse or Injury	c							ļ
that initiated events	DUE TO (OR AS A CONS	EQUENCE OF	7):					
resulting in deeth) LAST	d							
PART II. Other significent conditions	a contributing to deeth but not	reaulting i	n the underly	Ing cause o	ilven in I	Part I. 24s, WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
SPONTANO NI	Burean Ph					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	A Rusing		1114 -00	0)		1 D YES 24	₽ NO	OF DEATH?
						_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF O	EATN (Che	ck only one)		
EXAMINER? 1 ☐ YES 2 ♣NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA	OTHER:	ome 5 DrRe	aldence 1	3 ☐ Other (Specify)		
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. I	NJURY AT		28d. OESCRIBE NOW IN.	JURY OCCUR	EO
1 Natural 5 Pending 2 Accident investigation	(World, Day, Your)	in in		YORK? YES 2	NO			
3 Suicide 8 Could not be	28a. PLACE OF INJURY — At h building, etc. (Specify)	home, term, s	treet, factory, of	lice		28t. LOCATION (Street an City or Town, State)	d Number or F	Rural Floute Number,
4 Nomicide detarmined	an Interest Control							
29a. CERTIFIER (Check only	CIAN: To the best of my knowledge, o	death occurre	d et the time, de	ita and place,	and due t	to the cause(a) and mann	er as stated.	
one) 2 MEDICAL EXAMINES	R: On the beals of examination and/or	r investigation	n, in my opinion	death occur	ed at the 1	lms, data and place, and	due to the ca	tuse(a) and manner as stated.
200 SIGNATURE AND TITLE OF CENTURIES	(1000			29c. LJCE	NSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)
RIMIN	I IN			Dr	967	2	D 5/1	16/93
30. NAME AND ADDRESS OF PERSON WHO	OCUA, MD	EM 27) (Type,	808 P	WY 810	IA	در در	#217	L Rochille
MAY 27 1993	932, REGISTRAR'S SIGNATURE	dell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page B my Application TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be motified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

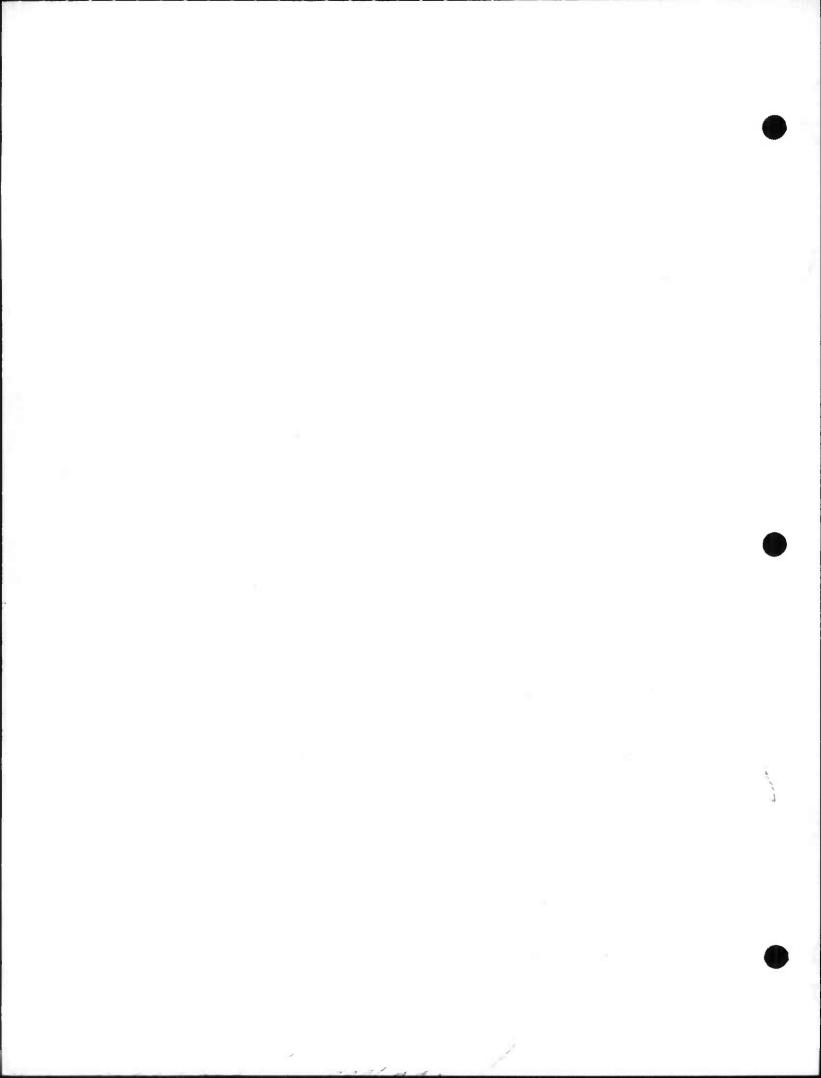
the detached for use as the burial-transit permit. Pages 1, 2, 3 should

ut by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

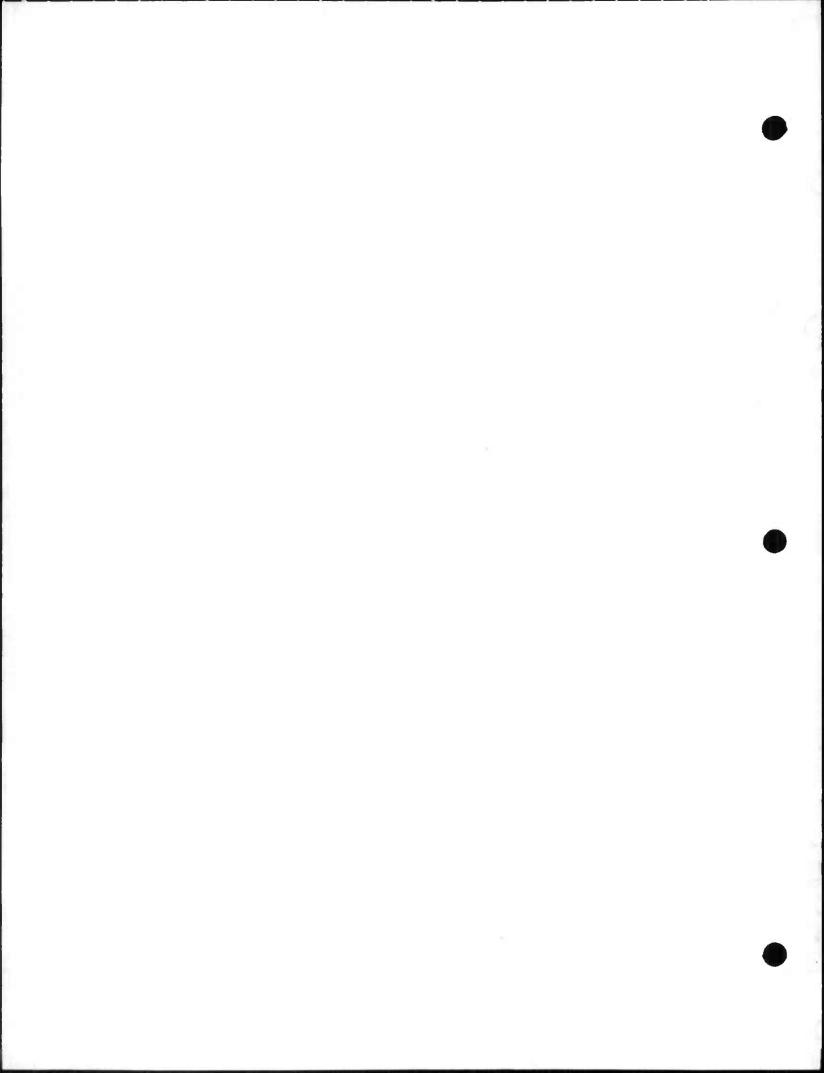


BALTIMORE, GARYLAND 21215-0020	. Page 6 may be retained the hospital or attending physicia	ral director, name 5 mount be detached for use as the burial-t
	in 24 hours after death	tely filled in by the fune
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may return to the hospital or attending physicia	TO THE FUNECTAR. After this certificate has been signed by the attending physician and completely filled in by the funeral directer has a few detached for use as the burial-te

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, I	ω .		MU	RPHI	1		2. DATE OF E	DAY	1	YEAR 3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF B			B. BIRTHPLACE (State or Fo	
	219-42-4114	1 € M 2 □ F	8	5 YRS.	MONTHS DA	YS HOURS	MING.	JUNE]		.907	PENNSYLVAN	
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	WN OR LOCA					NTY OF DEATH	
CTOR	HOLY CROSS	HOSPITAL			SILV	ER SE	RING			MON	ITGOMERY	
DIREC	10a. STATE 10b. CO			10c. CIT	Y, TOWN OR L	CATION					10d, INSIDE CITY	
					SILVER SPRING					1 YES 2 NO		
RAL	10s. STREET AND NUMBER			10f, ZIP CODE			DE	10g, CITIZEN OF WHAT COU			ZEN OF WHAT COUNTRY?	
FUNE	1900 WALLACE AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER I			IN U.S. ADMESS			20902			USA		
	1 Never Married 2 Married	FORCES? 1	FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC OF				verte Rican, etc.) Black, Whit			
B	3 Widowed 4 Divorced	IF TES, GIVE WA	WWII			1 VES 2 NO Specif				Specify: WHITE		
ETED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)		(Give kind of a	USUAL OCCUI		ding	16b. KIN	OF BUSI	NESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Ma. Do NOT us ITEE C	o retred.) F PROT	COCOT						
COMPL	17. FATHER'S NAME (First, Middle, Last	5+		ILEF C	or rkol	-	THER'S NAM	DIF			- U.S. GOVE	
Ö		,								,	IAM	
TO BI	19a. INFORMANT'S NAME (Type/Print)	1	FLIZABETH GRAHAM 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
F		RTELS]	115 EA	ST 86t	h STR	EET,	NEW YO	ORK,	NY	10028	
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3	Removal from State		EAND DATE (OF DISPOSITION	Name of		DATE			City or Town, State	
	4 Donation 6 Other (Specify)	E LICENSOR	I GATI	E OF H	EAVEN				SILV	ER S	PRING, MD	
	A SANG) _		FRAN	CIS J	. COL	LINS F	UNER	AL H	IOME, INC.		
_	23. PART i. Enter the diseases,	VALLA	Q		500	UNIVE	RSITY	BLVD.	, W.	, SI	L. SP., MD	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	DR AS A CONS									
K												
0	PART II. Other significant cond	itions contributing to c	leath but not	resulting i	n the under	ying cause	given in P		WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C	
MEDICAL C		itions contributing to d	leath but not	resulting (in the under	ying cause	given in P			ED?	AMAILABLE PRIOR	
MEDICAL C		N. L.	leath but not	resulting i	2	ying cause		_ 10	PERFORM	ED?	AMILABLE PRIOR COMPLETION OF C OF DEATH?	
SICIAN: MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatlent	3 □ DOA	OTHER:	S. PLACE OF	OEATH (Chec	ck only one)	PERFORM] YES 2 [NO NO	AMAILABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2	
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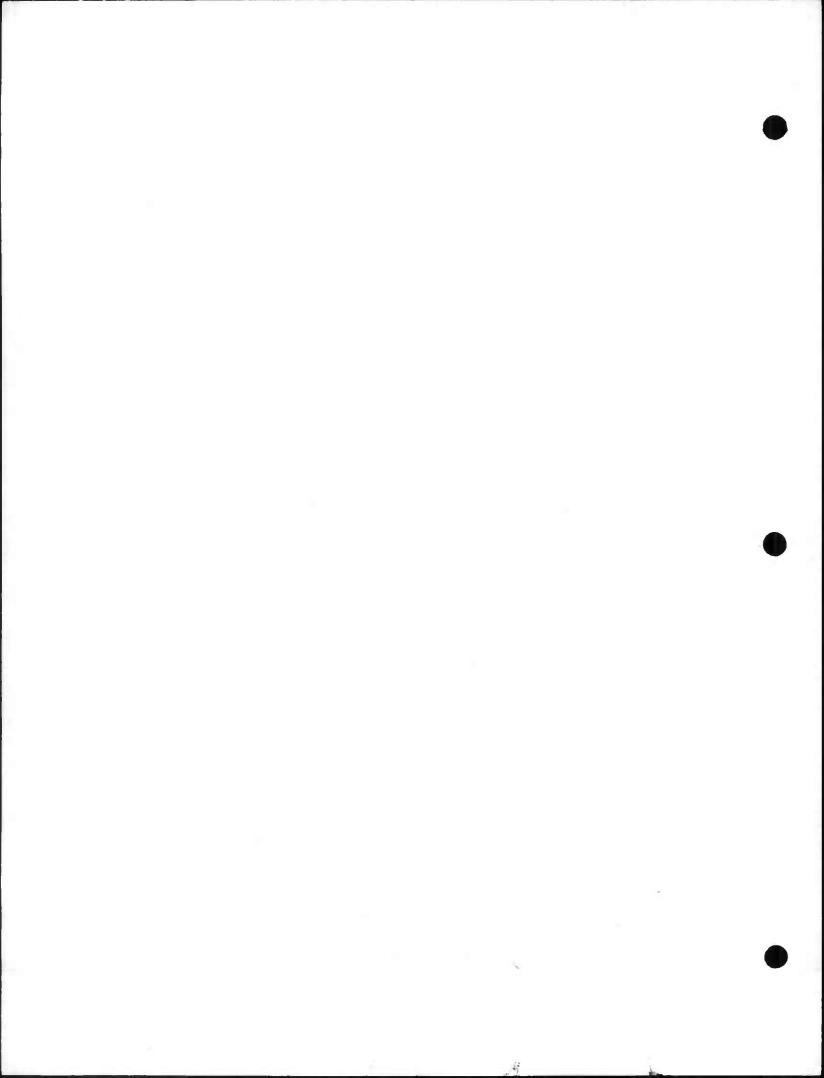
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) GRACE MARGARET McDANIEL 2. DATE OF DEATH 3. TIME OF DEATH M. McDaniel J race 3:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Morth, Day, Year)
APRIL 21, 1916 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formior DAYS 1 M 2 TF ILLÍNOIS Should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 106 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FAMILY REFUSED TO GIVE ULEVARD WEST, #406 20902 USA DECEDENTS SOCIAL SECURITY WAS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO F YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. NUMBER. WHITE its after death. Page 6 may be retained by the hospital or attendir in by the tuneral director, page 5 should be detached for use as it BALTIMORE, MARYLAND 21215for use as t COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) 12 MATHEMATICS TECHNICIAN COMPUTER INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 듙 LESTER BE OLIVER Η, GRACE R. BOWMAN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 CYNTHIA PRUCHA 14185 CLARKSVILLE PIKE, HIGHLAND, MD 20777 90 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 X Cremation 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must METROPOLITAN CREMATORY 51/20 ALEXANDRIA, VA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Cardio polmonery resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): prior to burial, DIVISION OF VITAL RECORDS, P.O. BOX 68 traumatic and Sequentially list conditions, if any, leading to immediate DUE TO (OH AS A CONSEQUENCE OF) HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be ceuse. Enter UNDERLYING erebral CAUSE (Disease or Injury Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Injury, or PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AWAILABLE PRIOR TO COMPLETION OF CAUSE Item 23 shows any 1 TYES 2 THO OF DEATH? 1 TYES 2 NO certificate has been the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, DIRECTOR: After this c hours after death with 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office 3 Suicide 6 Could not be determined 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide 29s. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE FUNERAL D
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED VMonth, Day, Year) BE In 93 03789 5/18 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
A RATI/AN HI WO 10313 GEORGIA # 302 A RAJVANGHI ANE Salver mo 20902. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall MAY 26 1993



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after hands	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the unemarked of filed within 72 hours after death with the State Deut, of Health and Mental Hydiere orior to burial, cremarilen, or embalt	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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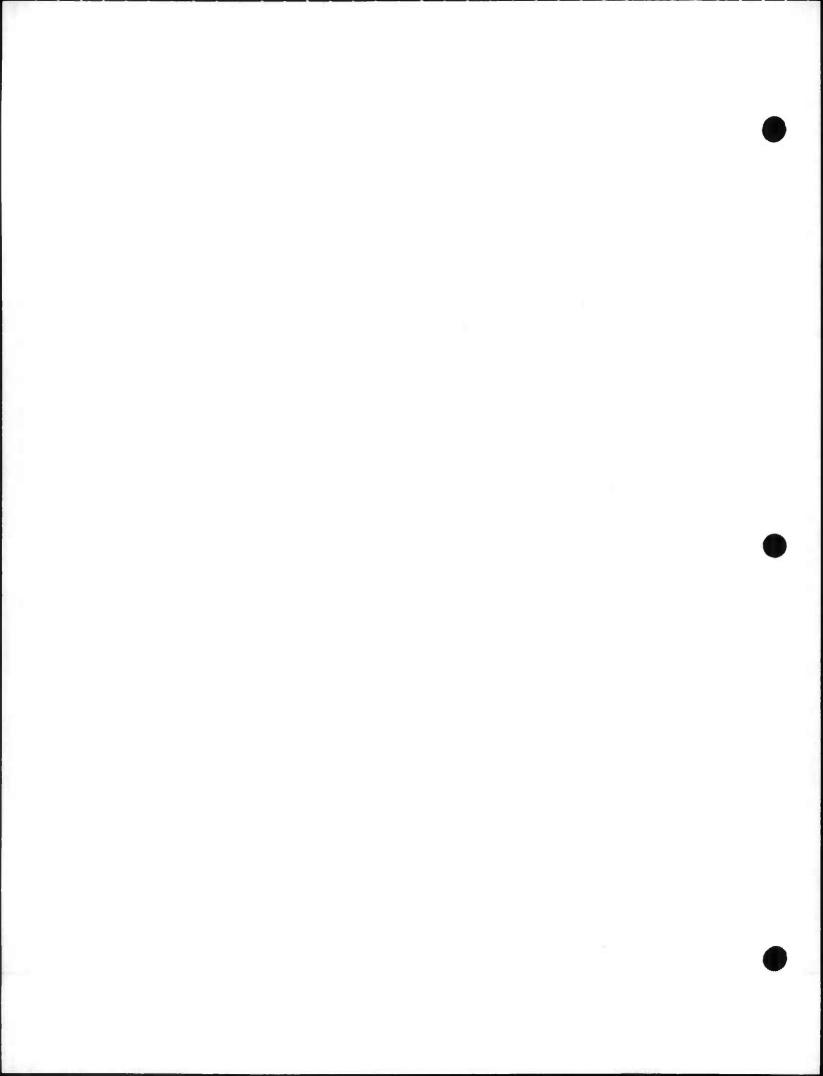
KENNETH GOLDSTEIN, M.D.

31. DATE FILED (Month, Day, Year) MAY 2 7 1993

	FOR STATE REGISTRAR	STATE OF I							MENT		_	3	16862
- 73	1. DECEDENT'S NAME (First, Middle, Last										1.1		3. TIME OF DEATH
	MAYER	MARAS	H										6:30 PM w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	-			_	7. DAT	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
- 9	577-02-9311	1 💢 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN	27. 1	919		
- 5	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATI	ON OF D	_			NTY OF D	DEATH
E C	8200 WISCONSTN AV	ENUE. #1	009		1	ветн	ESDA				MO	NTCO	MERY
5	RESIDENCE OF DECEDENT												
DIRECTOR							ION						LIMITS?
		OMERY		BE	THES								1 YES 2 NO
FUNERAL						101							
<u> </u>		1				-						TED	STATES
5		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. 1	MAS DEC	ENDENT (OF HISPAI	NIC ORIC	GIN? (Specify Ye	s or No—	14. RACI Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	2 XNO	Specif	y:			Spec	turre
8	15. DECEDENT'S ED	UCATION	16a DEC	"EDENT'S	HEHAL OV	CUPATIO	NA.		L	44 VIND OF BU	001500 (01	DUGTEN	MULTE
13	(Specify only highest grad	le completed)	(GA	ve kind of	work done o			ng		OU. KIND OF BU	OME39/IN	DUSTRI	
4	12	Conege (1~4 or 5		CONT	RACTO	OR				RIITI	DING	1	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First				
BE C	JOSEF MARASH						_	_	,		,		
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a			Route Nu		rn, Stata, Zi	o Code)	
٤	DR. ESTHER OCUIN	(DAUGHT	ER) 5	SPR	INGE	R CO	URT.	BET	HES	DA. MD	2081	7	
	30s. METHOD OF DESPOSITION	1	20b. PLACE A	ND DATE	OF DISPOS	TION (No	me of		_				own, State
	4 Donation 5 Other (Specify)	nove more posse	MT. L	EBAN	ON C	EMET	ERY		5/2	28 ADE	LPHI	MAI	RYLAND
	21. SIGNATURE OF PUNEROR, SERVICE	CEMBE								0.307401		OTTAD	7110 T110
	> Taker	- 1											
\neg	23. PART VEnter the diseases, or	complications the	t caused the dea	ath. Do i	not enter	the mo	de of dvi	TLLE	h ee ce	KE, KU	PKATT	LE,	
	anock, or neart latitude	List only one car	ise on each line.		iot oinoi	tile ille	ac or ay	mg, suc		aronac or resp	viatory ar	rest,	Interval Between
	disesse or condition	Mat	to to	10	1 2		- 1	6	0.0				0 2 -
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE O	F):		*	u	~ U				7 mor
z					•		0						j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEQ	UENCE O	F):								
3	cause. Enter UNDERLYING	C											
E	that initiated events	DUE TO	(DR AS A CONSED	UENCE O	F):								
EH	resulting in death) LAST	d											
LC	PART II. Other significant condition	ns contributing to	death but not re	sulting	in the un	derivino	Cause (niven in	Part i	24n WAS AN	AITTOREY	246	WEDE AUTODEV ENDINGS
							and the second			PERFO	RMED?	1	AWAILABLE PRIOR TO
										1 TES	NO E		OF DEATH?
Σ													1 TES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE DE O	FATH /Ch	ack only	onel			
Sic	EXAMINER?	HOSPITAL:	EB/Outpetlant 2	□ pos		t:							
Ħ	27. MANNER OF DEATH	1		1	- 17			eldence	_		INJURY OC	CUREO	
ВУ Р	1 Netural 5 Pending	(Month, E	lay, Year)	INJ	URY M	WO	RK?] ND					
	2 Diviside	28a. PLACE C	F INJURY — At hor	ne, Jarm, :	street, facto	ory, office						r or Rural I	Route Number,
E	4 Homicide determined	ounding,	чи. (эреспу)						Ch	ty or Town, State,			
COMPLETED	1. SCIENT SAME (PSS. MAGN. Lari) 1. OCCUPANT NAME (
M													a) and manner as stated.
			-/1			T				movement in			
BE	Dennie DD	Gold	000						#DEM				
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CALL	SE OF OFATH (ITEM	1 27) (Tree	Oriett		וע	211			M	AI Z	0, 1993

2141 K STREET, NW #707

WASHINGTON, D.C.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEAT	Ή		REG. NO				
- 4	1. DECEDENT'S NAME (First, Middle, Last)								DEATH			3. TIME OF DEA	TH
- 6	Donald J.	McDonald							_		YEAR	10.58	D M
1	4. SOCIAL SECURITY NUMBER	Part Part											
- 1	579 26 0872	CERTIFICATE OF DEATH REG. NO. DORIALD J. MCDONALD DORIALD J. MCDONALD NECESSARY MARK Least DORIALD J. MCDONALD NECESSARY MARK Least 2 26 0872 16 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 72 18 M 2 7 7 72 18 M 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7											
		CERTIFICATE OF DEATH REG. NO. DONALD J. MCDONALD DONALD J. MCDONALD SECRET YEAR ARMS. LANS 2.001 O TO AND THE MANY MARKET STATE ARMS. LANS OF THE MAIN ARMS											
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6	RESIDENCE OF DECEDENT				Bethe	sda				Moi	ntgoi	mery	
DIRECTOR				10c. CIT	Y, TOWN OR LO	CATION						104 INSIDE CIT	,
E	Maryland Monto	omery		В	ethesda						- 1	LIMITS?	
	10e, STREET AND NUMBER					101 7ID 000F		_		District one			NO
¥	9126 01d Coomestor	m Dood			1								
FUNERAL	11. MARITAL STATUS										rted	States	
5	1 Never Married 2 Married				13. WAS D	ECENDENT OF specify Cuban	HISPAN , Maxica	ilC ORIGIN? (Specify Yea an, etc.)	or No-	14. RACE Black	— American Indi	an,
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES 2 X NO	Specify	y:		- 1	Speci	White	
	15 DECEDENT'S EDUC	ATION	tes DE	CEDENTIO	1101111 000110			1000	with the			MILLICE	
	(Specify only highest grade	completed)	(Gi	ve kind of a	work done during	most of working	7	16b. KI	ND OF BUS	BINESS/IND	DUSTRY		
7	Elementary/Secondary (0-12)								7) so == le		h		
COMPLETED	47 EATHERIC MANE COLOR LEGISLE 1	4	A.	LCIII	rect						ture		
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			8.	126 (Old Geo	rgetow	n Re	oad, E	Bethe	sda,	Md.	20814	
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetton 3 ☐ Remo	val from State	cemetery cres	matory or o	ther place)								
	4 Donation 5 Other (Specify)		Parkl	awn 1	Memoria								
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE			22. NAME	AND ADDRESS	S OF FAC	Ch Rob	ert	A. Pi	umphi	rey Fune	ral
_ 3	MA / T	1	M00	689									1914
	23. PART . Financian diseases, or co	omplications that	caused the day	eth. Do n									_
- 1	Aground Haart tallure, L	iat Dnly Dne Ceus	e on each lina.		or arrear tire in	loca or dylli	ıy, «ucı	r en cerdial	or reapi	ratory arr	eat,		
- 1	iMMEDIATE CAUSE (Fine) disease or condition	1		7								Onset and	Death
l	resulting in death)	_ Kes	Pharla	71	allu	re						44	-2-
		DUE TO (OR AS A CONSEC	DUENCE OF	F):	1 . 4	1	- P	1.		7	3 V	no
S I	Sequentially list conditions,	- ENG	Stage	CM	ronce	22/10	cari	re 1 n	lun	ary	U.		
F	it any, leading to immediate cause. Entar UNDERLYING	5011	050 R	LL	· Fa	1 .0.						64	un
윤내	CAUSE (Disease or injury	DUE TO (OR AS A CONSEO	UFNCE OF	2 (00)	1000	2 M	3					0
토	resulting in death) LAST											1 6 d	anci
CERTIFICATION													P
	PART II. Other aigniticant conditions	contributing to	leath but not re	suiting i	n the underly	ng cause gl	ven in I	Part i. 24			24b.		
DICAL								١.				COMPLETION DF	
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5 I								-				1 1E3 2	10
Ź∥	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEA	ATH (Cho	ck only one)					$\overline{}$
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	EB/Output	_ no.	OTHER:								
<u>₩</u>	27. MANNER OF DEATH						Idence			I di ima			
	1 Natural 5 Pending	(Month, Day	(Year)		URY V	ORK?		260, DESCHI	IBE HOW II	AJUHY OCC	CURED		
à		28a PLACE OF	IN HIDY As box	no form o			NO						
유		building, a	tc. (Specify)	no, tarm, a	Rreet, factory, on	ica				nd Number	or Rural R	oute Number,	
ᄪ	an orange												
릴	29a. CERTIFIER (Check only one)	IAN: To the best of m	y knowledge, des	th occurre	d at the time, de	te and pleca, a	and dua	to the cause(s) and men	ner as stat	ed.		
COMPLETED	2 MEDICAL EXAMINER	On the baels of exa	mination end/or in	westigation	n, in my opinion.	death occured	d at the t	time, dete end	d place, en	d due to th	e ceuse(s)	and manner ee s	lated.
	296. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LICEN	ISE NUM	BER		29d. DATE	E SIGNED	(Month, Day, Year)	
BE	Whenth	fee m				DE	512	82	[1 5	-/2	6/93	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)					ی	/	- 0 7	
	30. NAME AND ADDRESS OF PERSON WHO 8 21 8 Wis Caus	sin Ave	1410	5	Beth	esda	m	D 2	305	14			
	31. DATE FILED (Month, Day, Year)											-	$\overline{}$
1	MAY 28 1993	gulia De	S SIGNATURE	ndell	•								- 1

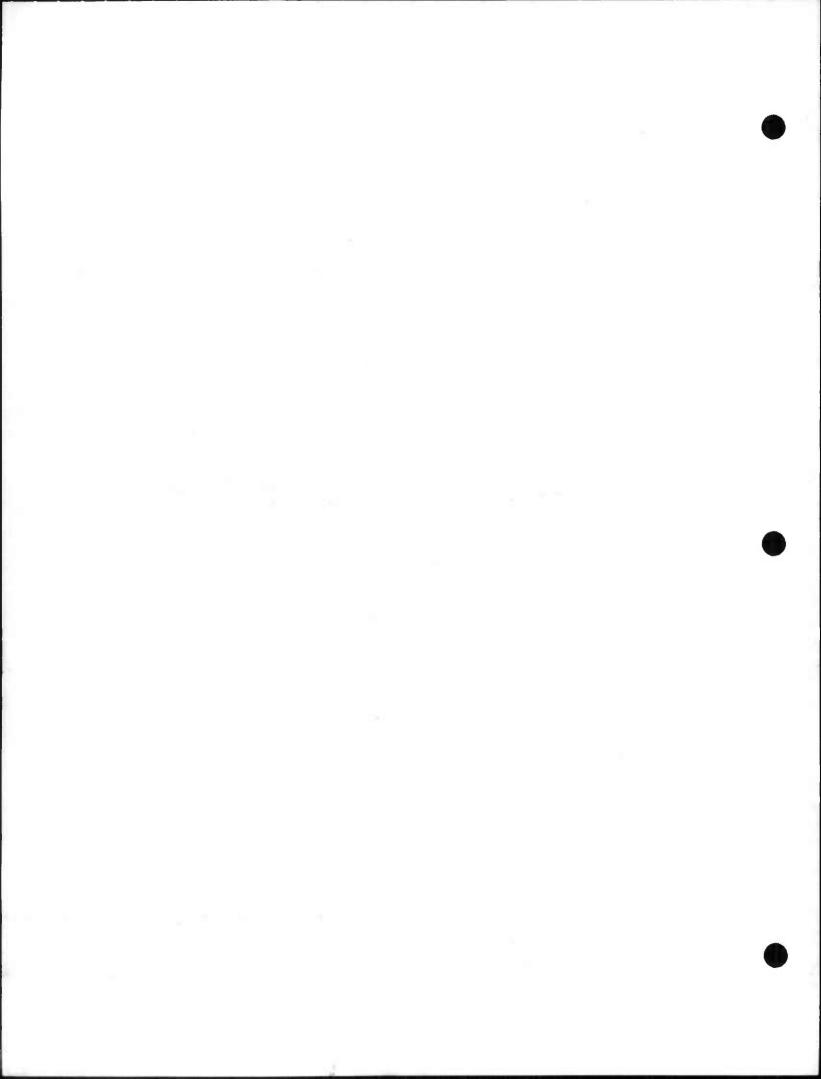
rety the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not

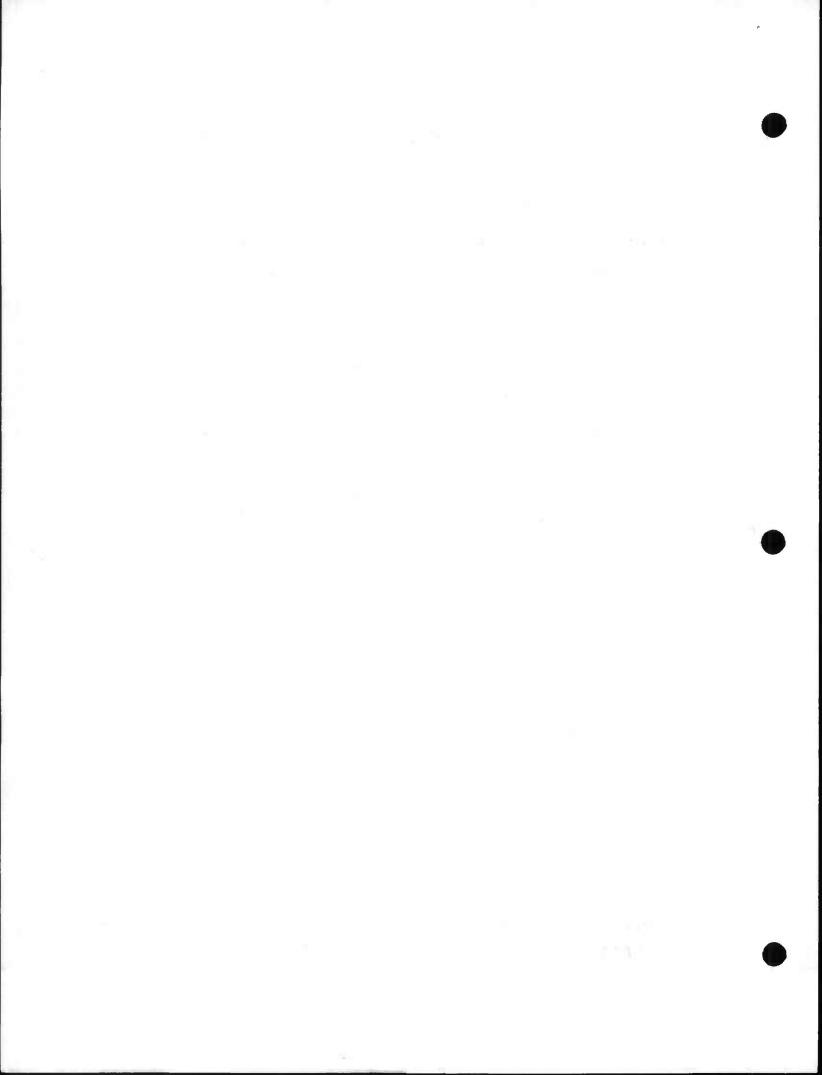
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1	,	STATE REGISTRA	F
	1.	DECEDENT'S N	1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50		REGISTRAR			ERIIF	ICALE	: OF	DEATH		REG. NO).		
		1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATN
			Ruth	L. McK	av				May	25,	1993	YEAR	1:55 am M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE C		1	A. BIRTHE	LACE (State or Foreign
		220-44-0392 т	1 M 2 F	96	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)	1000	Country)	
pino		9a. FACILITY NAME (If not institution, give st	met and number)	90		Sh CITY	TOWN (OR LOCATION OF GE		. 19,	7	ITY OF DE	Maine
3 should	œ					JU. 0111,					SC. COUR	IT OF DE	ain
1, 2,	DIRECTOR	Shady Grove Adve	ntist Ho	spital	4			Rockvill	.e		Mo	ontgo	omery
Pages 1	<u> </u>	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION					10d, INSIDE CITY
Pag	뜽	Maryland	Montgome:	rv				Garrett	Darl	,			LIMITS?
permit.		10e. STREET AND NUMBER	inome gome.	-1			104	f. ZIP CODE	· rali		T to- CITIZ		1 YES 2 NO
8	A	CONTRACT CONTRACTOR											
020 physician. burial-transit	FUNERAL	4404 Oxfo	rd Street			1		2089					States
215-0020 attending physician se as the burial-tra	교	1 🔀 Never Married 2 🔲 Married	FORCES? 1	YES 2 K		11	yes, sp	CENOENT OF HISPAN ecify Cuban, Maxice	n, Puerto Ri		s or No—	14. RACE - Black,	- American Indian, White, etc.
the b	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	2 NO Specify				Specify	
15.		15. DECEDENT'S EDUC	ATION	164 D	ECEDENT'S	USUAL OC	CUBATI	ON	105	VIND OF BU		10777	White
212		(Specify only highest grade	completed)	(0		work done di		ost of working	100.	KIND OF BU	SINESS/INDI	JSTHY	
of tal	٦٦	Elementary/Secondary (0-12)	College (1-4 or 5+	•)							T D		
AND the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	12		Sup	ervis	SOL	1			I.R.	.s.	
ALA by the be de	- 1							18. MOTNER'S NA	ME (First, M	iddle, Maiden	Surneme)		
RY ed by uid be at	띪		ver McKay								nine I		ng
MARYLAND 21215-0020 retained by the hospital or attending physic should be detached for use as the burial notified at once.	٩	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	and Number or Rural F	Route Numbe	w. City or Tow	n, State, Zip	Code)	
My ber		Alice M. Remle			1404	Oxfor	cd S	Street Ga	rrett	Park	c, Mai	cylar	ld 20896
ORE 6 may ctor, pag		20a. METHOD OF DISPOSITION XXBurial 2 □ Cremation 3 □ Ramo	wal from State	20b. PLACE cametary, cri			TION /Na	lay 26, 1	DATE	20c. LO	CATION - C	ity or Tow	n, State
- 00 -		4 Donation 5 Other (Specify)	var nom oute				nori	al Park	993	Roc	ckvill	le. M	aryland
Page al direc	- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//		22 N	IAME AN	UD ADDRESS OF FA	CILITY				
deral Pag		· //- 0	X /	11		Be	ethe	sda-Chev	y Cha	ise,]	inc.	1511e/	Wisconsin -3501
	\neg	23. PART I. Enter the discesses, or o	omblioment that		40033	5 Az	zenu	e Bethes	da. M	Maryla	and 20)814-	
or remove		ehock, or heert fellure.	List only one ceu	se on each line	eath. Do r e.	not enter i	tne mo	ide of dying, suci	n as cardi	ac or resp	Iratory srre	et,	Approximate Interval Between
24 Miled Bon. o		IMMEDIATE CAUSE (Final disease or condition		į.	1		11		- 4		1		Onset and Death
五 使用		resulting in death)	LAR	DIAC	AA	814	THI	MIA	15	450	The		Acuto
68760, ecuted within and complete burial, crem affic event,			DUE TO	(OR AS A CONSE	QUÊNCE O	F): /		(
x 68 mecuta to burta to burta	Z	Sequentially list conditions,	J										
	Ĕ	if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE OF	F):							
BOX cate be hysician prior to	2	CAUSE (Disease or Injury	L										
P.O. B th certificat tending phys all Hygiene p or other	# 1	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):							
a Hend	CERTIFICATION	resulting in death) Exist	l										
OS, For death the atter Mental		PART II. Other significent conditions	s contributing to	deeth but not	resulting	in the unc	ierlylni	n ceuse given in	Part I	24s. WAS AN	AUTORCY	245.1	VERE AUTOPSY FINDINGS
The state of the s	EDICAL			access due tout	. counting	in the dire	zerrynn	g couse given in	rart I.	PERFOR		1	WAILABLE PRIOR TO
CO res the earth a									-	1 TYES 2	NO M		COMPLETION OF CAUSE OF DEATH?
REC v requires been sign ft. of Heal	Σ											1 1	YES 2 NO
3 c s s	SICIAN:			<u>/</u>									
F 88 5	ਰ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	_	ACE OF OEATN (Chi	ick only one)			
> 4 5 9 5	YSI	1 🗆 YES 2 🗔 10	1 Nonpatient 2	ER/Outpatient 3	□ DOA			e 5 🗆 Residence	6 🗆 Other	(Specify)			
OF PHYSIC This ce with th	РНҮ	27. MANNER OF DEATH	26a. DATE OF (Month, De		28b. TIM	E OF	28c. INJ WO	URY AT	28d. DE\$C	RIBE NOW I	NJURY OCC	UREO	
ON ON OR After this death with a marked	ВУ	1 Natural 5 Pending 2 Accident Investigation				M	1 🗌 1	YES 2 NO					
NDIN NDIN		3 Suicide 8 Could not be	26e. PLACE Of building.	F INJURY — At he atc. (Specify)	ome, term, s	street, facto	ry, offic	•		TION (Street in Town, State)	and Number	or Rural Ro	ute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	1	4 Nomicide determined		,					Only Or	iown, state)			
DIV OR A DIREC hours	٦	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occum	ed at the tin	ne date	and place, and due	to the caus	e(e) and ma	nner ee etete	d	
単 32 2 =	COMPL	(Check only one) 2 MECICAL EXAMINE											and manner as eleted
HOSPITAL FUNERAL WITHIN 72	8				0	,, .,			tille, data a	ino piaca, ai	id due to the	cause(s)	ino mariner de stated.
TO THE HOSPI TO THE FUNER OF filed within	H	296. SIGNATURE AND TITLE OF CHATIFIER	- 12	1111				29c. LICENSE NUM	BER		29d. OATE	SIONED (Wonth, Day, Year)
5 5 8 E	0	1 lenter se	200g	MN				1016450	-		M	41/2	5,1993
_		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DAUS	SE OF OEATN (ITE	M 27) (Type,			4	Al		40 1		
		TROMASE, LOD	ey MIN	1790	4/52	3016	9/1	1 Avenu	e ()1,	NOY	101	20	877
		31. DATE FILEO (Month, Day, Year)	92. AEGISTRA	D'S SIGNATURE	1.00	-0.5				/-			
		MAY 2.8 1993	June 1	evidson-R	Morne								



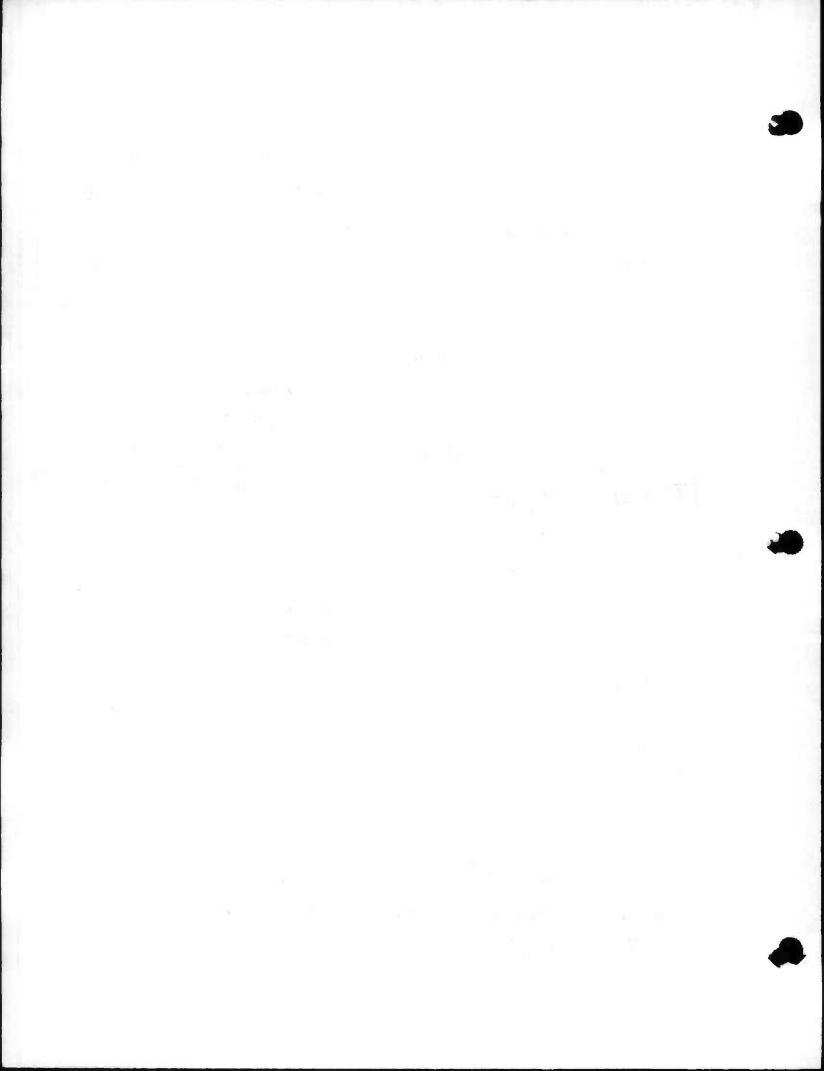
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DIVISION OF VITAL RECORDS, P.O. BOX 13146	5	神気
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with the contribution of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committee in the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to furth, committee or permittee of permittees of permittees or
	2	23

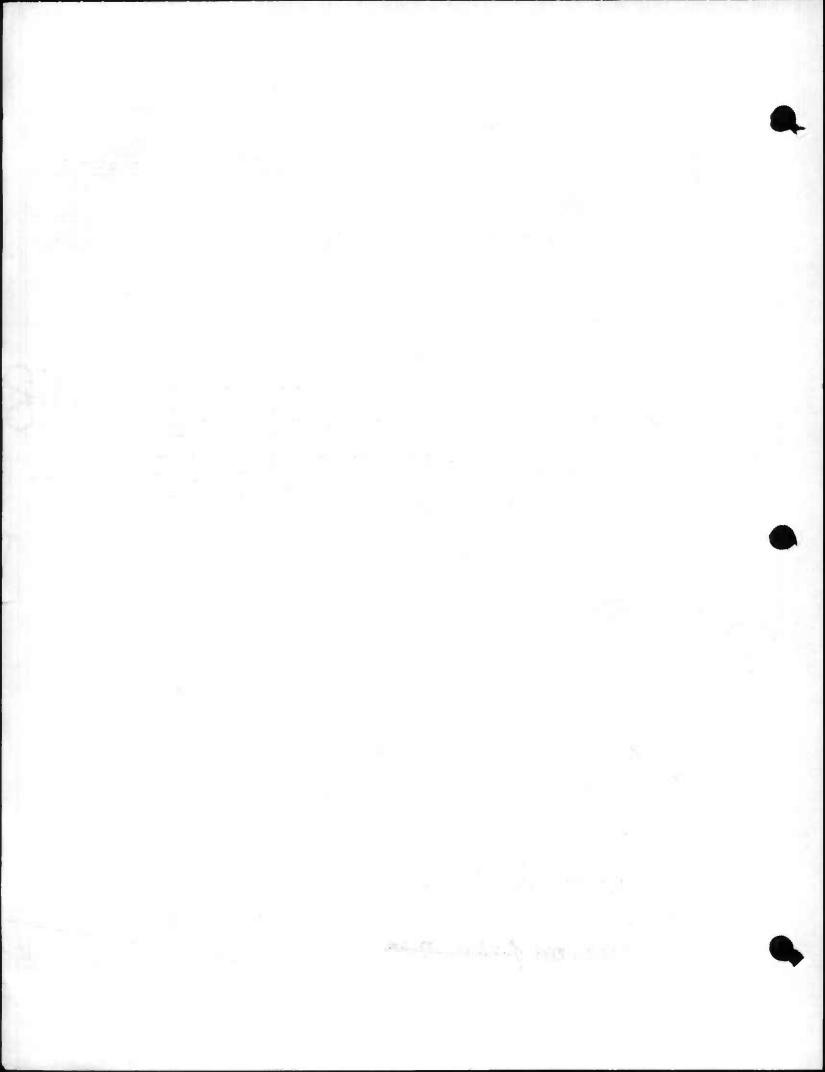
	,	Hilda	Lee M	lusterman	1					MONTH Malu	24		YEAR 3.	D M
	ı	4. SOCIAL SECURITY NUMBE		5. SEX	6, AGE (In yrs. Is		IF UNDER 1 Y		ER 24 HRS.	7. DATE OF (Month, I	BIRTH			CE (State or Foreign
		220-36-6686		1 🗆 M 2 🏋	86	YRS.		AYS HOURS		Jan :	7 1907		Mary	
۵ ا		9a. FACILITY NAME (If not inst		- A	2			WN OR LOCA		EATH			TY OF DEATH	
DIRECTOR		Annapolis (CONVAL	escent (enter			Annapo	ilis			Anı	ne Aru	indel
H.		the state of the s	10b. COUNTY				, TOWN OR							I, INSIDE CITY LIMITS?
- 1	16.	MD 10e. STREET AND NUMBER	Anne	Arundel		A	nnapo	LUS 101, ZIP CO	0.5			40 - OFF176	EN OF WHAT	YES 2 NO
BA		226 Gibson	Road					101. 210 00	2140	1			ted Sa	
FUNERAL		11. MARITAL STATUS	7,0000	12. WAS DECEDEN	IT EVER IN U.S. A	RMED		B DECENDENT	OF HISPAR	NIC ORIGIN?				American Indian.
BY F	- 13	1 Never Merried 2 No. 8		IF YES, GIVE V	YES 2 X	OPP .		YES 2 TYPE			en, etc.)		Specify:	
	- 18	15. DECE	DENT'S EDUC		16a. D	ECEDENT'S	USUAL OCCI	JPATION		18b. K	IND OF BUS	INESS/INDU	STRY	White
once.		(Specify only Elementary/Secondary (0-1	highest grade (completed) College (1-4 or 8		Give kind of w le. Do NOT us	ork done duri e retired.)	ng most of wor	king					
A P		12			S	ecret	ary						ucatio	on
5 5		17. FATHER'S NAME (First, Mid	ddle, Last)							ME (First, Mic Warfi		Surname)		
fled a		Joseph Lee	pe/Print)		1	9b. MAILING	ADDRESS (S	treet and Numi		-		, State, Zip C	Code)	
To let	2	Jay Badeaux	x		-	226	Gibs	on Roa	id Ai	nnapol	cis, 1	ID 21	101	
examiner must be notified at once. TO BE COM		20a. METHOD OF DISPOSITION X Surial 2 Cremellon	ON n 3 🗆 Remo	oval from State	an other	n/ece)		of cemetery, cr	-				lly or Town,	
E		21 SIGNATURE OF FUNERAL		ENGER /	- Y yead	r Blu	66 Ce	metery	RESS OF EA	CILITY 7	Anno	ipoli	, Ma	ryland uneral Hon
u u		- Mallal	1.1	4.4			117	Dubo	04 G	Paulan	ton G	t ayx	LOR FL	ineral Hon lis, MD
-	4	23. PART I. Enter the die	× - v	emplications the	t caused the	feeth Don								Approximate
lhe Med		ahock, or he iMMEDIATE CAUSE (Fine disease or condition resulting in death)	art failure. I	List only one car	use on each lin	10.) _	_			interval Between Onset and Death
2 2				A	94))	·):							
ry, or other traumatic		Sequentially flat conditions if any, leading to immed		DUE TO	(OR AS A CONS)	- 8	./		, -	\sim	1	
SI CA		cause. Enter UNDERLYIN CAUSE (Disease or Injur		c. H	LOR AS A CONS	-	15	uspe	CH	cd	ben	N	10/	
to I		that initiated events resulting in death) LAST		202.10	Dro.	-	nu	tant	at	5	lasa	an	٠.	
C. S.	- 11	DARY II Oshan similiana		0				400		- L				
shows any injury, or other traumatic ew MEDICAL CERTIFICATION		PART II. Other algnificer	- Condition	s contributing to	deeth but no	resulting i	n the unde	rrying caus	e given in		PERFOR	MED?	AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
WS a		-590	70	9						-	1 YES 2	OXUXO	OF	DEATH?
-										_				
or item 23		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		1	отнея:	26. PLACE OF	DEATH (C	heck only one)				
9 >		1 TES 2 NO		1 Inpatient 2		1	4 Nursin	g Home 5 🗆	Rasidenca					
P. P.			Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIM	URY	Ic. INJURY AT WORK? 1 YES 2	ON 🗆	28d. DESC	RIBE HOW II	NJURY OCC	URED	
		2 Outelds	nvestigation Could not be	28e. PLACE (OF INJURY — At	home, farm, s						and Number (or Rural Route	» Number,
			delarmined	building	, etc. (Specify)					City or	Town, State)			
IMPORTANT: If Item 28		one)		CIAN: To the best of										nd manner as stated.
PORTA	ı	29b. SIGNATURE AND PITLE	OF CERTIFIES	- A	ui)				ICENSE NU			29d. DATE		onth, Day, Year)
₹	- 13	30, NAME AND ADDRESS OF	PERSON WIL			TEM 270 /5000	Print	1	3199	/			may 2	25, 1993
1		Andrew G. (Gordon	. M.D.	16 Mur	au Av	enue	Annax	olis	. MD 2	1401			
		31. DATE FILED (Month, Day,)	Year)	32. REGISTR	AR'S SIGNATURE	Bondal	a_			,				
- 1	1	MAY	7 7 10	IVIK GROVA	I KNOW (OCTOR &									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

16865



	FOR 1 - STATE REGISTRAR		STATE OF N								E	3	16866
	1. DECEDENT'S NAME (First)	, Middle, Last)							-	2. DATE OF DEATH			3. TIME OF DEATH
	Elvira	Picker P											
		CERTIFICATE OF DEATH REG. NO. CERTIFICATE OF DEATH REG. NO.											
	577-07-181	SATE OF MARITANNO J DEPARTMENT OF PREATH AND MENTAL HYGINE CERTIFICATE OF DEATH PRES. NO. TOTAL SECURITY MARKS (PM. MADE LANGE) AM SECUR											
		STATE OF MARTINAN OF DEPARTMENT OF PEARLY AND MENTAL PYGENE PROCESSION. DECEDERATE PARAMETERS AND PROFESSION A											
DECEDENT NAME (FIRST, MOSSIL, LEAST OF DEATH OF DEATH REAL PART NOT MENTAL PART NAME (FIRST, MOSSIL, LEAST OF DEATH OF DEATH REAL PART NAME (FIRST, MOSSIL, LEAST OF DEATH OF					Anı	ne Ar	rundel						
2			Υ		10c CIT	Y TOWN O	B LOCAT	ION					Las words own
E E	1. DECEDENT'S NAME (First, Mickie, Last) Elvira Flynn Merrill 4. SOCIAL SECUNITY NUMBER 5. SEX 8. AGE (in yrz. lest birthday) 5. SEX 8. AGE (in yrz. lest birthday) 6. SEX 9. AGE (in yrz. lest birthday) 9. BL. FACILITY NAME (if not institution, give street and number) 6. SEX 9. AGE (in yrz. lest birthday) 9. BL. FACILITY NAME (if not institution, give street and number) 9. BL. FACILITY NAME (if not institution, give street and number) 9. BL. FACILITY NAME (if not institution, give street and number) 9. BL. FACILITY NAME (if not institution) 100. STREET AND NUMBER 4000 River Crescent Drive 11. MANITAL STATUS 100. STREET AND NUMBER 4000 River Crescent Drive 11. MANITAL STATUS 11. DECEDENT'S EDUCATION 12. SURVidended 4 Diverced 13. DECEDENT'S EDUCATION 14. SPECIAL STATUS 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USING 15. DECEDENT'S EDUCATION 16. DECEDENT'S USING 16. DECEDENT'S USING 17. FATHER'S NAME (First, Mickie, Lest) 17. FATHER'S NAME (First, Mickie, Lest) 17. FATHER'S NAME (First, Mickie, Lest) 18. DECEDENT'S USING 13. SEX 2 YRS. 18. DECEDENT'S EDUCATION 18. INFORMANT'S NAME (First, Mickie, Lest) 19. DECEDENT'S USING 13. SEX 2 YRS. 18. DECEDENT'S USING 13. DECEDENT'S USING 14. DECEDENT'S USING 15. DECEDENT'S USING 15. DECEDENT'S USING 16. DECEDENT'S USING 17. FATHER'S NAME (First, Mickie, Lest) 17. FATHER'S NAME (First, Mickie, Lest) 18. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT'S USING 19. DECEDENT											LIMITS?	
اد	1. SECONTY NAME FOR MORE, LEVY TO PORT HE OF DEATH SALE OF MARKY AND JUPPARTMENT OF HEALTH AND MARKY AND THE PRESENCE OF DEATH SECONTY NAME FOR MORE, LEVY SECONTY NAME FOR MORE, LEVY 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME FOR MORE 1. SECONTY NAME												
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N.	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	112 1	MS DEC	ENDENT (VE MICOAL	HC OBIOINS (Seconds, Mar	No		
			FORCES? 1	YES 2	MO	H	yes, spe	ecify Cuba	n, Mexica	n, Puerto Rican, etc.)	or No-		
	3 🔀 Widowed 4 🗌 Divo	rced	17 123, GVE W	AN ON DATES		'	YES	5 (Vinh	Specin	<i>t</i> :		Spec	
ED	15. DEC	EDENT'S EDU	CATION	16a.						16b. KIND OF BU	SINESS/IN	IDUSTRY	MILLE
Ш				.)	We. Do NOT us	e retired.)	unng mos	st of workii	ng				
MPI	12				Homen	ıaker				H	ome		
00								18. MOT	HER'S NA	ME (First, Middle, Meiden	Sumame)		
ш	John Flynn							Mi	rian	n Davies			
										Route Number, City or Tow	n, State, Z	(ip Code)	
-					135 F	'aiar	Tuc	k Hi	11	Annapolis	, Ma	rylaı	nd 21405
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State										
	4 Donation 5 Other	(Specify)	1	Ft.	Lincol				05-	-24-93 Br	entw	ood,	Maryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE		1	22. N	AME AN	D ADDRE	SS OF FA	John M.	Tay:	lor I	Tuneral Home
	11/1/	VIM.	14.00) mil	es	14	7 Du	ike o	of G]	Loucester S	St.	Annar	polis, MD
	23. PART I. Enter the di	season, or	complications that	caused the	death. Do r	ot enter	he mod	de of dy	ing, auci	h as cardiac or respi	ratory a	rreat,	Approximate
	anock, or ne	eart fallure.	List only one cau	se on each	ine.								
	disease or condition	→	7	11 RS	TIO								Circuit and Datati
	reading in death)	•	DUE TO			F):						_	
z			b .										
일	if any, leading to immed	diate	DUE TO	OR AS A CON	SEQUENCE OF	F):							
5			с										
# 1			DUE TO	OR AS A CON	SEQUENCE OF	ት :							
E I			d	-									
_	PART II. Other algnifica	nt condition	a contributing to	death but no	t resulting i	n the unc	lerlyIng	cause (lven in	Part I. 24s. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
2										PERFOR	MED?		
0										1 YES 2	NO		
2 2										_			1 1ES 2 NO
¥		MEDICAL.				-	26. PL	ACE OF D	EATH (Chi	ick only one)			
Sic				ER/Outpatient	3 DOA			5 🗆 Re	sidence	6 Other (Specify)			
ξ						E OF	28c. INJU	JRY AT			JURY O	CCURED	
			(MORTI, Da	ny, rour)	183				NO				
	2 Deutste		26a. PLACE Of	F INJURY — At	home, farm, a	treat, facto	ry, offica			261. LOCATION (Street a	nd Numbe	er or Rural I	Route Number,
田			bullaning,	intel (Specify)						City or lown, State)			
٦	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge.	death occurre	d at the tin	no data	and place	and due	to the course(s) and made		nt a d	
N N													a) and manner as stated.
				4		_							
H	Rr	PI	MU							DEN	≥ 1	May 2	24. 1993
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (TEM 27) (Type.	Print)					-	- 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							กำรอ	Ann	anol	ie MD orl	rO.		
	Lisa A. Di	(bar)	32. REGISTRAI	R'S SIGNATURI	E	נע טט	- T A C	MIII	apol	- LU CT	+OT		
					-	-							
	MAY	9 5 10	32. REGISTRAL	Davidair	- Forda	2							



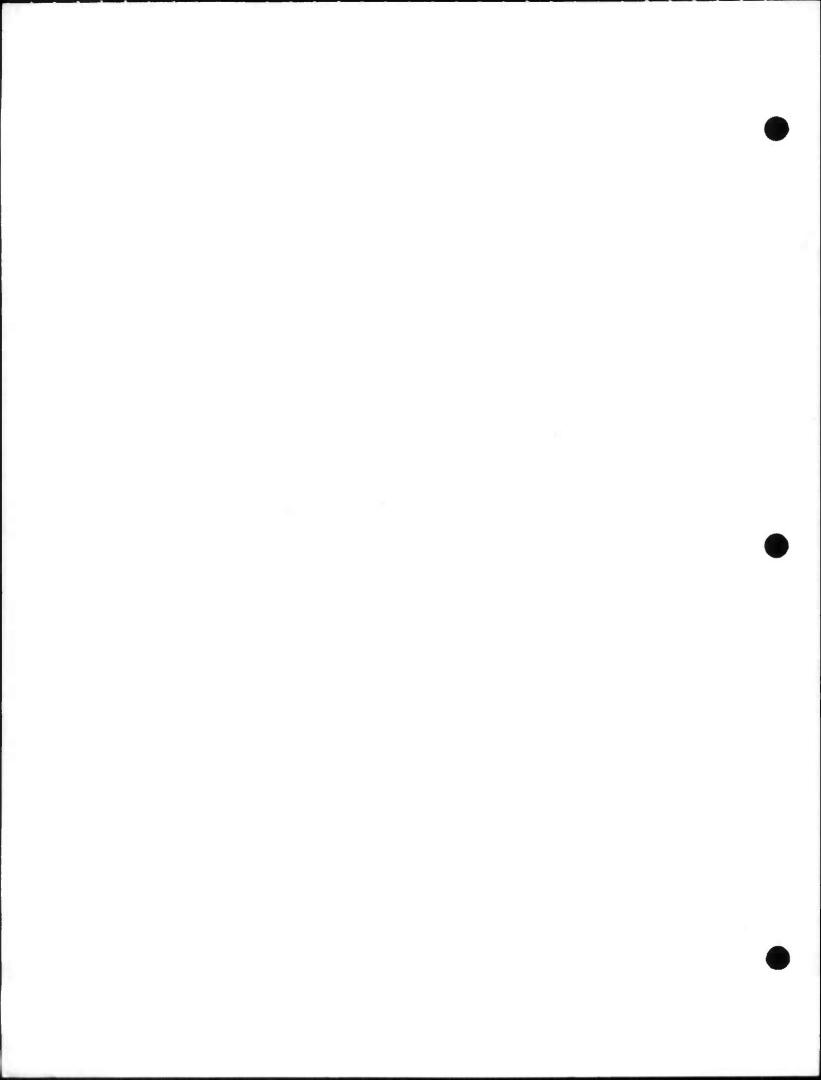
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

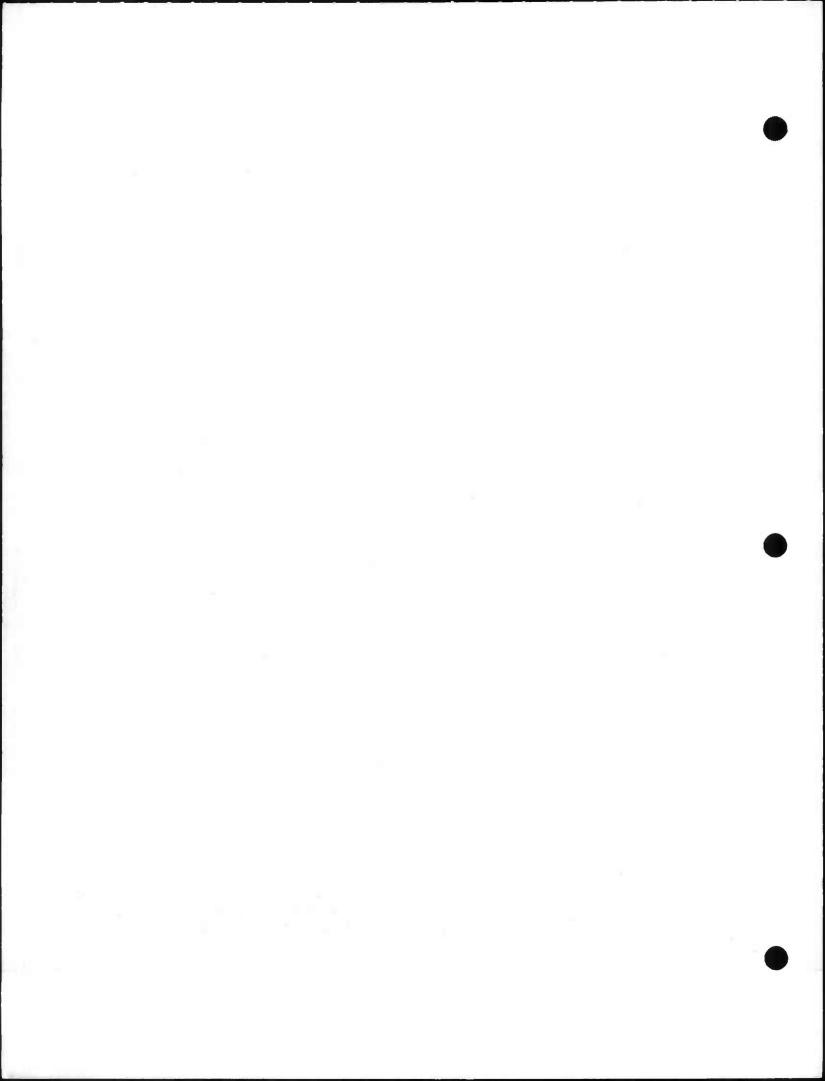
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OWNE OF I		CERTIF					MENIA	REG. NO			
1. DECEDENT'S NAME (First,										OF DEATH			3. TIME OF DEATH
Wan	de i	mors							MONT		MY.	93	1110 4 4
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH	٥		IPLACE (State or Foreign
577-50-651	7	1 🗆 M 2 💢 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC	th, Day, Year)	1933	Count	H CAROLINA
9a. FACILITY NAME (If not ins		eet and number)			9b, CITY	. TOWN C	R LOCATI	ION OF DI		. 10/.	_	UNTY OF D	
So. MA	My/M	ND to	tospi	AL		11	NI				-		Georbes
10a. STATE	101. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
MARYLAND	PRINC	E GEORGE	ES			CL	INTO	N					LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER						_	ZIP COD				10g. Cf	TIZEN OF V	VHAT COUNTRY?
7003 GROVE	TON DR						2	0735				US	A
11. MARITAL STATUS 1 Never Merried 2XX 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 25	ARMED		If yes, spe	cify Cubi		n, Puarto	N? (Specify Ye Rican, atc.)	s or No—	14. RACE Black Speci	E — American Indian, c, White, atc.
15. DECE	EDENT'S EDUC	ATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	N		160	b. KIND OF BU	CINESC/IN	DUCTOV	DUACK
(Specify only Elementary/Secondary (0-	highest grade c	completed) Callege (1-4 or 5		(Give kind of v	vork done	during mo	st of world	ng	1	s. Kill Of BO		VT.	
12th	,	compe (1-4 th 3 4		HOUSE	WIFE	E					Г	V I .	
17. FATHER'S NAME (First, Mic	ddle, Last)			110000	******		18. MOT	HER'S NA	ME /First	Middle, Malden	Sumamel		
SAMUEL BRO	WN									J DUBO			
19a. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS	S (Street a				iber, City or Tow		in Code)	
ALFRED AUGUS		SS								, MARY			35
20a. METHOD OF DISPOSITION 130 Burlal 2 Cremation	ON	-14		CE AND DATE	OF DISPOS	_	-		DAT		_	- City or To	
4 Donation 5 Other		vai from Stata		RT LI		I.N C	EM.		5-1	9 BB	ותות	MOOD	MARYLANI
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE /	1		22.	NAME AN	O ADDRE	SS OF FA	CILITY			NOOD	MARILIANI
Sua	Dake	n H	Va a	Ntor	<u> </u>					RAL HO		MADV	LAND 20785
23. PART I. Enter the dis	seases, or co	mplications the	t caused tha	death. Do n	ot anter	tha mo	de of dy	ing, suc	h aa cen	dlec or resp	Iretory a	rrest.	Approximate
iMMEDIATE CAUSE (Find disease or condition resulting in death)	art rellure. L.	Probat	ee on each I	ine.	naci								Interval Between Onset and Death
		DUE TO	(OR AS A CON	SEQUENCE OF	7:	1					-		
Sequentially list condition	b.		1F										
if sny, leading to immed cause, Enter UNDERLYIN	liate	4.0	(OR AS A CON	SEOUENCE OF	ን:								
CAUSE (Disesse or Injur		00	P F										
that initiated eventa resulting in death) LAST		DUE 10	(OR AS A CON	SEQUENCE OF	7):								
100 CO. 100 CO	d.												
PART II. Other significen	nt conditiona	contributing to	death but no	t resulting i	n the un	dariying	ceuse	given in	Part I.	24a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
BN		HTN		1477-1-150		OHII H				PERFO	RMED?	1	AMILABLE PRIOR TO COMPLETION OF CAUSE
	/								-	1 TYES 2	□ NO		DF DEATH?
								_	-				1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL												
EXAMINER?		HOSPITAL:	47,61		OTHER		ACE OF D	EATH (Ch	ock only or	ne)			
1 YES 2 NO		1 Impetient 2						sidence	8 🗌 Othe	r (Specify)			
1 Natural 5 P	Pending	28a. DATE OF (Month, De		28b. TIMI	URY	28c. INJU	RK?	_	26d. DES	\$CRIBE HOW I	NJURY OC	CURED	
2 Accident In	nvestigation						ES 2	NO					
	could not be etermined	building,	F INJURY — At stc. (Specify)	home, farm, s	treet, fact	ory, offica			28f. LOC City	or Town, State)	and Numbe	or Or Rural R	loute Number,
29a. CERTIFIER	EVINO BUVOIO												
		AN: To the best of On the basis of as) and manner as stated.
296. SKINATURE AND TITLE O		#		+				ENSE NUN					
Court	9 11	ryc					-	763		_	290, UA	5//	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	3 / TES	JEM 27) (Type,	- 1	Ac	10	lin	ton	md	120	733	5
MAY 1 7 199	3" / 4	23-25-919 TO	Hample 20	100-	1							/	



		permit. Paper a sould	
BALTIMORE, MARYLAND 21215-0020	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-trans removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

					CALE								
į.	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE	OF DEATH			3. TIME OF DEATH	
	Callie	EMIRI		Moor	e			MONT	5 0	3	93	8:45	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Fore	
1	242-24-1685	1 □ M 2 🕁 F	77	YRS.	MONTHS	DAYS	HOURS MIN.		, Day, Year)	.1 =	Country)		-
-	9a. FACILITY NAME (If not institution, gi		77						05-19			TH CAR	OL:
ا ء	and the state of t	re street and number)					R LOCATION OF D	EATH		9c. ÇOU	NTY OF DE	ATH	
DINECTOR	PRESIDENTIA	L WOODS			Ada	21pl	li			PRI	NCE	GEORGE	S
? -	RESIDENCE OF DECEDENT	NTV											
	IOB. STATE	NIT		10c. CITY	, TOWN O	R LOCAT	ION					10d, INSIDE CITY LIMITS7	
	MARYLAND PRI	NCE GEOR	RGES	TEM	PLE	HI	LLS					NES 2 N	0
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WI	NAT COUNTRY?	
	3456 BRINKLE	H GKOG V	-202			12	0748						
1	11. MARITAL STATUS	12. WAS DECEDEN		S ARMED	12 V		U / 4 8 ENDENT OF HISPA	NIC OBION	9 //2 I6 - W		USA		
ı	1 Never Married 2 Married	FORCES7 1	YES :	1 1 NO	- It	yes, spe	cify Cuban, Mexico	an, Puerto F	it (Specify ver	or No	Black,	 American Indian White, etc. 	
	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATE	S	1	YES	2 XNO Specif	fy:			Specify	Black	
╟	15. DECEDENT'S I	DUCATION										Diack	
1	(Specify only highest g	ade completed)	16	a. DECEDENT'S U (Give kind of w	ork done d	CUPATIO luring mos	N st of working	16b.	KIND OF BU	SINESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 d	•)	life. Do NOT use	retired.)								
L	11th			CLERIC	AL				GOVE	RNM	ENT		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, A					
	CHARLES M. STE	WART					M 7 12 1	מנות	ANN S	on ner	A DA		
	19e. INFORMANT'S NAME (Type/Print)	77721111		19h MAILING	ADDRESS	/Const or	nd Number or Rural						
		CODE									,		
-		OORE	_				PE RD :	<u> </u>	S.E.	WA	SH.,	D.C.	200
	20g. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 F	emoval from State	20b. PL	ACE AND DATEO	FDISPOSI	TION /Nar	me of	OATI	20c. LO	CATION —	City or Tow	n, State	
L	4 Donation 5 Other (Specify)		HA	y, crematory or off RMONY	CEM:	ETE	RY 5	-8-1	993 T	AND	OVER	, MD	207
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N	IAME AN	D ADDRESS OF FA	CICTTY D	JENE	TNIC	EIIVI.	EDAT H	SMI
	- thimball	UC. Br	, 10	10	71.	74	TANDOM	ת תם	· O ENT	TIND	FON.	EKAL HO	JME
J	Julious	9 - 102	Luc		1/4	/4 .	LANDOV	ER R	$D \cdot LP$	MDO	VER,	MD 20	/85
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Color To Dull To OUE TO OUE TO	(OR AS A CO	SALL SEQUENCE OF	by	len cai	e 's off act	Vear 15 J	wheeh	1			
	resulting in death) LAST	ア ~	del	apon	61							1	
	DELTEROPER CONTRACTOR	· Las		000	0 / /-	1 3	11/00						
		- a.				v)	Ma						
	PART II. Other eignificant condit	- a.	death but	not reaulting in	the unc	e)	Cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINI MARLABLE PRIOR TO COMPLETION OF CA OF DEATH? YES 2 NO	USE
	PART II. Other significant condit	- a.	death but	not reaulting ir	the unc				PERFOR	MED?	0	NAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
	PART II. Other eignificant conditions of the condition of	Iona contributing to				28. PL	cause given in		PERFOR	MED?	0	NAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
	PART II. Other significant conditions to the condition of	iona contributing to			OTHER	26. PL/		eck only on	PERFOR	MED?	0	NAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
	PART II. Other significant conditions to the condition of Death	HOSPITAL: 1 Inpatient 2 28e. DATE OF	ER/Outpetle	nt 3 DOA 2	OTHER Mursi	26. PL/ : ing Home 28c. INJU	ACE OF DEATH (Ch	eck only on	PERFOR	NED?	1	NAILABLE PRIOR TO COMPLETION OF CA OF DEATH?) USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH Hetural 5 Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.)	ER/Outpetle	nt 3 □ DOA å	OTHER Mursi	26. PL/ : ing Home 28c. INJU WOF	ACE OF DEATH (Ch	eck only on	PERFOR	NED?	1	NAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NQ 27. MANNER OF DEATH Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Di	ER/Outpetio	nt 3 DOA A	OTHER Nursi	28. PLJ: : ing Home 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	8 Other	PERFOR	MED?	CURED	MARLABLE PRIOR TO COMPLETION OF CA OF DEATHY) USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH Hetural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE Of building.	ER/Outpetio	nt 3 DOA 2	OTHER Nursi	28. PL/: : ing Home 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	8 Other 28d. DE\$	PERFOR	MED?	CURED	MARLABLE PRIOR TO COMPLETION OF CA OF DEATHY) USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigatic 3 Suicide 8 Could not datermined	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE Of building,	ER/Outpatio INJURY ay, Year) FINJURY — atc. (Specify)	nt 3 DOA 28b. TIME INJU	OTHER Nursi	28. PLJ: ing Home 28c. INJU WOF 1 Y	ACE OF DEATH (Ch 5 Residence JRY AT RK7 ES 2 NO	8 Other 28d. DE\$	PERFOR 1 YES (Specify) CRIBE HOW II ATION (Street ar Town, State)	MED? NO NO NJURY OC	CURED or Rural Rol	MARLABLE PRIOR TO COMPLETION OF CA OF DEATHY) USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Hetural 5 Pending Investigatic 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only) CERTIFYING PM	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE Of building.	ER/Outpette INJURY by, Year) FINJURY — atc. (Specify) my knowledge	at home, term, st	OTHER OF RY M reet, facto	28. PLJ: ing Home 28c. INJL WOF 1 Yery, office	ACE OF DEATH (Ch	8 Others 28d. DE\$	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street are Town, State)	NJURY OC	CURED CORED	MARLABLE PRIOR TO COMPLETION OF CA F DEATH? YES 2 NO	USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Hetural 5 Pending Investigatic 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only) CERTIFYING PM	HOSPITAL: 1 Inpution 2 28e. DATE OF (Month, Do building,	ER/Outpette INJURY by, Year) FINJURY — atc. (Specify) my knowledge	at home, term, st	OTHER OF RY M reet, facto	28. PLJ: ing Home 28c. INJU WOF 1 Yorry, office	ACE OF DEATH (Ch	8 Other 28d. DE\$ 28t. LOCI	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street are Town, State)	NUTRY OC	CURED CURED r or Rural Root ted.	MARABLE PRIOR TO COMPLETION OF CAPE DEATH YES 2 NO	USE
	PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH Platural 5 Pending Investigation in the significant conditions are significant conditions. 2 Accident 3 Suicide 8 Could not determined determined. 29e. CERTIFIER Check only One) 2 MEDICAL EXAMINERS CONDITIONS AND CONDI	HOSPITAL: 1 Inpution 2 28e. DATE OF (Month, Do building,	ER/Outpette INJURY by, Year) FINJURY — atc. (Specify) my knowledge	at home, term, st	OTHER OF RY M reet, facto	28. PLJ: ing Home 28c. INJU WOF 1 Yorry, office	ACE OF DEATH (Ch 5 Residence RY AT RX7 ES 2 NO and place, end due eth occured at the 29c. LICENSE NUI	eck only one 8 Other 28d. DE\$ 28t. LOCA City of	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street a r Town, State) se(e) end mer end place, en	NJURY OC	CURED CURED Or Rural Root ied. The cause(s) if	WARLABLE PRIOR TO COMPLETION OF CALOF DEATH? YES 2 NO Ute Number, and menner ee stat	USE)
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation and Could not determined to the Medical Examined to the Medical E	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Of building, 250 PLACE Of building, 250 PLACE Of building, 250 PLACE Of building, 250 PLACE Of building,	ER/Outpette INJURY 9/, Year) F INJURY — atc. (Specify) my knowledg	nt 3 DOA 28b. TIME INJU	OTHER Nursi OF RY M reet, facto	28. PLJ: ing Home 28c. INJU WOF 1 Yorry, office	ACE OF DEATH (Ch. 5 Residence III Residenc	s Other 28d. DES 28t. LOCA City of to the ceu	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street are Town, State) se(e) end mere end place, en	NJURY OC Ind Number Iner ee state d due to the	CURED or Rural Root ted. te Signe (a) (1) E Signe (b) (1)	MARABLE PRIOR TO COMPLETION OF CAPE DEATH YES 2 NO	USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigatic 3 Suicide 6 Could not datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH 29b. SIGNATUME AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND ADORESS OF PERSON	HOSPITAL: 1 Inpetiant 2 28e. DATE OF (Month, Did building, part of the best of the best of the building). YSICIAN: To the best of the best of the building, part of the best of the building.	ER/Outpette INJURY 9/, Year) F INJURY — atc. (Specify) my knowledg amination en	nt 3 DOA 28b. TIME INJU At home, term, st	OTHER OF RY M reet, facto	28. PLJ: : ling Home 28c. INJU WOF 1	ACE OF DEATH (Ch. 5 Residence RY AT RK7 ES 2 NO and place, end due seth occurred at the 29c. LICENSE NUI D34 CKEN	a Other a Othe	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street a r Town, State) se(e) end mer end place, en	NJURY OC Ind Number Iner ee state d due to the	CURED or Rural Root ted. te Signe (a) (1) E Signe (b) (1)	WARLABLE PRIOR TO COMPLETION OF CALCET ON TO COMPLETION OF CALCET ON THE CALCET OF CALCET ON THE CAL	USE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigatic 3 Suicide 6 Could not datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH 29b. SIGNATUME AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND ADORESS OF PERSON	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE Of building, 250 PLACE Of building, 250 PLACE Of building, 250 PLACE Of building, 250 PLACE Of building,	ER/Outpette INJURY 9/, Year) F INJURY — atc. (Specify) my knowledg amination en	nt 3 DOA 28b. TIME INJU At home, term, st	OTHER OF RY M reet, facto	28. PLJ: : ling Home 28c. INJU WOF 1	ACE OF DEATH (Ch. 5 Residence III Residenc	a Other a Othe	PERFOR 1 YES (Specify) (Specify) CRIBE HOW II ATION (Street are Town, State) se(e) end mere end place, en	NJURY OC Ind Number Iner ee state d due to the	CURED or Rural Root ted. te Signe (a) (1) E Signe (b) (1)	WARLABLE PRIOR TO COMPLETION OF CALCET ON TO COMPLETION OF CALCET ON THE CALCET OF CALCET ON THE CAL	USE



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the luneral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. I	Ю.		
1	1. DECEDENT'S NAME (First, Middle, Last)	Shirley Maggie	bell Mc	Dowell	Scales	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	SHIRLEY N	1' 2' INTINI			Mines	APR 2	8 1	993	~ 11130 pm
	577-50-8382	1 □ M 2 💢 F 57	YRS.	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, MAR 25	1936	Country)	th Carolina
DIRECTOR	9a. FACILITY NAME (If not institution, give st 6109 Westland		9	Hyati	eorges				
<u> </u>	RESIDENCE OF DECEDENT								Od. INSIDE CITY
	Maryland Princ	7.7	attsvi	le		,	1	LIMITS?	
FUNERAL	6109 Westland	Drive		10	20782			ited S	tates
BY	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED X NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexica 2 X NO Specifi	HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No	14. RACE - Black, 1 Specify:	- American Indian, White, etc. Black
	15. DECEDENT'S EDUC		DECEDENT'S US	UAL OCCUPATION	ON	16b. KINO OF	BUSINESS/IN	OUSTRY	
COMPLETED	(She kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) College (1-4 or 5+) Health Occupation								
MP		b years Su	pervisi	ng Dir		D. C.		c Sch	ools
	17. FATHER'S NAME (First, Middle, Lest) James	MaD	11			ME (First, Middle, Maid	ien Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	MCDO	owell	ODESS (Street	Doreth	Route Number, City or	- Aut 7	McIlw	ain
5	Welforde W. Scales	s(Ex-husband)				evy Chase			20815
	20a, METHOD OF DISPOSITION XX Burial 2 Cremation 3 Ramo	20b. PLA	CEANDDATEOF	DISPOSITION (Na	ime of			- City or Town	
	YLABurial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	wal from State complery,	rt Linco	oln Cen	etery	B	entwo	ood. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			ND ADDRESS OF FA	Latne			
	Ihm the Late	ey Summer		3831	Georgia	Avenue, N	W.:Wa	ash.D.	C. 20011
	23. PART I. Enter the diseases, pr c	omplications that caused the	death. Do not						Approximate
	immediate cause (Final disease or condition resulting in death)	DUE TO (OR AS A CON		est					interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CEROBRO - VASCULAR ACCIDENT CEROBRO - VASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	Anemia, Generalized Lupus 1 yes 2XXNO OF D							/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NQ	
Ä	25. WAS CASE REFERRED TO MEDICAL			-					
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (Ch				
Η̈́	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	28b. TIME C			6 ☐ Other (Specify) 28d. DESCRIBE HO	V INJURY OC	CCUBED	
ВУ Р	1 Natural 5 Pending	(Month, Dwy, Year)	INJUR	Y WC	PRK?				
9	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stre	T TES 2 NO			et and Numbe re)	or Rural Rou	ite Number,
COMPLET		ZAN: To the best of my knowledge,							and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	_			29c. LICENSE NUI	made.	29d. DA	TE SIGNED (A	fonth, Day, Year)
00	Benjer HOASE D				DZ59	25	> in	1ay 1,	1993
10	30. NAME AND ADDRESS OF PERSON WHO J. BERGGET MD #205	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Pri	, BeTh			(301)986-	4123
	31. DATE FILED (Month, Day, Year) M AV 1 1 199	25 UEORALIANE 2 STREET IN	n-Randal	2					

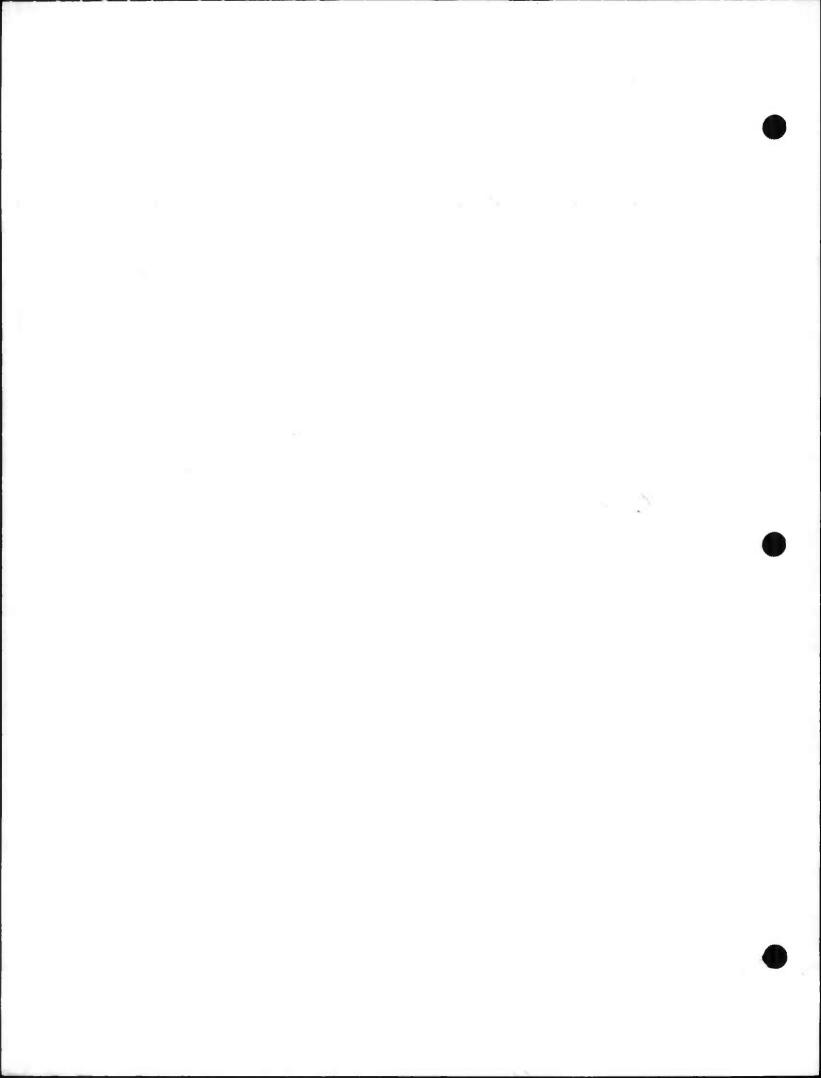
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - REGISTRAR				CERTIF	ICATE (OF DEATI	H	MENIAL	REG. NO	_		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
	YNCY	ANN	MOON	EY				05		Ö	93	6:55AM M
4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER 1 YE		HRS.	7. DATE OF	F BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
161–26–387		1 □ M 2 🎇 F	6	() YRS.				Aug.		932		sylvania
96. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOCATION	OF DE	ATH '		9c. CO	JNTY OF D	EATH
PRINCE GEO)RGE'S	HOSPITAL	. CENT	ER	CI	HEVERLY				PR	INCE	GEORGE'S
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
Maryland	Maryland Prince George's Bowie LUMITS?											
10g. CITIZEN OF WHAT COUNTRY?												
12309 Thompson Road 20720 U.S.A.												
	Married	FORCES? 1	YES 2	NNO NNO	13. WAS	DECENDENT OF s, specify Cuben,	HISPAN Mexico	IIC ORIGIN?	(Specify Yes an, etc.)	or No-	14. RACI Black	E — American Indian, k, White, etc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	3	1 🗆	YES 2X NO	Specify	r:			Speci	" White
15. DEC	EDENT'S EDUC	ATION	164	. DECEDENT'S	USUAL OCCU	PATION		16b. K	IND OF BUS	SINESS/IN	DUSTRY	WILLCO
Elementary/Secondary (0	y highest grade ()-12)	College (1-4 or 5 +		(Give kind at v life. Do NOT us	vork done durin	g most of working			ince			
		7		egiste	ced Nu	rse			spita			
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHE	R'S NAI	ME (First, Mic	idle, Maiden	Sumame)		
Theodore Mar	nkiewic	z				Eli	zab	eth C	oach			
19e. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS (Str	eet and Number or	Rural F	Route Number	City or Tow	n, State, Zi	ip Code)	
Joseph Moor	ney			12309	Thomps	on Rd.,	Bow	ie, M	aryla	nd	2072	0
20a. METHOD OF DISPOSITI		val from State		CEANDDATEC	F DISPOSITIO			DATE	_		City or To	wn, State
4 Donation 6 Other	(Specify)		Met	ropolit	an Cr	ematory	5-	12-93	Ale	xand	ria.	Virginia
21. SIGNATURE OF UNERA	L SERVICE LICI	ENSEE	7	-	22. NAM	don/Hale	OF FAC	CILITY				
18/11/	Wad)	9	nels		9013	Annapo	lis	Rd	Lanha	m.Ma	rvla	nd 20706
23. PART J. Enter the di	seasea, Dr C	omplications the	caused the	e death. Do n		-					_	
23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
disease or condition resulting in death)	→ .	ADULT 1	Kespir	stora.	Vistre	ss ofin	de	me				
		DUE TO	(OR AS ALCO	NSEQUENCE OF	7: /	, /	1					
Sequentially list conditi		der ber	OR AS A CO	Komo	red of	Lung	CAN	ocer				10days
If any, leading to immed cause. Enter UNDERLY!		//	Jome_	of He	1	a						/ -
CAUSE (Disease or Inju that initieted events	ry 6	77.		NSEQUENCE OF):	1	_					
resulting in death) LAS	т					,						
PART II. Other algnifica	1. /		deeth but r	ot resulting I	n the undar	lying causa giv	en In I	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Acute Iwi	14 NO	CRESIS						_ ,	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	8. PLACE OF DEA	TH (Che	ck only one)				
1 TES 2 NO		1 ∰ Inpetient 2 □		N 3 □ DOA		Home 5 - Resid	dence	8 🗆 Other (S	Specify)			
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, De		28b. TIMI	URY	. INJURY AT WORK?		28d. DESCF	RIBE HOW I	NJURY OC	CURED	
	investigation					YES 2	NO					
	Could not be determined	28s. PLACE Of building,	F INJURY — / etc. (Specify)	At home, term, s	treet, factory,	office		281. LOCATI City or	ION (Street a Town, State)	nd Numbe	er or Rural F	Poute Number,
29e. CERTIFIER	IFYING PHYSIC	IAN: To the best of	my knowledo	death accurre	d et the time	data and place as	-1-1-					
) end manner ea stated.
206. SIGNATURE AND FITLE				- 15					r 201 dil			
- Land	ADA	m.D.				Do C	PE NUM	DER		ZVG. DAT	SIGNED	(Month, Day, Year)
30, MAME AND ADDRESS OF	PENSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Time	Print)	18041	1)	2		10	2/1/	775
KOBUT B. L	VAGNE	e, M.D.	Pern	ica Gaz	2/981/	tespital	(0	nte				,
31. DATE FILED (Month, Day,	1 1990	32. REGISTRA	2 Davids	on-Rand	200	/	1112					

TO BE COMPLETED BY FUNERAL DIRECTOR

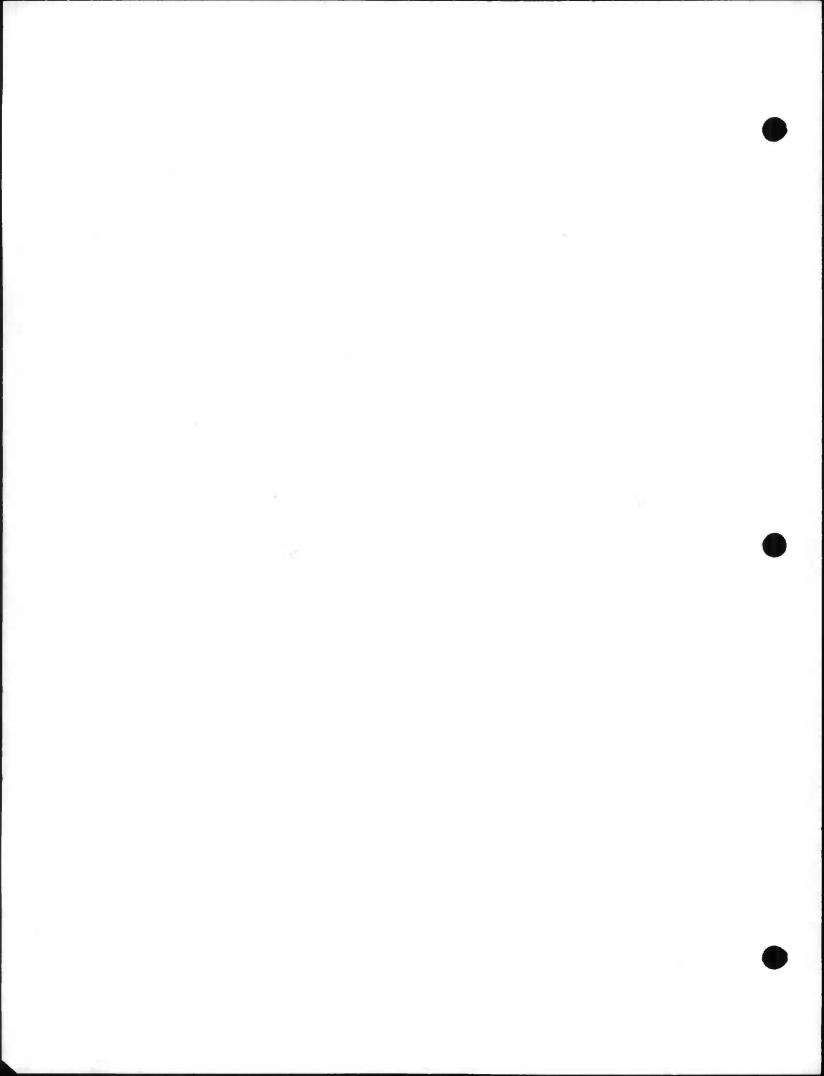
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



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	1 - FOR REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF					10071		
	1. DECEDENT'S NAME (First, Middle, Last)	-	MADDY			2. DATE OF DE	6 DAY 199	YEAR	3. TIME OF DEATH		
	JEFFREY 4. SOCIAL SECURITY NUMBER	Lynn 5. SEX 8.	MABRY AGE (In yrs. last birthday)	IF UNDER 1 YEAR	T-				5:20 P	100	
1	578-86-6893	0.00			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1	1963	Was	shington,D		
œ	AUTH DIACE		OR LOCATION OF DE	EATH	2000	INTY OF D					
21	A501 AUTH PLACE CAMP SPRINGS PRINCE GEORGE										
DIRECTOR	Maryland Prince	e Georges	10c, CIT	Temple					10d. INSIDE CITY LIMITS? 1 XES 2 NO		
FUNERAL	3021 Brinkley St	ation Dr	ive	16	20748				States		
	1 X Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENOENT OF HISPAN secify Cuben, Mexica S 2 X NO Specify	n, Puerto Rican, e	ify Yes or No—	14, RACI Black	E — American Indian, k, White, etc.		
D BY	3 Widowed 4 Divorced								Black		
COMPLETED			(Give kind of life. Do NOT u	work done during me retired.)	ost of working		ity Sys		lnc		
OMI	17. FATHER'S NAME (First, Middle, Last)	years	3ystel	II Allatys	18. MOTHER'S NA			s cents	s tile.		
BE	<u> </u>	eneral	Mabry		Edith		lane		Hill		
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 776 Congress Street, S.E.; Washington, D.C. 20032										
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		Cemetery Brentwood, Maryland								
3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						Y Latney's Funeral Home				
	Jhw W 20	any	2h						o.C. 20011		
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	mplications that ca	lused the death. Do	not enter the me	ode of dving suci	h as cardiac or	reapiratory ar	reat.	Approximata		
	IMMEDIATE CAUSE (Final	TURLOR	AL GUM	wor wo					Interval Betwe Onset and De		
7	IMMEDIATE CAUSE (Final	TURLOR	on each line.	wor wo					Interval Betwe		
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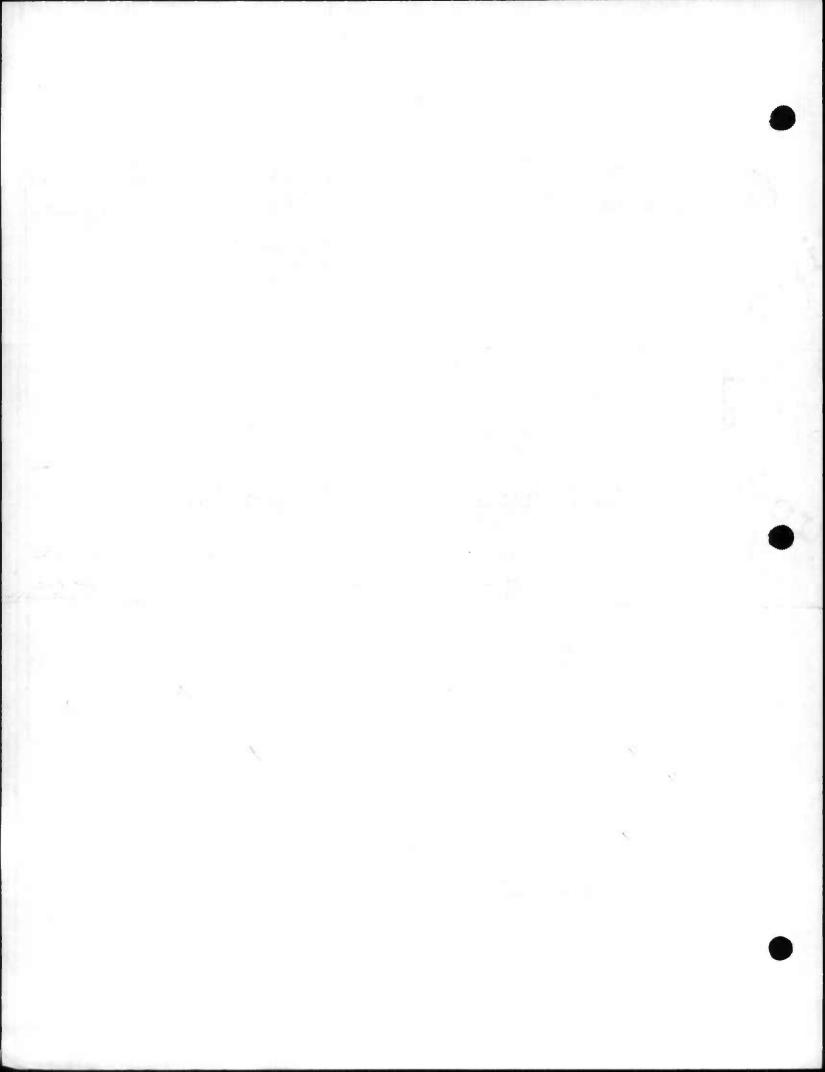
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IVISION OF VITAL RECORDS, P.O.	
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF ICATE OF	HEALTH AND F DEATH	REG. NO.		16872		
	ASOCIAL SECURITY NUMBER	R. MOOM 5. SEX B. AGE (1)	Q yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	93	1 903 A		
6	216-78-0885 9o. FACILITY NAME (If not institution, give a	1 □ M 2 □XF 34		MONTHS DAYS	HOURS MIN.	09-20-5	9 Ba	itimore,		
HOTO	St. COUNTY OF									
mit.	MD HOW 100. STREET AND NUMBER		104. INSIDE CITY LIMITS? 1 YES 2 NO							
ansit permit	10300 NIGHTMIS	T COURT			21044	USA	F WHAT COUNTRY?			
the burlat-transit BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 XNO TES	If yes, s	ECENDENT OF NISPA specify Cuben, Mexic S 2 NO Speci	UNIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) lly:	Sp Sp	ACE — American Indian, ack, White, etc. secily:		
detached for use as once.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPAT Work done during n e retired.)	nost of working	16b, KIND OF BUS	SINESS/INDUSTRY			
å 16	17. FATHER'S NAME (First, MIDDIN, Last) SAMUEL MOORE	Surname)								
5 sho	190. INFORMANT'S NAME (Type/Print) IRENE PARHAM					Rd., Colu		MD 21044		
must t	20s. METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE Of tery, crematory or of CSTERN	ther place)	Name of	E 12	ESVILI			
e funeral dir	21. SIGNATURE OF INNERAL SERVICE U			TAY			ERVICE			
y filled in by tion, or remo	IMMEDIATE CAUSE (Final	complications that caused List only one cause on as aS DUE TO (OR AS A	ch iine.	ot antar the m	oda of dying, su	ch ss cardiac or reapl	ratory srrest,	Approximata interval Betwee Onset and Deat		
sician and comprior to burial, traumatic en	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	A 15	ease				194yr		
attending phy mal Hygiene ry, or other CERTIFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.									
en signed by the of Health and Me hows any injur MEDICAL (PART II. Other significant condition	s contributing to death bu	t not resulting i	n the undarlyin	ng ceuse given in	AUTOPSY 2 MED? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
State Dept. Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (C	heck only one)		4		
Per P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OTHER: 4 Nursing Nome 5 Residence 8 Nother (Specify) HOSPICE						
OR: After death (8 is mar	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	- At home, ferm, a		YES 2 NO	nd Number or Rure	al Route Number,			
0		CIAN: To the best of my knowle						s(a) and manner se stated		
THE FUNERAL filed within 72 PORTANT: If BE COMI	29b. SIGNATURE AND TITLE OF CERTIFIER		e fer	1	29c. LICENSE NU			ED (Month, Day, Year)		

Standiford MD Besto VA Med Canler 1941to 21201

DHMH-16 Rev 1/89



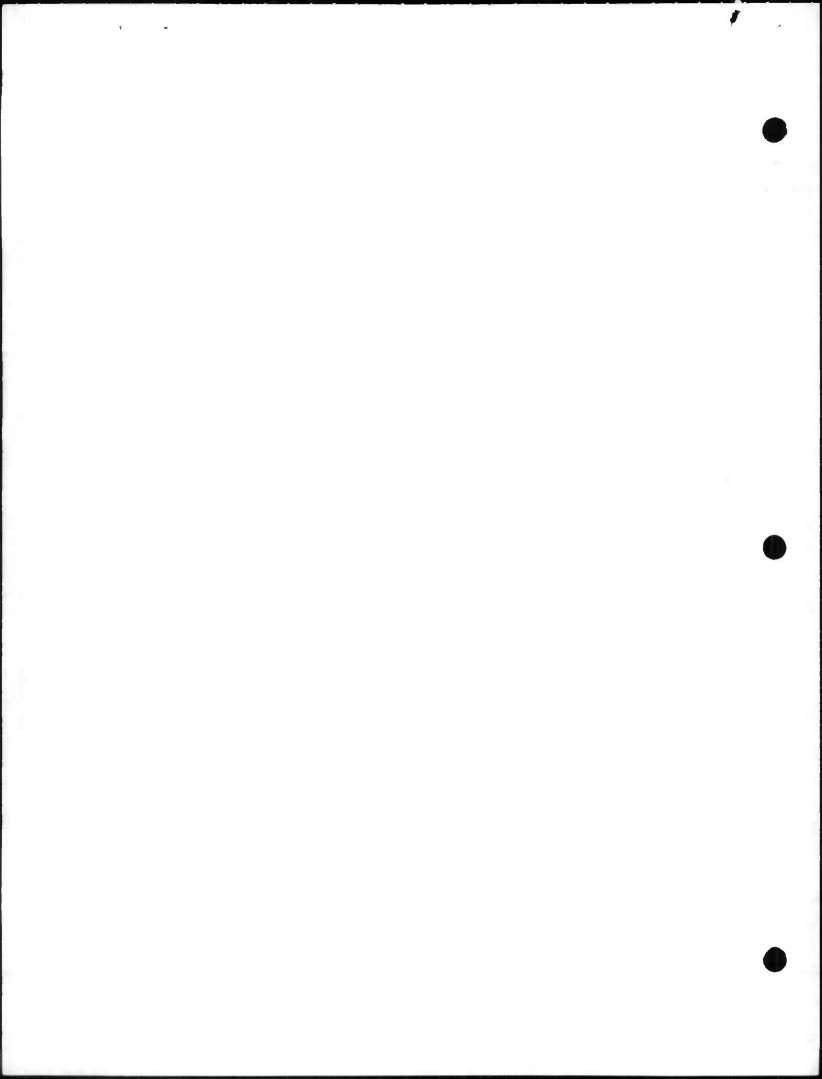
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 8	1. DECEDENT'S NAME (First, Midd ROY		IARROW							2. DATE OF MONTH	DEATH	003	YEAR	7:45 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX		E (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH	773	B. BIRTHI	PLACE (State or Foreign
. 3	229-22-5461	1 🔯 M	2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month. Di	7-19	23	Country	IFAX, N.C.
7	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
DIRECTOR	8300 BOCK ROAD FT.WASHINGTON, Prince Go									George				
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?					
<u> </u>	MD Prince George									n				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT C 2.0744 115 A								HAT COUNTRY?					
NE I	11. MARITAL STATUS		DECEDENT EVE	R IN U.S. ARI	MED	13	WAS DEC	ENDENT O	207	44 IC ORIGIN? (S	manthy Man		JSA	- American Indian.
	1 Never Married 2 X Marr		DECEDENT EVE ES? 1 X YE S. GIVE WAR OF				If yes, sp	2 D NO	, Mexicar	n, Puerto Rica	n, etc.)	W 140-	Black,	White, etc.
) BY	3 Widowed 4 Divorced		S, GIVE WAR OF	12-1	4-45	5		21.10		; 			BL	ACK
TED	(Specify only high	NT'S EDUCATION heat grade completed		16a, DE(VE kind of v	USUAL O	CCUPATIO during mo	ON st of working	g	16b, KII	ND OF BUS	HNESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College	(1-4 or 5+)		inte					Go	over	nmen	it G	SA
So	17. FATHER'S NAME (First, Middle,							18. MOTH	ER'S NAI	ME (First, Midd	lle, Maiden	Sumame)		
BE	CHARLES MA									TINE				
5	Odessa P. M			196 8	300	BOC	S (Street a	D . F	or Rumal A	Wash:	ingt	on, Statu, Zip	id,	20744
	26a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 4 Donation 5 Other (Spec		State	PLACE A	ND DATE (of Dispos	Ori	me of	ark	5-8	20c. LO	CATION —	City or Tov	vn, State
	21. SIGNATURE OF FUNERAL SEI		1	4	<u> </u>	22.	NAME AN	ID ADDRES	S OF FAC	I S M YTUK	cgha	1110	F11:	neral Home
	1 / P. V.	nars	ka	le		N	nc. ash	421 ingt	on,	th Si	ree	5011	.W.	neral mome
	23. PART I. Enter the disease shock, or heart	ses, or complicat fellure. List only	one ceuse or	sed the dea	ath. Do n	ot enter	the mo	de of dyle	ng, such	as cardiac	or respi	ratory arm	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	R	ESPIR	ATN	RY	c	AR	RE	57					Onset and Death
	resulting in death)							_						-
Z	Conventingly, that conditions	6 b.	R ES	PIR	AT	TOR	Y	F	AIL	UR	\in			
P. P.	Sequentially list conditions, if any, leading to immediate													
임	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST d. DIABETES													
	PART II. Other significant co	onditions contrib	uting to death	but not n	sulting I	n the u	nderlying	cause g	iven in i	Part I. 24			24b.	WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED?							AMAILABLE PRIOR TO COMPLETION OF CAUSE						
Ä												A. no		OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSP	TAL:			OTHE		ACE OF DE	EATH (Che	ck only one)				
IYS	1 YES 2 NO		DATE OF INJUR		DOA 28b. TIM	4 🗆 Nur	alng Hom		sidence (6 Other (Sp				
	t Natural 5 Pend		(Month, Day, Yea		INJ	URY M	WO	HK? FK? ES 2	NO	28d, DESCRI	BE HOW II	JURY OCC	CURED	
D BY	2 Destate	_	PLACE OF INJU	IRY At hor	ne, farm, s	treet, fac	lory, office	_		281. LOCATIO	ON (Street a	nd Number	or Rural R	oute Number,
	4 Homicide deter	mined		poory						City of it	own, State)			
COMPLETED	opol	NG PHYSICIAN: To the												
	29b. SIGNATURE AND TITLE OF C		Searce Of Statistics	RROFT MING/OF II	rvestigatio	n, in my i	эриноп, а				place, an			and manner as stated.
H	All of Pharmacons	CENTIFIER	N	ena	7.		- 1	29c. LICE		1725	_			(Month, Day, Ybar)
2	30. NAME AND ADDRESS OF PER	RSON WHO COMPLE				Print)				, 0 0			/ -	7 13
	Dr. Cyrus N	lemati	3611	BRAM	CH A	VE	Sui	t 40)7 T	EMPLI	E HI	LLS.	MD.	
	31. DATE FILED (Month, Day, Year)	1993	EGETHAR'S A	80/18285^-	Hand	بالالب							,	
	MAY 1 2	1000	0											



3. TIME OF DEATH

2:40PM

8. BIRTHPLACE (State or Foreign Country)

Czechoslovakia

93

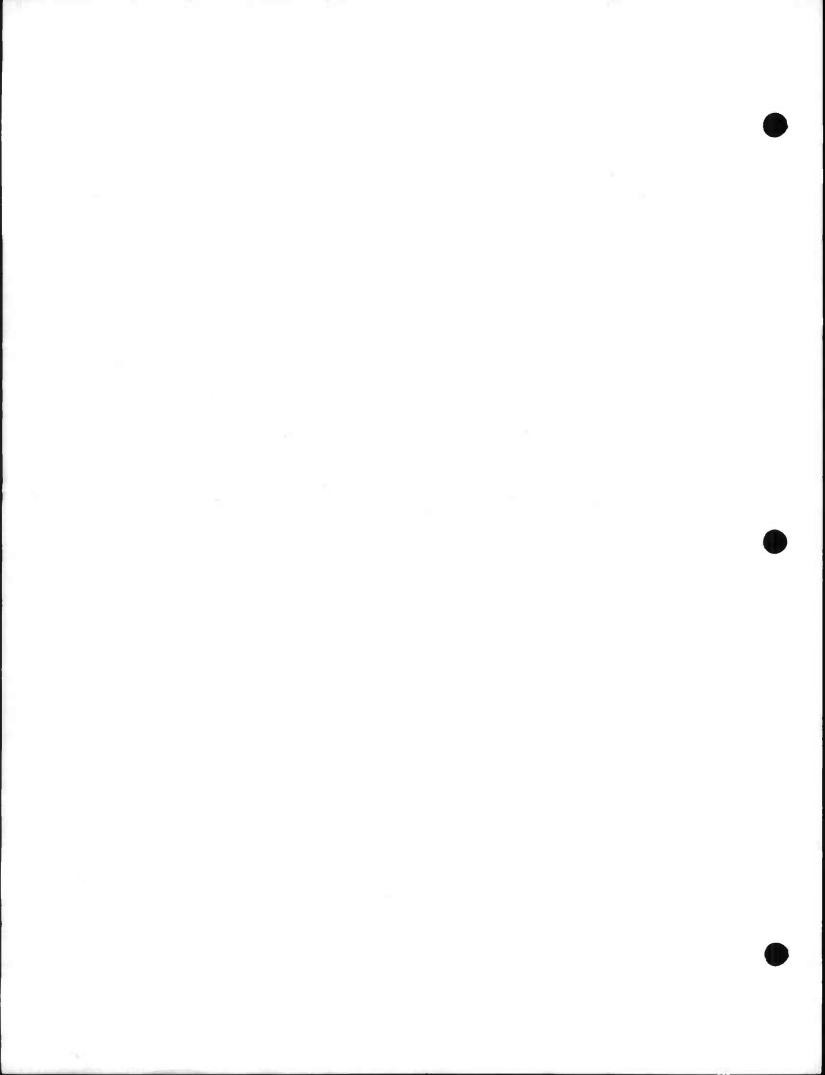
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	permit
1.2	nsit

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNE	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in the state of th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-tran	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-fran
r death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER				CHEVERLY						PRINCE GEORGE'S		
띭	10e. STATE	10b. COUNTY	′		10c. CITY	, TOWH OR LO	CATION				10	d. INSIDE CITY	
	_Va.	Nor	thumberla	nd		Reec	ville				1	LIMITS?	
FUNERAL	10e. STREET AND NUMBER				101, ZIP CODE				16g. CITIZEN OF WHAT COUNTRY?				
N.	Rt. # 1 Box 2435 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC CONCINES OF ALL YOUNG ADMITTAL STATUS												
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES									e or No— 14. RACE — American Indian, Black, White, etc. Specify:		Thite, etc.	
ED										White			
COMPLETED	Elementary/Secondary (t		College (1-4 or 5+)	life.	Do NOT use	e retired.)	perator		ι	J.S.	Gov't		
Ö	17. FATHER'S NAME (First, M	liddle, Last)					16. MOTHER'S NA	ME (First, Midd					
BE	Martin		tay					rona N					
5	196. INFORMANT'S NAME (asoka				et and Number or Rural × 2435, R						
	20e. METHOD OF DISPOSIT 1 Puriel 2 Cremetic 4 Donation 6 Other	ION on 3 🗆 Rem	ovel from State	20b. PLACE A	ND DATE O	F DISPOSITION	(Name of	OATE	20c. LO	CATION —	City or Town,		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	000	7	22. NAM	AND ADDRESS OF FA	CILITY	15	arem	WOOO,	IVICI	
	> Les	ules	7. B	ey/	(Hva	ttsville. <i>N</i>	ld. 20	781			more Ave.,	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure. Tal	complications that c. List only one cause a. Cevebi Due to (or	on each line.		a	mode of dylng, suc	ch as cerdiac	or respi	ratory an	rest,	Approximate interval Between Onset and Death	
ICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	ions, diata	DUP TO	N+GN AS A GONSEO H+CS	SIEL DUENCE OF):							
ERTIF	that initiated events resulting in death) LAST d.												
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1 YES 2 NO 1 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?									AILABLE PRIOR TO IMPLETION DF CAUSE			
Σ.											1 (YES 2 NO	
CIAN	25. WAS CASE REFERRED T EXAMINER?	D MEDICAL	HOSPITAL:			OTHER:	. PLACE OF DEATH (Ch	neck only one)					
IXSI	1 YES 2 NO		1 Inpatient 2 E		□ DOA	4 Nursing	fome 5 Residence						
ВУ Р	1 Netural 5	Pending Investigation	28e. DATE OF IN. (Month, Day,	Ybar)	28b. TIME	M 1	INJURY AT WORK?	28d. DEŞCRI	IBE HOW IP	JURY OC	CURED		
		Could not be determined	28e, PLACE OF II building, etc	IJURY — At hor . (Specify)	ne, farm, si	treet, factory, o	iffice	28t. LOCATIO City or To	ON (Street e own, Stete)	nd Number	or Rural Rout	e Number,	
COMPLET			CIAN: To the best of my									nd manner ee stated,	
H	296. SIGNATURE AND TITLE	OF CERTIFIER	Here		las	/1	29c. LICENSE NUI	MBER			E SIGNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF	F PERSON WN	O COMPLETEO CAUSE	OF OEATH (ITEM	1 27) (Type,	Print)				0	10-		
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE									
	MAY 1 2 199	13	Filia Davidson	-Andel	2								



1		-	FOR STATE REGISTR	AR
Γ	1,	DI	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			ICATE C			MENIAL	REG. NO.	_		
	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN	w	VEAR	3. TIME OF DEATH
	Hilda H. North		05 21		1	93	1030 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. la	st birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Dey. Year) 08-17-1898			8. BIRTH Countr	IPLACE (State or Foreign	
	217-03-5918 10M2 STF 94	YRS.	and the bat	s moons	MAINE,	08-17	7-18	98	OGGNI	"
· ~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATN 9c. C				9c. COU	NTY OF D	EATH	
후	Peninsula Regional	Salisbury				Wicomico			omico	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
1 1	Md Worcester	Be	rlin						- 1	LIMITS? 1 XYES 2 NO
AL	10e. STREET AND NUMBER	101. ZIP CODE						10g, CIT	IZEN OF V	WHAT COUNTRY?
E	202 Graham Avenue	21811						US	Α	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2	RMED						14. RACE	— American Indian,	
BY I	1 Never Married 2 Married FORCES7 1 YES 2 X 3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES	100						White		
		FOFOSITIO	1							WILLCE
ETED	(Specify only highest grade completed) (Specify only highest grade completed) ((Cilege (1-4 or 5 +)	Give kind of B. Do NOT us	work done during se retired.) bi	most of working	tter		ND OF BUS			ss,sitter
P			nanger				16, 3	seam.	Stres	55,511161
COMPL	17. FATHER'S NAME (First, Middle, Last)	0 1110	nanger			ME (First, Midd	le, Maiden S	Surname)		
ш	John Henry Jones					Louise		,		
TO B		b. MAILING	ADDRESS (Stre						Code)	
F	Hilda (Becky) Shaffer 9	Kilb	rnie D	r., S	alisk	oury,	Md.	218	01	
	20a. METHOD OF DISPOSITION 20b. PLACE	AND DATE	OF DISPOSITION	(Name of		DATE	20c. LOC			and the same of th
	4 Donation 5 Other (Specify) River	'side	Cemet			24/93	Libe	ertyt	own	, Md.
	21. SIGNATURE OF TUNISHAL DETIVICE LICENSEE		RILLE BILLE	AND ADDRE	S OF FA	eral Ho	me	108	Willi	ams Street
	1 Stal Duta			in, Mo			mc,	100	*******	ams Street
	23. PART Enter the diseases, or complications that coused the dishock, or heart failure. List only one couse on each line	eeth. Do i	not enter the	mode of dy	ng, auc	h as cardiac	or reapir	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final	e .								Onset and Death
	disease or condition a. Congestive H	eart	Fail	ure						
	DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions, Meany leading to improduce. Due to (or as a conse	hyth	nmias							
CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Please or injury)			iovac	l cus	on Di	a o a	20		
[윤]	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSE			Tovas	cui	ar Di	.Sea	56		
토	resulting in death) LAST									1
2	DAPT II On a classification of the control of the c	-1-1-								
DICAL	PART II. Other significant conditions contributing to death but not	resulting	in the underly	ring ceuse (jiven In	Part i. 24	PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
👸	<u>Fractured Right Hip</u> Rheumatoid Arthritis					1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
ME						_				1 - YES 2 - NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
I S	EXAMINER? 1 TYES 2 NO NO 1 Ainpatient 2 ER/Outpatient 3		OTHER:	PLACE OF O						
¥	27. MANNER OF CEATN 28a, DATE OF INJURY	28b. TIM	4 Nursing N	ome 5 Re	sidence	8 Other (Sc 28d, OESCRI		IIIBY OC	CUREO	
4	1 Netural 5 Pending 05 Month, New Year's		URY	WORK?	NO T	Fell		bed	CONEO	
28. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 4 Nomicide 5 Could not be determined 6 Nomicide 6 Nomicide 7 See PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 9 Kilburnie Drive 7 Salisbury, Maryl 8 CERTIFIER (Check only one) 9 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								oute Number,		
29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated to the cause (a) and manner as stated to the cause (b) and manner as stated to the cause (c) and the color (c) and the cause (c) and the cause (c) and the cause (c) an										
W	(Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or	Investigatio	n, in my opinio	, death occur	ed at the	time, date and	place, and	due to th	ed. e ceuse(s)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICE			1			
BE	John 66 Bulkeley Depu	t.v N	T TE		359		1			(Month, Day, Year) 1-93
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE			1	777				, , _	. ,,,
	John T. Bulkelev. M.D. 108	Pir	ne Rlu	ff Ro		Salis	bur	v IV	īd.	21801
_	John T. Bulkeley, M.D., 108 31. DATE FILED (Month, Day, Year) MAY 25 1993 32/REGISTRAR'S SIGNATURE		J.L.U	110	9	,	- DUL	7 9 I'.	, ~ 0	21007
5	MAY 25 1993 Jani Sanien Ru	della								



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
3	1. DECEDENT'S NAME (First, Middle, Last) SERNARD DANIEL MIKIRIK 2. DATE OF DEATH MONTH DAY YEAR 9 25 9 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 YEAR F under 24 HRS. 7. DATE OF BIRTH (Month, Day, Mar) 1909 Maryland
TOR	98. FACILITY NAME (If not institution, give street end number) Frederick Memorial Hospital Frederick Frederick Frederick Frederick Frederick
DIRECTOR	10e. CITY, TOWN OR LOCATION Frederick 10d. INSIDE CITY LIMITS? 10mm Street
FUNERAL	100. STREET AND NUMBER 303 West Seventh Street 101. ZIP CODE 21701 109. CITIZEN OF WHAT COUNTRY? U.S. A.
ВУ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 VES 2 ANO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, Whita, etc. Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE — American Indien, Black, Whita, etc. Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Laborer 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Jeanne Bussard Workshop Training Center
BE CO	17. FATHER'S NAME (First, Middle, Lest) Edgar Roy Nikirk Beulah M. Colbert
2	Mrs. Linda J. Geiser 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6633 Coldstream Dr., New Market, Md. 21774
	206. METHOD OF DISPOSITION 1 Burnell 2 Cremetree 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of Cappen Control of Capp
	Robert W. Keeney #M00652 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Fred. Md. 21701
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to join AS a consequence of it.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events
CERTI	resulting in desth) LAST
EDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PH ACE OF DEATH (Check only and)
YSIC	EXAMINER? 1 YES 25 NO 1
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Veer) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED
	3 Suicide 5 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Yown, Stete)
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and dus to the cause(e) end manner ee stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and dus to the cause(e) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER Suluman (alam MO) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5-1-8-3
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHERWAN KAWAN GIS TOULHOUSE ANE #367 21701
	31. DATE FILED (Month, Doy, Year) 1993 32. RESERVANTES SIGNATURE Prande 82.

1 - STATE REGISTRAR			(:)		IC:AII	E OF D	HAIH		REG.	NO			
1. DECEDENT'S NAME (First	, Middle, Last)				IOAI		ZAIII	_	2. DATE OF DEAT		T	3. TIME OF DEATH	
EErnest B. Nichols							MONTH PAY YE 05 18 9			5:00 P M			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)					IF UNDE	R t YEAR	IF UNDER 24 H	HRS,	7. DATE OF BIRTH 6. 8			LACE (State or Foreign	
21509 055	6	1 🔀 M 2 🗆 F	90	YRS.	MONTHS	DAYS +	HOURS M	AIN.	Aug 16,	1903	Country)	land	
9e. FACILITY NAME (If not institution, give street and number)					9b. CIT	Y, TOWN OR	LOCATION (
Caroline Nursing Home, Inc.						Denton Caroline							
RESIDENCE OF DECEDENT													
							10d. INSIDE CITY LIMITS?						
								1X YES 2 NO					
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
520 Kerr Ave 21629 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - A													
11. MARITAL STATUS 1 Never Married 2 S 3 Widowed 4 Dive		FORCES? 1 IF YES, GIVE WAR	YES 2 X		13.		ify Cuben, M	Mexice	n, Puerto Rican, atc		ee or No— 14. RACE — American Indien, Black, White, atc. Specify: White		
	EDENT'S EDU					CCUPATION during most	of working		16b. KIND OF	BUSINESS/II	NOUSTRY		
Elementary/Secondary (College (1-4 or 5+)	llfe	. Do NOT u	se retired.)								
3rd				301le	r ro	om op				Milk,			
17. FATHER'S NAME (First, A		1.							ME (First, Middle, Ma				
CHristopher		IS	T						(unknown				
190. INFORMANT'S NAME (Christopher		ls	19						ard, Mar			52	
20a. METHOD OF DISPOSIT	TION			ANO OAT	E OF OIS	POSITION (LOCATION -		rn, State	
1 Burlet 2 Crematic		IOVEL ITOM State	* cemetary			_{place)} letery	,		5/21	Dente	on. Ma	arvland	
21. SIGNATURE OF FUNERA	M. SERVICE LI	CENSEE	(1022)		22	. NAME AND	ADDRESS (
May	he	Mua	le	1	P	.0. B	e-Hellox 16	lte 50	nbein Fu Greensbo	neral ro, ma	Home arylan	nd 21639	
23. PART i. Enter the d					not ente	r the mode	of dying	, suc	h ee cardlec or r	eepiratory e	errest,	Approximete	
IMMEDIATE CAUSE (FI	nal				shock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death								
disease or condition And And And And And And And And And An												Onset and Death	
	\rightarrow	· Metas	tatic	Lu	19 (ance	er					Onset and Death	
resulting in death)	→	. Metas	tatic AS A CONSE	COUENCE O	130	Pance	er_					Onset and Death	
resulting in death)		b				Pance	er_					Onset and Death	
resulting in death) Sequentially list conditions, leading to imme	tions,	b	AS A CONSE			Pance	er_					Onset and Death	
Sequentially list conditions, it any, leading to Immoceuse. Enter UNDERLY CAUSE (Disease or inj.	tions, ediate /ING	DUE TO (OI	R AS A CONSE	OUENCE O	PF):	Pance	er_					Onset and Death	
Sequentially list condition if any, leading to imme ceuse. Enter UNDERLY	tions, ediate 'ING ury	DUE TO (OI		OUENCE O	PF):	Pance	es	-				Onset and Death	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	ediate FING ury	b	R AS A CONSE	OUENCE O	PF): PF):							Onset and Death	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, ediate /ING ury ST	DUE TO (OI DUE TO (OI DUE TO (OI	R AS A CONSE	OUENCE O	PF):	inderfying	cause give		D.C.	S AN AUTOPS		WERE AUTOPSY FINDINGS	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, ediate /ING ury ST	b	R AS A CONSE	OUENCE O	PF):	inderfying	cause give		D.C.			WERE AUTOPSY FINDINGS	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	ent condition	DUE TO (OI DUE TO (OI d	R AS A CONSE	OUENCE O	PF):	inderfying	cause give		D.C.	RFORMED?		WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list condition of the course. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAST PART II. Other significations of the course	ent condition	DUE TO (OI DUE TO (OI d	R AS A CONSE	OUENCE O	PF):	inderfying	cause give		D.C.	RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Sequentially list condition of the course. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAST PART II. Other significations of the course	ent condition	DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI	R AS A CONSE	OUENCE O	F): In the u	inderlying chesin 26. PLA	cause give	eri	D.C.	RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Sequentially list conditions of the course in the course i	ent condition	DUE TO (OI DUE TO	R AS A CONSE	COUENCE OF TOWNS OF THE PROPERTY OF THE PROPER	in the u	26. PLA	Cause give	TH (Ch	ock only one) 6 □ Other (Specify	RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Sequentially list conditions, leading to immediate the course. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other significations of the course of the cours	ent condition a) Ure disc TO MEDICAL	DUE TO (OI d. DUE TO (OI d. Finds has ASE HOSPITAL:	R AS A CONSE	COUENCE COUENC	in the u	26. PLA printing Home 28c. INJUI VOR	CE OF DEAT 5 Reeld	TH (Ch	pheral 1 VI	RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAST PART II. Other significations of the sequence of	ent condition ent condition TO MEDICAL Pending Investigation	DUE TO (OI d	R AS A CONSE	resulting	OTHE	26. PLA 26. PLA 27. INJUING 1 YE	CE OF DEAT	TH (Ch	eck only one) 8 Other (Specify, 28d, DESCRIBE H 281, LOCATION (S	RFORMED? S 2 PNO OW INJURY C	OCCURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
Sequentially list conditions, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAST PART II. Other significations of the sequence of	ent condition a) Ure disc TO MEDICAL	DUE TO (OI c. DUE TO (OI d. Finds Finds ASC HOSPITAL: 1 Inpatient 2 E 26e. DATE OF IN (Morith, Day.	R AS A CONSE	resulting	OTHE	26. PLA 26. PLA 27. INJUING 1 YE	CE OF DEAT 5 Reeld	TH (Ch	eck only one) 6 Other (Specify) 28d, DESCRIBE H	RFORMED? S 2 PNO OW INJURY C	OCCURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
Sequentially list condition of the process of the p	ent condition ent condition To MEDICAL Pending Investigation Could not be determined	DUE TO (OI d	R AS A CONSE eth but not eth but not graphic and a conse eth but not graphic and a conse eth but not graphic and a conse eth but not graphic and a conse eth but not eth but not graphic and a conse eth but not eth	resulting PD 3 DOA 28b. TII	OTHE 4 DAY M street, fa	26. PLA 28. PLA 28. PLA 28. INJUI 1 YE ctory, office	CE OF DEAT 5 Resid	TH (Childence	eck only one) 6 Other (Specify) 28d. DESCRIBE H 28f. LOCATION (S City or Yown,	OW INJURY Correct and Numbers	DCCURED Der or Rural Residence	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
Sequentially list condition of the process of the p	ent condition ent condition al Ure disc Pending Investigation Could not be determined	DUE TO (OI C. DUE TO (OI d. DUE TO	R AS A CONSE eth but not eth but not graphic and a conse eth but not graphic and a conse eth but not graphic and a conse eth but not graphic and a conse eth but not eth but not graphic and a conse eth but not eth	resulting PD 3 DOA 28b. TII	OTHE 4 DAY M street, fa	26. PLA 26. PLA 27. Plan 28. INJUI WOR 1 Ye ctory, office	CE OF DEAT S Residence RY AT K? S 2 N	TH (Ch	eck only one) 6 Other (Specify, 28d, DESCRIBE H 261, LOCATION (S City or Youn, 1 to the ceuse(s) end 1 time, date and place	OW INJURY Contract and Number and Number and Number and due to	DECURED Der or Rural Ru stated,	WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO oute Number, oute Number, (Month, Dey, Year)	
Sequentially list conditions, it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusting in death) LAST PART II. Other significations of the sequence of the sequ	ent condition en	DUE TO (OI C. DUE TO (OI d. DUE TO	R AS A CONSE R	COUENCE OF TOWNS AND TOWNS AND THE TOWNS AND	OTHE 4 STREET, for street, for my	26. PLA 26. PLA 27. Plan 28. INJUI WOR 1 Ye ctory, office	CE OF DEAT S Residence RY AT K? S 2 N	TH (Ch	eck only one) 6 Other (Specify, 28d, DESCRIBE H 261, LOCATION (S City or Youn, 1 to the ceuse(s) end 1 time, date and place	OW INJURY Contract and Number and Number and Number and due to	DECURED Der or Rural Ru stated,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
Sequentially list conditions and course. Enter UNDERLY CAUSE (Disease or Injithet initiated events resulting in death) LAST PART II. Other significations are sufficiently as a constant of the country o	tions, boliate fundament of the person with th	DUE TO (OI C. DUE TO (OI d. DUE TO	R AS A CONSE R AS A CONSE eth but not CO R/Outpatient: JURY r/bar/ r/knowledge, d ninstion end/or	COUENCE OF TOWNS OF THE PROPERTY OF THE PROPER	OTHE 4 SAN ME OF JURY M street, fa	26. PLA 26. PLA 27. Plan 28. INJUI WOR 1 Ye ctory, office	CBUSE GIVE	TH (Ch	eck only one) 6 Other (Specify, 28d, DESCRIBE H 261, LOCATION (S City or Youn, 1 to the ceuse(s) end 1 time, date and place	OW INJURY Contract and Number and Number and Number and due to	DECURED Der or Rural Ru stated,	WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO oute Number, oute Number, (Month, Dey, Year)	
Sequentially list conditions, leading to immediate the conditions, leading to immediate the conditions of the conditions	tions, boliate fundament of the person with th	DUE TO (OI C. DUE TO (OI d. DUE TO	R AS A CONSE R AS A CONSE eth but not CO R/Outpatient: JURY r/bar/ r/knowledge, d ninstion end/or	COUENCE OF TOWNS AND TOWNS AND THE INVESTIGATION OF	OTHE 4 SAM ME OF JURY M street, fa	26. PLA Be raing Home 28c. INJUI WOR 1 YE ctory, office	CBUSE GIVE	TH (Ch	eck only one) 6 Other (Specify, 28d, DESCRIBE H 261, LOCATION (S City or Youn, 1 to the ceuse(s) end 1 time, date and place	OW INJURY Contract and Number and Number and Number and due to	DECURED Der or Rural Ru stated,	WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO oute Number, oute Number, (Month, Dey, Year)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

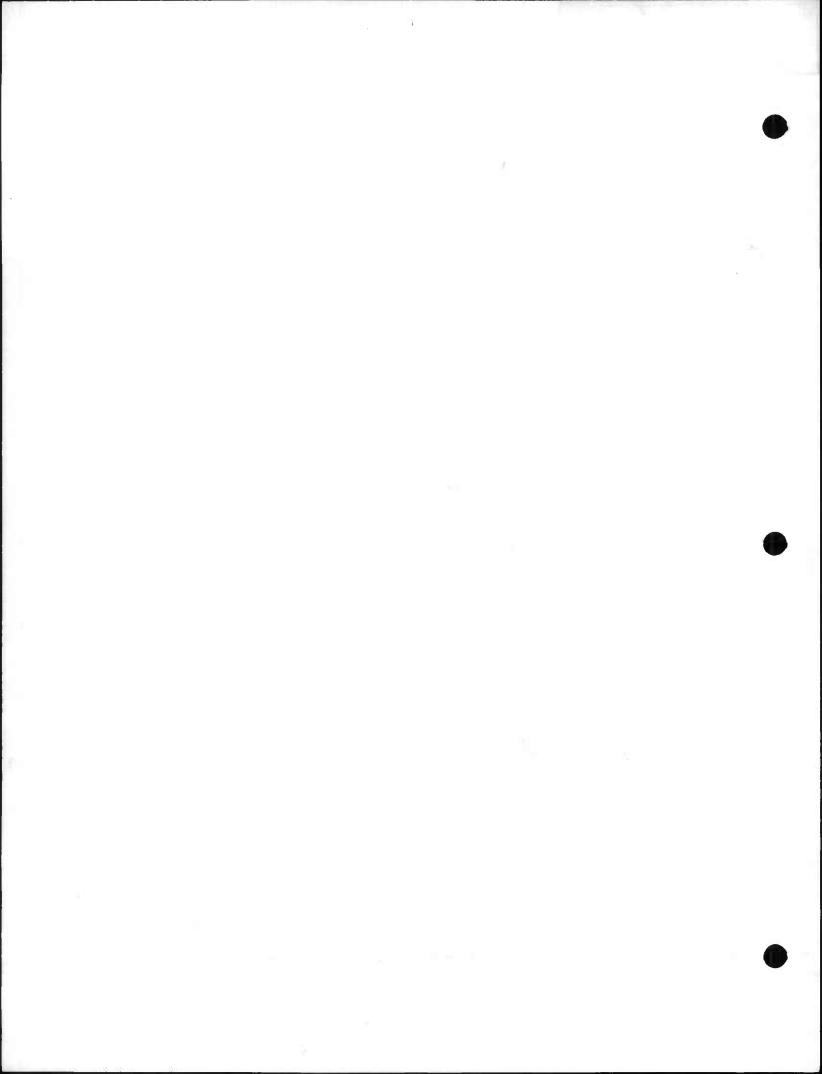
TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

Myse Theyle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR	CE	RTIFICAT	E OF DEATH	REG. N	Ю.				
	1. DECEDENT'S NAME (First, Middle, Last) 1. RMA WHITE NEEDLES 2. DATE OF DEATH MONTH DAY YEAR 4 22 43									
	4. SOCIAL SECURITY NUMBER 5. SEX 222 22 6400 5 M 2	6. AGE (In yrs. lest	VRS. IF UND	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH S(Month., Day Your)	A PA	RTHPLACE (State or Foreign with) Georgetown, D			
TOR	98. FACILITY NAME (If not institution, give street and num PENINSULA REGIONAL MED RESIDENCE OF DECEMENT		9b. CI	SALISBURY						
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Delaware Suss	ex	Reho	on Location both Beach		10d. INSIDE CITY LIMITS? 1 YES 2 XNOXX				
FRAL	100. STREET AND NUMBER 4582 Hwy # /			10g. CITIZEN O	OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 A Appriled 3 Wildowed 4 Divorced	ECEDENT EVER IN U.S. ARN S? 1 YES 2 YOU GIVE WAR OR DATES	XX	В	ACE — American Indian, leck, White, etc. pecily: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	(GN He.	Do NOT use retired	e during most of working .)		DUSINESS/INDUSTR	γ			
	17. EATHER'S NAME FIRST Middle (1821) Wilford C. White		Registe		ME (First, Middle, Meid Unkn	h Care on sumamo) www.) Wh	ite			
TO BE	199. INFORMANT'S NAME (RIGHT-FIFE) Vernon Needles	19b.	MAJUNG ADDRE	ss, Street and Number or Plural # Renoboti	Pour Number, City or 1 Beach De	ongn, State, Zip Code; Laware.	19971			
	20a. METHOD OF DISPOSITION 1/C/09(#6 2 Cremation 3 Removal from S 4 Donation 5 Other (Specify)	20b. PLACE AI	ND DATE OF DISPO	DSITION (Name of 193		LOCATION - City of				
	21. SIGNATURE OF EMERAL SERVICE LICENSEE George M. Short	Short		NAME AND ADDRESS OF E	CHITY					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Aute Antro letteral myocontrol defends a. Aute Antro letteral myocontrol defends									
NOI	Sequentially list conditions, if any, leading to immediate									
CERTIFICATION	CAUSE (Disease or Injury that initiated events Due TO (OR AS A COMSEQUENCE OF):									
CER	resulting In death) LAST									
MEDICAL	PART II. Other significant conditions contributed the fertilem on	ling to death but not re	sulting in the (underlying cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N.							1 TYES 2 THO			
Sicia	25. WAS CASE REFERRIED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	ATE DF INJURY Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 Uniter (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, street, factory, office City or lown, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the 2 MEDICAL EXAMINER: On the be						se(s) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	WD.		29c. LICENSE NU	MBER 522		NED (Month, Day, Year) 22 - 93			
5	PRAKASH R. DALAL	M.D. C	014D	EASTERN S	THOSE DR	Salis	Bury, MD.			
15	APR 27 1993 Julia L	CUSTRAR'S SIGNATURE	2							

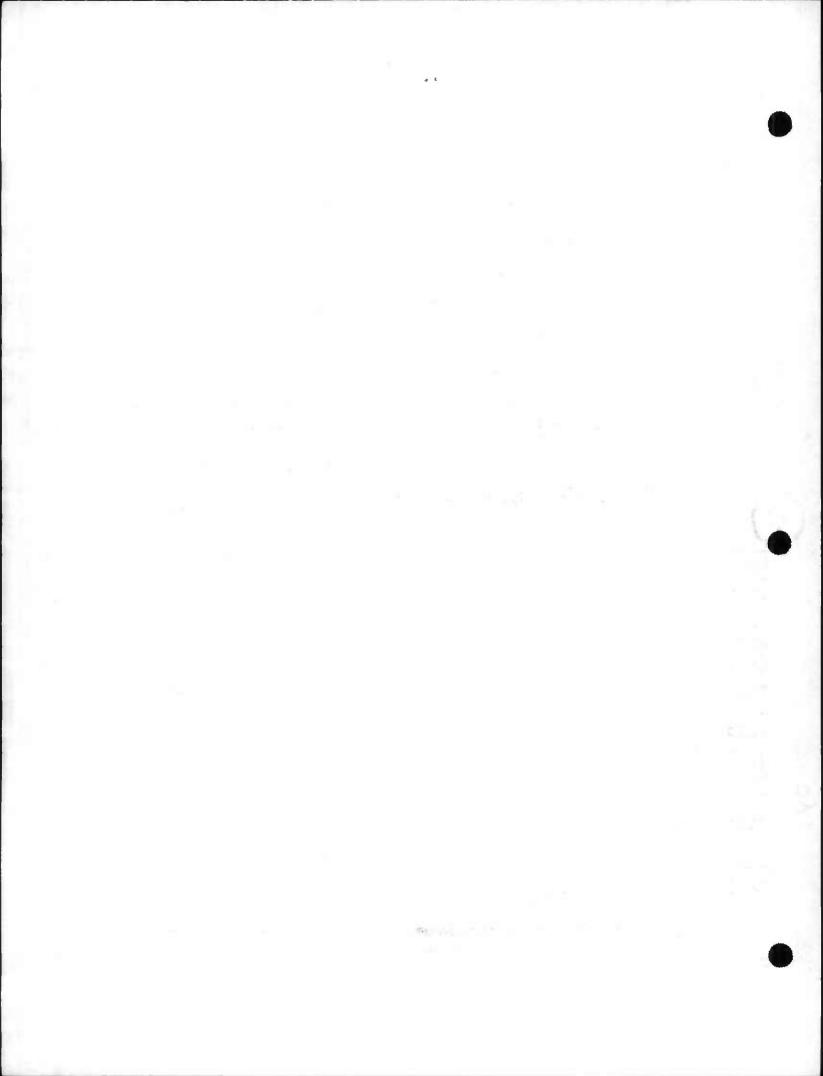


DHMH-16 Rev 1/89

LTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		U	ERITER	CAIL) F DEA	IH	RE	G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
1	ELIZABETH HANCOCK NEWCOMB							5		93	5:00 PM
	4. SOCIAL SECURITY NUMBER 820-04-7606	1.5	AGE (In yrs. las 91		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BII (Month Day, 9-15	9-15-1901		HPLACE (State or Foreign try) WYORK
	9a. FACILITY NAME (If not institution, give atreet and number)				96. CITY, TO	WN OR LOCAT	ION OF DE			UNTY OF	
	304 S. Harrison St.				East	con				Tall	oot
	10a. STATE 10b. COUNT			TOWN OR L	OCATION					10d. INSIDE CITY	
A	-				ston						1 YES 2 NO
	304 S. Harris	son St.				10f. ZIP CO	2160	1	10g. C	USZ	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABM FORCES? 1 YES 2 SOO IF YES, GIVE WAR OR DATES			NO	If yes		en, Mexica	n, Puerlo Ricen,	ecify Yan or No— atc.)	Blac	CE — American Indian, ck, White, atc. city: White
ľ	15, DECEDENT'S EDUCATION 16a, DECEDENT'							16b. KIND	OF BUSINESS/II	NOUSTRY	
l	(Specify only highest grade completed) [Give kind of won life. Do NOT use n				retired.)		ding				
	12 Homemaker 17. Father's NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
ı	William Alexan	nder Hanc	ock						eth Mo		merv
I	19a. INFORMANT'S NAME (Type/Print) 19b. MAILIN					reet and Numb	er or Rural I	Route Number, Cit	y or Town, State, 2	Zip Code)	2713721-21-11-11-11-11-11-11-11-11-11-11-11-1
	Cynthia E. Bar	rtlett	2	7781	LeGa	ates	Cove	Rd.,	Easto	n, l	MD 21601
	20a. METHOD OF DISPOSITION 1	moval from State	of cemetary	AND DATE	or other place)		DATE	20c, LOCATION		
ŀ	4 Donation 5 Dother (Specify) Salisbury Crematory 5-28 Salisbury, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE.										
	+ B. Keit	Phygrin	, CH	=5P	Ne	wnam	Fun	eral	Home, P		WD
1	23. PART I. Enter the diseases, or	complications that ca	used the de	ath. Do no					St.,		Approximate
I	shock, or heart feilure IMMEDIATE CAUSE (Finel	. List only one cause									Interval Between Onset and Death
	disesse or condition resulting in deeth) e. Car drovascular failure 24 hrs										
İ	disease or condition resulting in deeth) • Car disease of condition • Car disease of condition • Due to (or as a consequence of): Car cirrora of the Vulva Syears										
	Sequentially list conditions, Due to long as a consequence of										
	If eny, leeding to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
1	resulting in death) LAST										
I	PART II. Other significant condition	ons contributing to de	nth but not	resulting in	the under	lying couse	given in	Part I. 24a.	WAS AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDINGS
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								PERFORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
											1 YES 2 NO
ĺ											
I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (Ch	eck only one)			
ı	1 TYES 2 NO	1 - Inpetient 2 - Ef		DOA	4 Nursing	-	fasidence	5 Other (Spe			
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJ (Month, Day,		28b. TIME INJU	JRY	WORK?	□NO	26d. DEŞCRIB	E HOW INJURY (OCCURED	
1	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — At h	ome, farm, st				281, LOCATION	(Street and Num	ber or Rura	I Route Number,
i	4 Homicide 6 Could not be determined	building, etc.	. (Specify)					City or Tow	vn, State)		
ı	29a. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, d	eath occurred	d at the time.	date and ple	ce, and due	to the cause(a)	and menner as a	stated.	
	anal	NER: On the basis of axem	ination and/or	Investigation	i, in my opini	on, death occ	ured at the	time, data and	place, and due to	the cause	e(a) and menner as stated.
1	29b. SIGNATURE AND TITLE OF CERTIFI	ER		_		29c. Li	CENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
ı	John 9H	coullinge	m N	10		D0	4960		•	5-0	27-93
	30. NAME AND ADDRESS OF PERSON W			M 27) (Type,	Print)				•		
	John A. Hawki	inson M.D	mll	Ear	Le A	zenue	, Ea	ston.	MD 21	601	
	31. MELEC Month, Land Many	32 prois trains	SIGNITURE			1					
	MA1127 1993	a market	Janes V	ANAME	2						



	FOR
1	STATE
•	REGISTRAR

	1 - STATE REGISTRAR	SIAIE OF MANTE	,	ICATE O	F DEATH	ID MENI	REG. NO.	Ė		
	1. DECEDENT'S NAME (First, Middle, Last)	C.	1/0. /			2. DAT	E OF DEATH	γ	YEAR	TIME OF DEATH
. 8	L TERRITORIO S		(In yrs. last birthday)	G- M	IF UNDER 24 H	- Z	E OF BIRTH	10	993	1:35 Am
	065 46 0500	1 X M 2 □ F 71	YRS.	MONTHS DAYS		HN. 6/4	orth, Day, Year)		New Y	CE (State or Foreign
	Se, FACILITY NAME (If not institution, give street	1 / /	1 .11	96. CITY, TOW	OR LOCATION C			9c. COUN	TY OF DEATH	
TOR	DOUTHETY //a	ryland t	705pital	C	lint	on		PTI	nce	George
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						100	I. INSIDE CITY		
		George's	Te	mple Hi	Hills				1]	LIMITS?
RAI	10e. STREET AND NUMBER				10g. CITIZEN OF WHAT (COUNTRY?		
FUNERAL	3704 Spring Terrace 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS D	20748 USA MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No			American Indian,		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYYES IF YES, GIVE WAN OR C	2 NO DATES	If yes,	specify Cuben, M ES 2 X NO S	lexican, Puerte	Rican, etc.)		Specify: Whit	hite, etc.
里	(Specify only highest grade col	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of wo			TION most of working	16	b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary(Secondary (0-12) College (1-4 or 5+) Self Em									
	17. FATHER'S NAME (First, Middle, Last) Frederick C. New	lan			18. MOTHER:	s name (First McCar	, Middle, Meiden S thy	Surname)		
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	June G. Newlan			e as ite						
	20e. METHOD OF DISPOSITION 1	I from State	b.PLACE AND DATE metary, cremetory or d METOPIO	of disposition; other place) Che i Ean Che	Name of ematory	5/10			city or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	ор	22. NAME	AND ADDRESS O	OF FACILITY				
	Dent P. 1	Talas 6.			ge P. Ka Oxon Hi					20745
	23 PART I. Enter the diseases, or con shock, or heert fallure. Lis	npilcetions that ceuse it only one cause on t	d the desth. Do	not enter the r	node of dying,	such ss cs	rdiac or reapir	atory arre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Respiratory Sailure									
	DUE TOWOR AS A CONSEQUENCE OF):									
NOI	Sequentially list conditions, If any, leading to immediate									
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (OR AS /	A CONSEQUENCE O	F):						
	PART II. Other significant conditions of	contribution to death i	eath but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND							
SAI	Pheumoni	• .	us tive	haar		luse	24a. WAS AN A	WED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION OF CAUSE
PHYSICIAN: MEDICAL		ellituse.	brown		SYLV	ke	1 TYES 2	NO		DEATH?
Ä										
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	netions 2 DOA	OTHER:	PLACE OF DEATH					
¥.	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c, 1	NJURY AT YORK?		ESCRIBE HOW IN	JURY OCC	URED	
BY	1. Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, celly)	street, factory, of	lice		CATION (Street ar y or Town, State)	nd Number	or Rurel Route	Number,
PE		N: To the best of my know	vledge, death occurr	ed at the time, da	ite end piece, end	due to the c	euse(s) end men	ner es state	od.	
S	one) 2 MEDICAL EXAMINER: (On the basis of examination	on end/or investigation	on, in my opinion	death occured at	t the time, da	le end place, end	due to the	ceuse(s) end	I menner es stated,
#4	296. SIGNATURE AND TITLE OF CERTIFIER	Uyu	110 AL	У	29c. LICENSE	NUMBER	72	29d. DATE	SIGNED (MO	nth, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	1/11	07	16	. 0	1-1	10
)	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGN	5172 C		HILL	Kd +	\$101, C	KON	HILL,	Md 20745
	MAY 1 2 1993	Fredia Do	widson-Ran	dell						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.
IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

93 16881

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF HEALTH A	ND MENTAL	HYGIENE REG. NO.	3 16881			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE O	F DEATN	3. TIME OF DEATN			
	Michael	Α.	Noel Jr.	MONTH	16 199	EAR			
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. le	est birthday) IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE O	F BIRTN 8.	BIRTNPLACE (State or Foreign			
	215-37-4991	1.80 M 2 - F	YRS. MONTHE DAYS HOURS	MIN. C -	24-92	MARYLAND			
	9a. FACILITY NAME (If not institution, give a	treet and number)	96. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	OF DEATH			
DIRECTOR	Shady Grove Ho	spital	Rockville	۵	Mon	taomery			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v	10c. CITY, TOWN OR LOCATION			3 1			
E	MA	,	1000	13		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		(, E, MAN)	10 V/	V	1 YES 2 NO			
RA		EtGUM C	O INC T		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AI		NICOANIC ODIONIC		· 5 · H-			
	1 Never Married 2 Married	FORCES? 1 YES 2	NO If yes, specify Cuban,	Maxican, Puarto Ric	can, etc.)	RACE — American Indian, Black, White, atc.			
В	3 Widowed 4 Divorced	ii rau, or a ran on bares	T TES 2 24, NO	Specify:	1	3-6- ACT			
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working	16b. F	IND OF BUSINESS/INDUS	TRY			
9	Elementary/Secondary (0-12)		le. Do NOT use retired.)						
MP	0		NONE						
	17. FATHER'S NAME (First, Middle, Last)	AAA EI	18. MOTHE	R'S NAME (First, Mic	ddle, Malden Surname)				
BE	MICHEAL	10066	OR. LI	SH	RO131.	NSON			
2	19a. INFORMANT'S NAME (Type/Print)	0 11251	9b. MAILING ADDRESS (Street and Number or	Rural Route Number	City or Town, State, Zip Co.	de)			
.	20a, METHOD OF DISPOSITION	4. 10000	47/8 SWEFTG	UN C	146LE GE	-KMANTON N			
	№ Buriel 2 Cremation 3 Rame		AND DATE OF DISPOSITION (Name of rematory or other place)	DATE	20c. LOCATION — City	or Town, Slats			
	4 Donation 8 Other (Specify)	FINGE	9KMANY	4/0	LAND	OVER, MU			
	1	7	22. NAME AND ADDRESS	BAC.	on Ful	IERA HOME			
	witt-	Galwa.	216 3447	-14	The STN	100 0.6.			
	23. PART I. Enter the diseases, pro shock, or heart failure.	complications that caused the de List only one ceuse on each line	eath. Do not anter the mode of dying	, such aa cardle	c or reaplratory arrest				
	IMMEDIATE CAUSE (Final	011	1	_ (7	Interval Between Onset and Death			
	diseese or condition resulting in death)	- Zudan	Infat 1	sully ?	yndrone	2			
- 1	DUE TO (OR AS A CONSEQUENCE OF)								
- 1						1			
NO	Sequentially list conditions,	DUE TO (OR AS A CONSE	FOURING OIL						
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EQUENCE OF						
IFICATION	If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE							
RTIFICATION	If any, leeding to immediata cause. Enter UNDERLYING	c							
CERTIFICATION	If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSE	QUENCE OF):						
A	If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSE		en in Part i. 2	4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
A	If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSE	QUENCE OF):		4a. WAS AN AUTOPSY PERFORMED? VES 2 □ NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY			
A	If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSE	QUENCE OF):		PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
A	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSE	QUENCE OF):		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
A	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CDUE TO (OR AS A CONSE	resulting in the underlying couse giv		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
A	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	DUE TO (OR AS A CONSE d. s contributing to death but not HOSPITAL: I Inpetient 2 ER/Outpetient 3	Feaulting in the underlying cause gives 28. PLACE OF DEA OTHER:	TH (Check only one)	PERFORMED? VES 2 NO Specify)	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 \(\text{NO}\)			
PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONSE d. s contributing to death but not a	resulting in the underlying ceuse give 28. PLACE OF DEA: 3 □ DOA OTHER: 4 □ Nursing Home 5 □ Resident 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH (Check only one)	PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 \(\text{NO}\)			
A	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	DUE TO (OR AS A CONSE d. s contributing to death but not a HOSPITAL: Inpetient 2 SyER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	Z8. PLACE OF DEA COTHER: COTH	TH (Check only one) lence 8 Other (: 28d. DESCI	PERFORMED? VES 2 NO Specify) RIBE HOW INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY VES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO (OR AS A CONSE d. s contributing to death but not a HOSPITAL: 1 Inpetient 2 EVER/Outpatient 3 28a. DATE OF INJURY	Z8. PLACE OF DEA COTHER: COTH	TH (Check only one) lence 8 Gother (: 28d. DESCI	PERFORMED? VES 2 NO Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY VES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	DUE TO (OR AS A CONSE d. B contributing to death but not a B contributing to death	26. PLACE OF DEA OTHER: 4 Nursing Home 5 Resident Monkey Mon	TH (Check only one) lence 8 Other (: 28d. DE\$CI NO 28f. LOCAT City or	PERFORMED? VES 2 NO Specify) RIBE HOW INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY VES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A CONSE d. B contributing to death but not a B contributing to death	28. PLACE OF DEA 28. PLACE OF DEA OTHER: DOA 4 Nursing Home 5 Resid 28b. TIME OF WORK? INJURY M 1 YES 2 N oma, farm, streel, factory, office	TH (Check only one) lence 8 Other (: 28d. DE\$CI 40 28f. LOCAT City or	PERFORMED? VES 2 NO Specify) RIBE HOW INJURY OCCUR! ION (Street and Number or F. Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY VES 2 NO BUT NO BUT NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CAUSE			
BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A CONSE d. s contributing to death but not a s contributing to death	26. PLACE OF DEA OTHER: 4 Nursing Home 5 Resident Monkey Mon	TH (Check only one) lence 8 Other (: 28d. DE\$CI 40 28f. LOCAT City or	PERFORMED? VES 2 NO Specify) RIBE HOW INJURY OCCUR! ION (Street and Number or F. Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY VES 2 NO BUT NO BUT NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CAUSE			
COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO (OR AS A CONSE d. s contributing to death but not a s contributing to death	26. PLACE OF DEA 27. PLACE OF DEA OTHER: 4 Nursing Home 5 Resident Street	TH (Check only one) lence 8 Other (: 28d. DESCI 40 28f. LOCAT City or and dus to libe cause at libe time, data ar SE NUMBER	PERFORMED? FIES 2 NO Specify) RIBE HOW INJURY OCCUR! FION (Street and Number or Fiown, State) (a) and menner as stated, and place, and due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO Rural Route Number, Figure (s) and manner as stated. SINED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 2 Accident and Investigation determined 2 Accident a Could not be determined 2 MEDICAL EXAMINER 296. SIGNATURE 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A CONSE d. B contributing to death but not a B contributing to death	28. PLACE OF DEATO THER: 28. PLACE OF DEATO THER: 4 Nursing Home 5 Resident More of the State of the St	TH (Check only one) lence 8 Other (: 28d. DESCI 10 28f. LOCAT City or	PERFORMED? FIES 2 NO Specify) RIBE HOW INJURY OCCUR! FION (Street and Number or Fiown, State) (a) and menner as stated, and place, and due to the ca	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Bural Route Number, Sural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CONTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR AS A CONSE d. B contributing to death but not a B contributing to death	28. PLACE OF DEA 28. PLACE OF DEA OTHER: DOA 4 Nursing Home 5 Resid 28b. TIME OF WORK? INJURY M 1 YES 2 Norma, farm, streel, factory, office esth occurred at the Ilma, data and placa, are investigation, in my opinion, death occurred 29c. LICENS	TH (Check only one) lence 8 Gother (: 28d. DESCI 28d. LOCAT City or and dus to the cause at the time, data and SE NUMBER C. M. E.	PERFORMED? VYES 2 NO Specify) RIBE HOW INJURY OCCUR! ON (Street and Number or Flown, State) (s) and manner as stated. Ind place, and due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 - NO Rural Route Number, Rural Route Number, Ruse(a) and manner as stated. GNED (Month, Day, Year) 1.7 / 1.993			
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 2 Accident and Investigation determined 2 Accident a Could not be determined 2 MEDICAL EXAMINER 296. SIGNATURE 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A CONSE d. B contributing to death but not a B contributing to death	28. PLACE OF DEATO THER: 28. PLACE OF DEATO THER: 4 Nursing Home 5 Resident More of the State of the St	TH (Check only one) lence 8 Gother (: 28d. DESCI 28d. LOCAT City or and dus to the cause at the time, data and SE NUMBER C. M. E.	PERFORMED? VYES 2 NO Specify) RIBE HOW INJURY OCCUR! ON (Street and Number or Flown, State) (s) and manner as stated. Ind place, and due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO Rural Route Number, Rural Route Number, Ruse(a) and manner as stated. GNED (Month, Day, Year) 17 / 1993			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

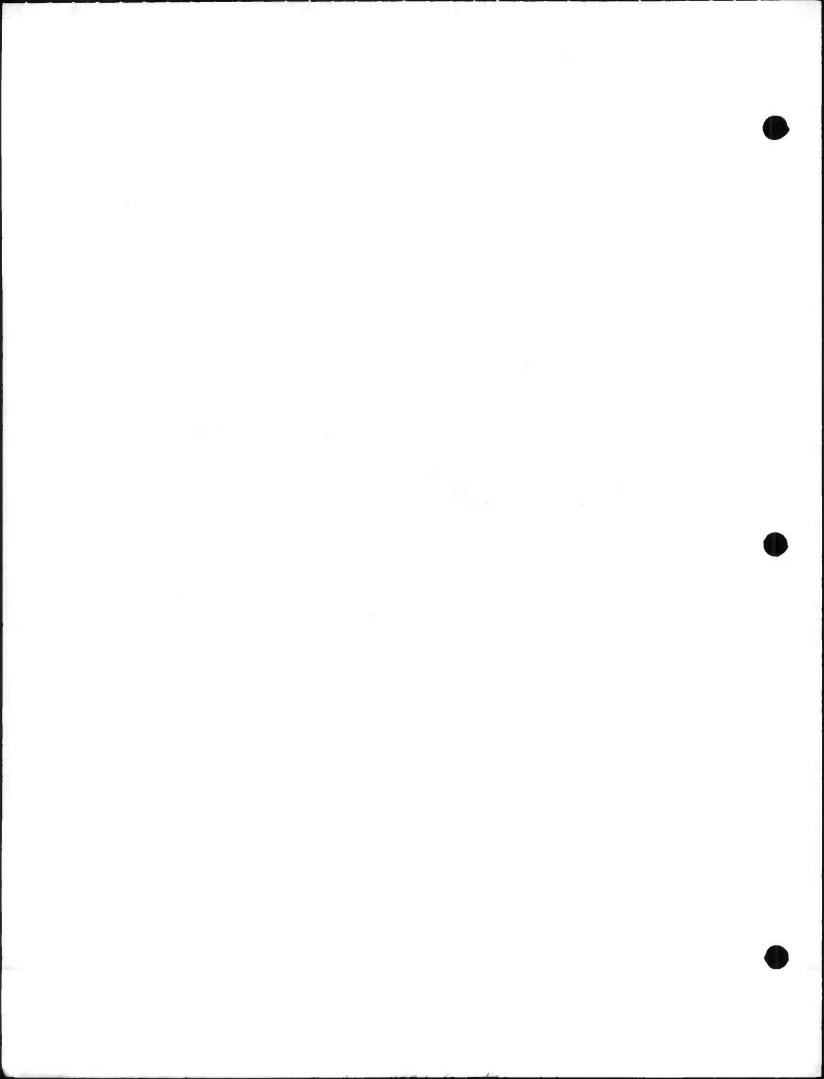
	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	STELLA	ONTI	VEROS		MONTH DA				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	1993	5 • 20 P		
	161-05-1674	1 M 2 X F		MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Coun	(m)		
		9a. FACILITY NAME (if not institution, give street and number)			Mar. 1, 1		nnsylvania		
œ			9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH			
DIRECTOR	Prince George's	s Hospital		Cheverly		Prince	e George's		
5	RESIDENCE OF DECEDENT								
H			10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
0		nce George's		New Carrollton	1		1 X YES 2 NO		
AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	7603 Vicar St.		20784		U	S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes				
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	II yes, specify Cuban, Max	cen, Puerto Rican, etc.)	Blac	E — American Indian, k, White, atc.		
ВУ	3 XWidowed 4 Divorced	IF TES, GIVE WAR ON DI	ATES	1 TYES 2 X NO Spe	offy:	Spec	White		
	15. DECEDENT'S EDU		16a, DECEDENT'S L	SUAL OCCUPATION	165 KIND OF BUIL	SINESS/INDUSTRY			
E	(Specify only highest grade		(Give kind of wo	ork done during most of working	IOU. KIND OF BU	MICOS/MOUSTRY			
7	Elementary/Secondary (0-12) 4	College (1-4 or 5 +)	House		0	77			
M			nouse			n Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1	IAME (First, Middle, Maiden	Sumame)			
BE	Ignatius Jaszca	zak		Mary (
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Run	I Route Number, City or Tow	n, State, Zip Code)			
	Dolores A. Mari	inaccio	7603 V:	icar St., New (Carrollton,	Md. 2078	34		
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (Name of		CATION — City or To			
- 1	1 Surial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	over from State	ount Oliv	et Cemetery	= 10 110				
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND ADDRESS OF	5/8/93 T	Vashingto	on, D.C.		
33	4 Donation 8 Other (Specify) Mount Offive Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation 8 Other (Specify) Mount Offive Cemetery 22. NAME AND ADDRESS OF FACILITY Gasch's Funeral Home, 4739 Baltimore Ave.,								
- 2	Willes	1349	1/	Hyattevillo	MA 20791		Linore Ave.,		
	23. PART i. Enter the diseases, or	complications that caused	the daeth. Do no	t anter the mode of dying, se	ch es cerdiac or respi	retory arrest,	Approximate		
		List only one ceuse on a	ach line.	1			interval Between		
- 4	IMMEDIATE CAUSE (Finel disease or condition)								
	resulting in death)	a. Ty Court	- of Ch	777	Verl				
	DUE TO (OR AS A CONSEQUENCE OF).								
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):								
Ė	If any, leading to immediate cause. Enter UNDERLYING	C A C	CONSEQUENCE OF)	trant Lais	4.44		ì		
ਹੈ	CAUSE (Disease or injury	a Congres	401	Tout Fan					
ĔΙ	thet initieted events resulting in death) LAST	DUE TOYOR AS A	CONSEQUENCE OF	1/0/					
1	a. Amy to Child								
- 1	PART II. Other significent condition	a contribution to death b	ut ant requisites to	the restantial and the second second					
DICAL	01/21-0 Fa	to death by		· H	n Part I. 24a. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	Ott your herrist	e cauce	· Vasa	ula Joseph	1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
M	(2) Ara	locker t	ype 1	(*			1 TES 2 NO		
=			0						
2 1	25 WAS CASE DEEEDDED TO MEDICAL								
2 1	25. WAS CASE REFERRED TO MEDICAL	R2							
SICIA	EXAMINER?	HOSPITAL: 1 tripatient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)							
IYSICIA	EXAMINER? 1 YES 2 NO	1 - Inpatient 2 - ER/Outp		28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURE					
PHYSICIA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 - Inpatient 2 - ER/Outp		RY WORK?	28d. DEŞCRIBE HOW I	NJONT OCCURED			
BY PHYSICIA	EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 YES 2 NO	28d. DESCRIBE HOW II	GONT OCCURED			
D BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	1 ☐ Inpatient 2 ☐ ER/Outp	28b. TIME INJU	M 1 YES 2 NO	28f. LOCATION (Street a		Route Number,		
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME INJU	M 1 YES 2 NO			Route Number,		
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	1 Inpatient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME INJU	M 1 YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 Inpatient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specialist)	28b. TIME INJU — At home, farm, ste	M 1 YES 2 NO eet, factory, offica at the time, data and place, and d	28f. LOCATION (Street a City or Town, State)	and Number or Rural			
COMPLETED BY PHYSICIA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the beat of my knowledge) CIAN: To the beat of examination	28b. TIME INJU — At home, farm, ste	M 1 YES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Rural			
COMPLETED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the beat of my knowledge) CIAN: To the beat of examination	28b. TIME INJU — At home, farm, ste	M 1 YES 2 NO eet, factory, offica at the time, data and place, and d	28f. LOCATION (Street as City or Town, State) is to the cause(s) and man at time, data and place, and	and Number or Rural	s) and manner as stated.		
BE COMPLETED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. BIGNATURE AND TITLE OF CERTIFE	1 □ Inpatient 2 □ ER/Outp. 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Clanter) ICIAN: To the best of my knowledge. Con the basis of examination	28b. TIME INJU — At home, farm, str h/h/) edge, dasth occurred a and/or investigation,	M 1 YES 2 NO seet, factory, offica at the time, data and place, and d In my opinion, death occurred at ti 29c. LICENSE N	28f. LOCATION (Street as City or Town, State) is to the cause(s) and man at time, data and place, and	nd Number or Rural ner as stated. d due to the cause(s) and manner as stated.		
COMPLETED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 20b. BIGNATURE AND TITLE OF CERTIFIE 10. NAME AND ADDRESS OF PERSON WH	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of exemination in the basis of exemi	28b. TIME INJU — At home, farm, statify) edge, dasth occurred and/or investigation,	M 1 YES 2 NO set, factory, office at the time, dete and place, and defining opinion, death occurred at the time.	28f. LOCATION (Street a City or Town, State) is to the cause(s) and man be time, data and place, and	ner as stated. d due to the cause(a) and manner as stated. (Month, Day, Year)		
BE COMPLETED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 20b. BIGNATURE AND TITLE OF CERTIFIE 10. NAME AND ADDRESS OF PERSON WH	1 □ Inpatient 2 □ ER/Outp. 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Clanter) ICIAN: To the best of my knowledge. Con the basis of examination	28b. TIME INJU — At home, farm, statify) edge, dasth occurred and/or investigation,	M 1 YES 2 NO seet, factory, offica at the time, data and place, and d In my opinion, death occurred at ti 29c. LICENSE N	28f. LOCATION (Street a City or Town, State) is to the cause(s) and man be time, data and place, and	ner as stated. d due to the cause(a) and manner as stated. (Month, Day, Year)		
BE COMPLETED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 20b. BIGNATURE AND TITLE OF CERTIFIE 10. NAME AND ADDRESS OF PERSON WH	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of exemination in the basis of exemi	28b. TIME INJU At home, farm, statify) adder farm, statify) edge, dasth occurred and/or investigation, TH ITEM 27) (Type, F	M 1 YES 2 NO set, factory, office at the time, dete and place, and defining opinion, death occurred at the time.	28f. LOCATION (Street a City or Town, State) is to the cause(s) and man be time, data and place, and	ner as stated. d due to the cause(a) and manner as stated. (Month, Day, Year)		



IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-		REGISTRAR		CERTIF	FICATE O	F DEATH	REG. NO.				
- 1		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	8	JAMES	FRANCIS		O'CONNO	ND.	MONTH DA	1993			
	ű	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)			MAY 25,		10:36 M THPLACE (State or Foreign		
	- 9	054-12-4733		4 YRS.	MONTHS DAY		(Month, Day, Year)	Cour	ntry)		
- 1				4 ,,,,,,			DEC. 11, 1		W YORK		
	or I	9a, FACILITY NAME (If not institution, give at				N OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH		
	DIRECTOR	WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY									
1	Di l	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 01	TY, TOWN OR LO	PATION					
	<u>E</u>			1000					10d. INSIDE CITY LIMITS?		
	- 27	11011	TGOMERY	S.		PRING			1 YES 2 NO		
	₹ I	10e. STREET AND NUMBER			1:	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
	Ü	9727 MT. PISGAH	ROAD, #140	14		2090	3	USA			
	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 X YES				NIC ORIGIN? (Specify Yes	or No- 14, RAC	CE - American Indian,		
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			specify Cuban, Maxice ES 2 7 NO Specifi			ck, White, etc.		
		3 Widowed 4 Divorced				A			WHITE		
		15. DECEDENT'S EDUC (Specify only highest grade of			S USUAL OCCUPA work done during		16b. KIND OF BUS	SINESS/INDUSTRY			
	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	retired.)	most of working			2		
	린		4	DIPLOMA	T		STATE D	EPARTMEN	VT		
)UC	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)			
	<u> </u>	JAMES F.	O'CONNOR			KATHLEE					
fled	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		Route Number, City or Town	ro Stein Zin Codel	20903		
100	2	NEUSA P. O'CONNO	קר				#1404, SI				
pe	- 1	20a. METHOD OF DISPOSITION									
TS I		1 Burial 2 X Cremetion 3 Removal from State cemetary, cremetary, or other place)									
E		4 Donetton 6 Other (Specify) METROPOLITAN CREMATORY 5/28 ALEXANDRIA, VA 21. SIGNATURE OF F. HERAL SERVICE LICENS 1/22. NAME AND ADDRESS OF FACILITY									
Reminiel		11 SONAL OF THE ME LINE LINE	7 / 1/0				LINS FUNER	AT HOME	TNC		
			LINE		500 L	NIVERSITY	BLVD. W.	SIL.	SP. MD 20901		
or other traumatic event, the medical	500 UNIVERSITY BLVD., W., SIL. SP., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approx								Approximata		
E		shock, or heart fellure. List only one cause on sech line. Interval Between Onset and Death									
the		disease or condition									
H,	- 1	resulting in death)									
8		E TO TOR AS A CONSEQUENCE OF) VILLAGE CHYDISE 440									
atic	RTIFICATION	Sequentially list conditions,									
aun.	F	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE ()F):						
10	2	CAUSE (Disease or Injury	005 70 (00 10								
등	Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE (PF-):						
	ш	d									
2	C	PART ii. Other significant conditions	contributing to death	ut not resulting	in the underly	ing ceuse given in	Part i. 24s. WAS AN	ALITOPSV 24	b. WERE AUTOPSY FINOINGS		
Y	DICA	(62010)	MUDDA	hia		ang occase given in	PERFOR	IMED?	AVAILABLE PRIOR TO		
2 30		- Colonia	14/1/014	14			1 □ YES 2	NO	OF DEATH?		
	M						_ ′	1	1 YES 2 NO		
23	z			,							
or Item 23 shows	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (Chi	eck only one)				
=	ž I	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	8 Other (Specify)				
	PHY	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. Til		NJURY AT	28d. DESCRIBE HOW IN	NJURY OCCUREO			
	BY	1 Natural 5 Pending	(month, bay, rear)	"		YORK? YES 2 NO					
		2 0 6 4 4 4	26s. PLACE OF INJURY	- A1 home, ferm,	street, factory, of	lice	28f. LOCATION (Street a	and Number or Rural	Route Number		
	υ I	4 Homicide 6 Could not be determined	building, etc. (Spec	cify)			City or Town, State)				
E	۳, I	29a. CERTIFIER									
IMPORTANT: If item 28	COMPL	(Check only	CIAN: To the best of my know								
빏	ξ.	2 MEDICAL EXAMPLES	3: On the basis of examinatio	death occured at the	time, date and place, and	d due to the cause((s) and manner as stated.				
MITA	w	296. HIGHATUHE AND TITLE OF CERTIFIER	1//1 //	. 11/1	V	29c. PICENSE NUM	18ER 17 (~	29d. DATE PIONE	D (Month, Day, Yogh),		
MPO	0	(amul)	your	my yy	10.	1 1)04	77)	1 5-	-27.45		
-	임	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ)	Print)			-	<u> </u>		
		(W///// 1)	Nahoupe	1 10	301 Ge1	NG/9 AW	o Silinon	V SAVII	he Md		
		31. DATE FILED (Month, Day, Year)	32. RIGISTRAR'S SIGA	IATURE		77 -1 /1	1 /1/00	- 0/1/	(), 17		
		MAY 28 1993	32. AUGISTRAR'S SIGN	son-Randel	2			1	//		
	A	mai au ioo	/ //	•							

िमान्त्र be retained by the hospital or attending physician. स्ट्रीस्ट page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

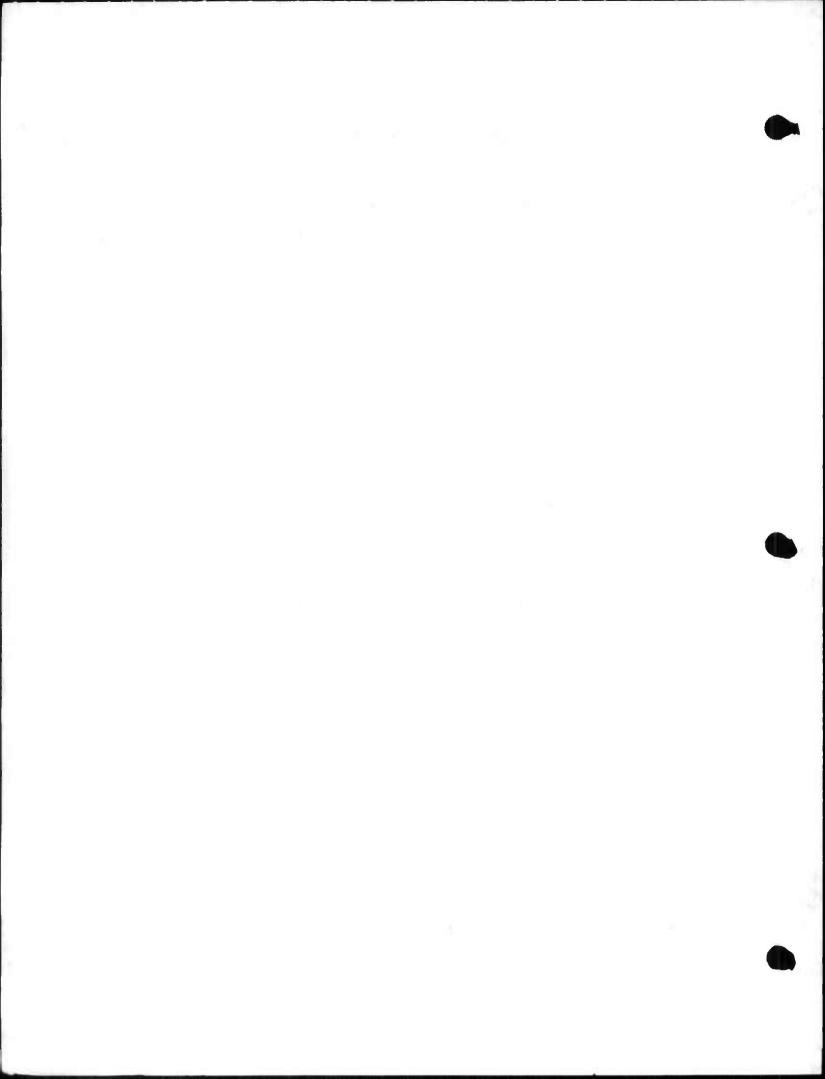
WORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
be filled within 72 hours after death with the State Degr. of Health and Mental Hygene prior to burial, cremation, or remove
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical e

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR					EALTH DEAT			HYGIEN REG. NO.	E			
j	1. DECEDENT'S NAME (First, Middle, Last) LAURA	A	OU	NZ	ミル	S			2. DATE OF		NY C	23	TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER 579-44-5664	5. SEX 6. / 1 M 2 X F	AGE (In yrs. last bi	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH WAS	N	6. BIRTHPI	ngham, Mo	ď
ron	SOUTHERN M	ARYLAND	Hospiti	AL	96, CITY	TOWN O	H LOCATION	ON OF DE		, , ,	9c COUN	TY OF DEA		Т
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.			, town o			bor)			1	Od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 11751 Cheltenham Rd.			101. ZIP CODE 20772					10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D			S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Black, W					- American Indian, White, stc.					
E	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. DECEI	kind of w	rork done o	CUPATIO	N t of workin	g	16b. Kil	ND OF BUS	INESS/IND	USTRY	224071	_
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) 6th Dietician						Hosp	ital						
BE CO	17. FATHER'S NAME (First, Middle, Last) James	A. Harpe	r				18. MOTH		ME (First, Midd 1ra C		-			
TO B	19a. INFORMANT'S NAME (Type/Print) Alice Newman	110 1101 0	19b, M	Me	ADDRESS				loute Number,			Code)		_
	26a, METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND	DATEO	F DISPOS	ITION (Nar	ne of	5/6/	9 BATE			City or Town		
	1 Surfai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Baltimore Nat'l. Cem. Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	· Larry.	M. Gr	att		4	925	Bu	rrou	gton ighs	Ave.	, N. E	C .		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dring, such as cardiac or respiratory arrest, abook, or heart feliure. List only one sause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death Onset and Death													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II Other significant condition	s contribution to dec	Ab b. A - A A		- 11								1	
MEDICAL	PART II. Other significant condition	contributing to deal	th out not read	ulting i	n the un	derlying	cause g	iven in i		PERFOR	MED?	All Co	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
AN:	25. WAS CASE REFERRED TO MEDICAL													
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆	DOA	OTHER	1:			ck only one)	pecify)				_
ВУ РН	27. MANNER OF DEATN 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		8b. TIME INJU	OF JRY M	28c. INJU WOR 1 NY		NO NO	28d. DESCRI	BE HOW IN	JURY OCC	URED		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, stc. (IURY — At home, (Specify)	ferm, si	treet, facto	ery, office			28f. LOCATIO	ON (Street as own, State)	nd Number	or Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my k											nd manner as stated.	
BE	296. HIGHATURE AND TITLE OF CERTIFIER	MAD	Att	the	lin		29c. NCE	NSE NUM	BER 2453	35	29d. DATE	SIGNED (M	lonth, Day, Year)	
5	50. MAME AND ADDITESS OF PERSON WHO	2700 DI	DEATH (ITEM 27	n (Type,	Print) (C-1	01 (1Cir	uton	J. YM	de	20-	7.35	-
	31. DATE FILED (Month, Day, Year) MAY 1 1 1993	32. REGISTRAR'S S	SIGNATURE	· · · ·	ı IVL	<i>,</i> 1	-1		1-1.	111	J14 1	-	<u></u>	_
	9	Med Waldgon	Hondre .										DHMH-18 Rev	1/89



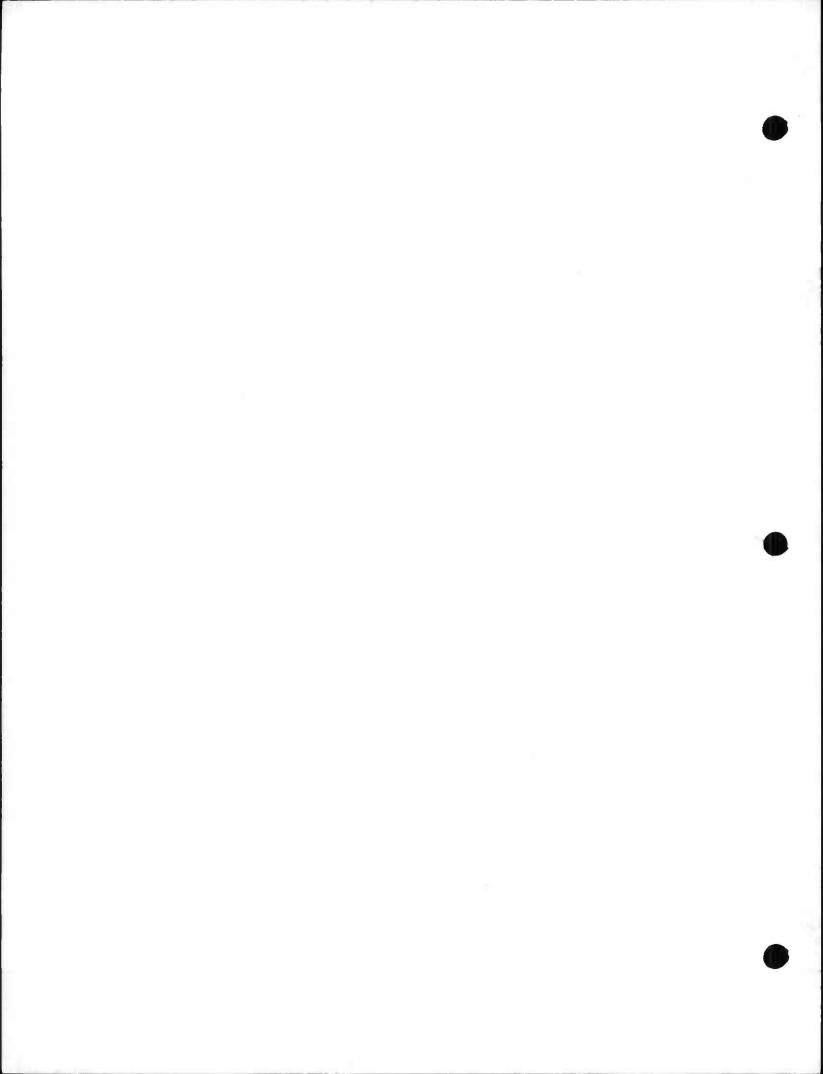
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest)		. 1_		DATE OF OEATH			IME OF DEATH		
	Hillary E.	() Brul	1/2n		3 199	YEAR	1214 PM		
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF CHRTH		BIRTHPLA	CE (State or Foreign		
	579-30-4991 1XM2□F 65	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/4/28		Country)			
	Sa. FACILITY NAME (If not institution, give street and number)		9h CITY TOWAL	OR LOCATION OF DEATH		T-	WASILLI	ngton,D.C.		
DIRECTOR	PENINSULA REGIONAL MEDICAL CEN	TER	SALIS		`	100	ICOMI			
ñ	10a, STATE 10b, COUNTY	10c. CITY	, TOWN OR LOCAT	ION			10d	, INSIDE CITY		
8	Maryland Calvert	D_1	ınkirk				M.	LIMITS? YES 2 NO		
	10e. STREET AND NUMBER		101. ZIP CODE				EN OF WHAT			
FUNERAL	2001 McCracken Dr.		20754				A			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO		ENDENT OF HISPANIC polity Cuban, Mexican, P		s or No—	Black, Wh Specify: White			
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDU				
ᇤ	(Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +)	We. Do NOT us	rork done during mo e retired.)			_				
립	oth	retired	Steamf:	itter	const	ructi	on			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden	Sumame)				
0	Joseph Allen O'Bryhim				cille Wi	,				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural Rout			Cordel			
임	Kathleen O'Bryhim	1	as item		o rearrado, day or rom	n, otate, zip c	2000)			
			F DISPOSITION (Na		DATE 20c, LO	CATION — CI	ity or Town	State		
	1 M Neurisi 2 Cremation 3 Removal from State Cornel 4 Donation 5 Other (Specify)	ery crematory of ot	her place)	ery 5/15/9		tland				
	21. BIGNATURE OF SUNERAL SERVICE LICENSEE	cdar IIII		ID ADDRESS OF FACILI		LIAIIU	, PIU.			
	of P. Kalas H.		Georg	e P. Kalas Oxon Hill	Funeral		. Md.			
	23 PART Enter the diseases, or complications that caused	tha daath. Do n	ot entar tha mo	de of dying, such a	s cardiac or reap	iratory arre	st,	Approximate		
	ahock, or heart failure. List only one cause on and	interval Between IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition							Olloct unit Doutil		
ł	resulting in death) a. Due To IOR AS A CONSEQUENCE OF:									
,										
CERTIFICATION	Sequantially list conditions, If any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
8	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A C	ONSEQUENCE OF):							
토	resulting in death) LAST									
2	DARW II OAk - I - MI - A - A - A - A - A - A - A - A - A -									
DICAL	PART ii. Other significant conditions contributing to death but	not resulting in	n tha underlying	cause given in Par	t I. 24a. WAS AN PERFOI		AWA	E AUTOPSY FINDINGS ILABLE PRIOR TO		
ă					1 YES 2	. □XNO		IPLETION OF CAUSE DEATH?		
뿔					.		1 🗆	YES 2 NO		
ż					l					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check	only one)					
Š	1 YES 2 NO 1 Inpatient 2 EFVOutpat	lent 3 🗆 DOA	OTHER: 4 Nursing Hom	5 ☐ Residence 6 ☐	Other (Specify)					
PHYSICIAN: MEI	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT 28	d. DESCRIBE HOW	NJURY OCCU	JRED			
BY	1 Natural 5 Pending 2 Accident Investigation		4.4	ES 2 NO				100		
	3 Suicide a Could not be 28e. PLACE OF INJURY - building, atc. (Specify	At home, farm, s	treet, factory, office	28	f. LOCATION (Street		r Rural Route	Number,		
	4 Homicide determined	,			City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only (Ch	foe death occurre	d at the time date	and place, and due to t	the several and the					
\$	(Check only one) 2 MEDICAL EXAMINER: On the basic of axamination of							manner on stated		
	29)/ SIGNATURE AND TITLE OF CERTIFIER 9									
H	ZOUR SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUMBE	A (12	29d. DATE	SIGNED (Mor	nth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	1		D 30	143	5	1(31	7.5		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H-(ITEM 27) (Type,	Print)	- < 1		, 7	C			
	Denjamin it Meger M	D.	4011	ncy: he	occust Si	2	Jalisi	sure Md.		
	31. DATE FILES (Month, Day, Year) 32. REGISTRAR'S SIGNAT	URE	•					7		
	MAY 1 4 1993 Tolkidams From	da 00								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nane 5 should he detach.		IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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0 7	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTA	IL HYGIEN		93	16886
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		3	. TIME OF DEATH
	Mary Ann	POWERS							May		993	YEAR	4:03 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	234-32-1812	1 🗆 M 2 🖳 F	69	YRS.	WONTING	DAYS	HOURS	MIN.		. 27,	1923		Virginia
~	9a. FACILITY NAME (If not institution, give				9b. CI1	ry, town	OR LOCAT	ION OF D				INTY OF DEA	
DIRECTOR	Garrett County Mo		lospital				klan	d			G	arrett	
	MD 106. STATE 106. COUNT	Garret	t	10c. CIT		. La		ark				- 1	Od. INSIDE CITY LIMITS? X YES 2 NO
₹	10e. STREET AND NUMBER					10	. ZIP COD	DE			10g. CIT	IZEN OF WH	AT COUNTRY?
ij.	607 K Street							215	50			USA	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN	T EVER IN U.S. A		13	. WAS DEC	ENDENT	OF HISPAI	NIC ORIGI	N? (Specify Ye Rican, atc.)	a or No	14. RACE -	- Americen Indian, White, atc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE V		, NO				Specify		Rican, atc.)		Specify:	
	15. DECEDENT'S EDU	CATION	100										White
	(Specify only highest grade	completed)		Give kind of v	undr done	a disting me	ON ost of work	ing	16	b. KIND OF BU	SINESS/IN	DUSTRY	
7	Elementary/Secondery (0-12)	College (1-4 or 5 -	')										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2+	A	ccoun	Lan	L	40 1407				rist		
	Weider	Ingr	am.				-			Middle, Maiden	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)	Iligi		DE MAILING	ADDRES	SE /Ctmat a		ctori		nber, City or Tow		Wat	kus
2	Thomas M. Powers												
	20e, METHOD OF DISPOSITION		20h PLACE	ANDDATE	I OO	K UIE	est I	koad.	, Ual			City or Town	21550
	1 XBurial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	complent of	amalan, ar at	has place	.1		0	1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- Galle	ELL C	22	NAME AP	VD ADDRE	SS OF FA	CILITY	29 Oak	Land	, Mary	land
	▶ R. M. Y	0000				St	ewar	t Fu	nera	1 Home			
	Some I For the time	Minage				32	S.	Seco	nd S	t., 0a	klan	d, MD	21550
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications the List only one cau	t caused the d se on each lin	eeth. Do n e.	ot enta	r the mo	de of dy	ing, suci	h as csr	diec or resp	iratory er	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Atheros	cleroti	c car	diov	ascu	ılar	dise	ase				Onset and Death
		DUE TO	(OR AS A CONSE	OUENCE OF									10075
Z	Sequentially list conditions.	Pulmona											Weeks
Ĕ	if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
5	CAUSE (Disease of Injury	Diabete											Years
	that initiated events resulting in death) LAST		(OR AS A CONSE):								
CERTIFICATION		possible	e pneum	onia									Days
_	PART II. Other significant condition	s contributing to	death but not	resulting i	n the u	nderlying	ceuse	given in	Part i.	24a. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
5										PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE
핗										1 1 165 2	EFRO		DEATH?
-									_			''	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	eck only o	10)			
Sign	EXAMINER?	HOSPITAL:	ER/Outpatient :	DOA	OTHE								
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28e. DATE OF (Month, Da	MJURY	28b. TIME	OF	28c. INJ	URY AT	1		SCRIBE HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	1	iy, roary	INJ	M		RK? 'ES 2	□ NO					
	3 Suicide 8 Could not be	28s. PLACE Of building.	F INJURY — At he	oma, ferm, s	treat, fac	tory, office			28f. LOC	ATION (Street	and Number	or Rural Rout	e Number,
	4 Homicide determined	11 2 2 2 3 1	,						uny	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	esth occurre	d at the	time, data	and place	, and dua	to the car	use(a) and mar	mer sa stel	ed.	
0 ≥													nd manner as stated.
	296. BIGHATURE AND TITLE OF CENTIFIES		1			Т		ENSE NUM					onth, Day, Year)
B	Sandal	Kulu	es la				D30					05-27-	
2	30 NAME AND ADDRESS OF DEDSON WHI		i had)		l	טכע	000				07-7/-	-33

Rt#7 Box1495 Oakland, MD 21550

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

Richter, M.D.

Donald R.

10

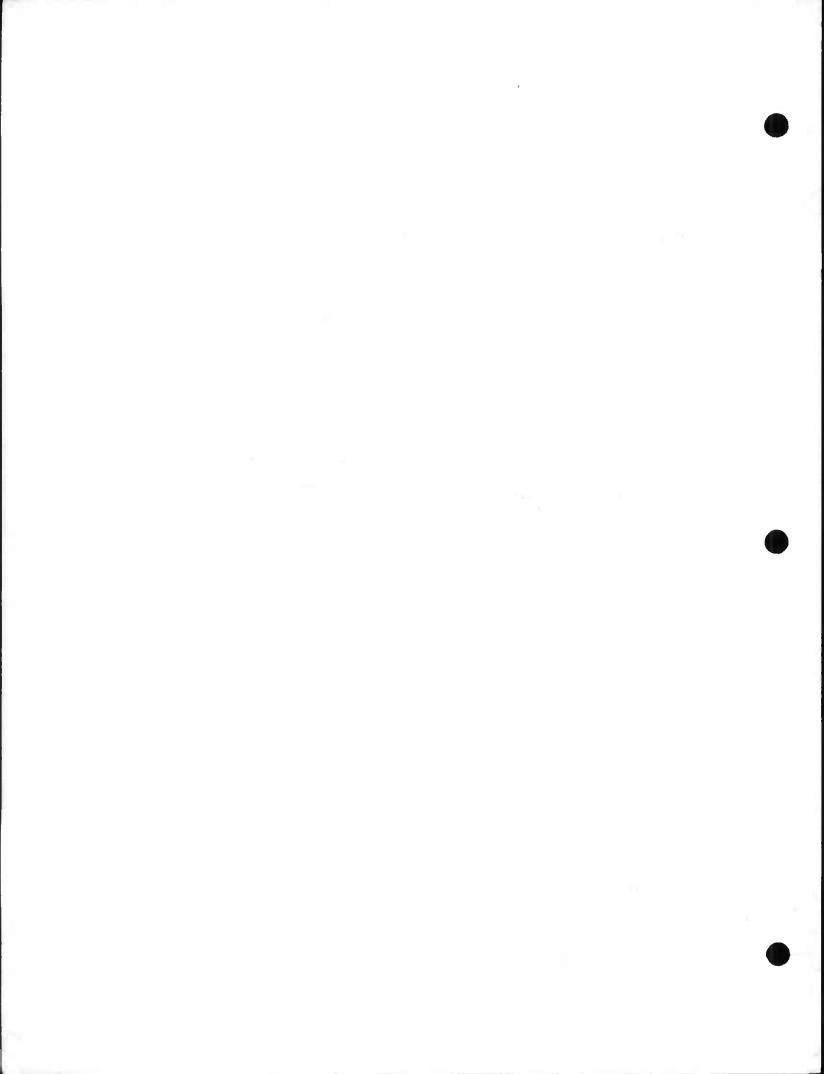
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JUN = 1 1993

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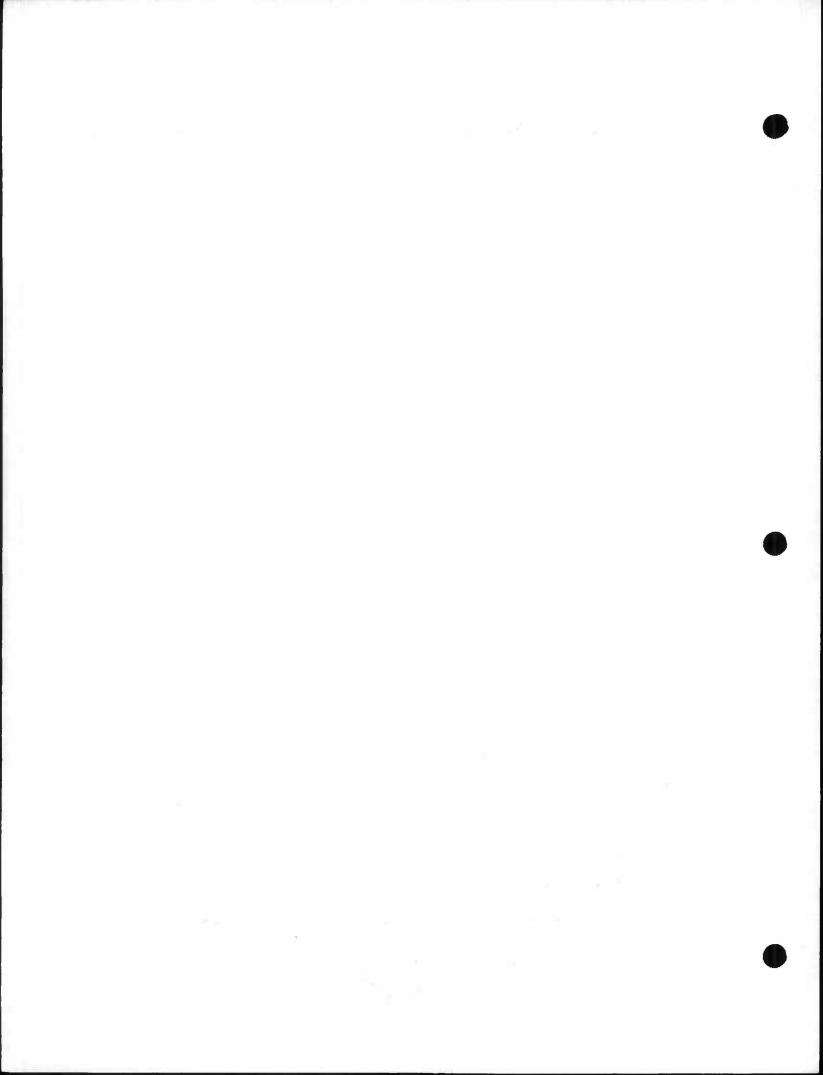
		1 - STATE REGISTRAR		STATE OF I	MARYL					EALTH DEAT		IENTAL	HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle ROLANI		URCELL								2. DATE (Y 23,	1993	YEAR 3	TIME OF DEATN
An.		4. SOCIAL SECURITY NUMBER 213-18-7925	1	SEX	6. AGE	(in yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE 0	F BIRTH (1920)		o. BIRTNPL Country) Maryl	and
	6	90. FACILITY NAME (If not institution CALVERT MEN	ORIA		TAL					E FRE				9c. COUN	CAL	VERT
Pages	DIRECTOR		OUNTY					r, town	OR LOCAT	TION						DIL INSIDE CITY LIMITS?
020 physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER P. O. Box 652		-					- 1	20688				U.S	EN OF WH	AT COUNTRY?
AND 21215-0020 the hospital or attending physician detached for use as the burial-tran once.	В	11. MARITAL STATUS 1 Never Married 2 K Marrie 3 Widowed 4 Divorced	d 12	FORCES? 1 IF YES, GIVE V			JED)		If yes, sp	ENDENT OF	i, Mexican,	C ORIGIN? Puerto R	(Specify Yea ican, etc.)	or No—	14. RACE Black, V Specify: Whit	- American Indian, White, etc.
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	COMPLETED	1s. DECEDENT (Specify only higher Elementary/Secondary (0-12) Grade 12	at grade cor	ION npleted) College (1-4 or 5 -	+)	(Give	EDENT'S e kind of w Do NOT us	ork done e retired.)	during mo	ON st of working	9		KIND OF BUS		ISTRY	
AND the hospit detached	OM	17. FATNER'S NAME (First, Middle, L	est)			Carp	/GII C C	:1		18. MOTH	ER'S NAM		oc U Ro		au	
3 2 2 2	BE (Harvey Purcell											adley			
MARNe retained the 5 should notified	10	19a. INFORMANT'S NAME (Type/Pri	_	fe)									D 2068		Code)	
MORE, age 6 may be director, page		20a. METNOD OF DISPOSITION 1 Buriel 2X Cremation 3	Ramova		20b	. PLACEAR	DDATEO	F DISPOS	SITION (Na	me of		OATE	20c. LO	CATION — C		
Page (4 Donation 5 Other (Special Signature of Funeral Service)		SEE	_ Me	trop	olit			atory			Alex	kandr	ia, V	'irginia
BALTIMORE, irs after death. Page 6 may be n by the funeral director, page removal. edical examiner must be		1 5k 8.	.5	ith			_	Po	ort 1	Repub	lic,	Mar	yland	2067	5	Is1. Rd.
60, within 24 hours within 24 hours or remation, or relevant, the medi		23. PART I. Enter the disease shock, or heert for iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	es, or com eliure. Lis	CA	ROINA	sch line.	ARRE	.55	the mo	de of dyir	ng, such	as cerdi	ec or reapi	ratory arre	st,	Approximate interval Between Onset and Death
P.O. BOX 60 h certificate be executed andling physician and Hygiene prior to but or other traumati	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infittated events resulting in death) LAST	d	OUE TO		CONSEQU):	21	LEASE					-	yer-s
RECORDS requires that the een signed by the of Health and M shows any inju	: MEDICAL	PART II. Other significent con	nditions c	ontributing to	deeth b	ut not re	euiting i	n the ur	nderlying	g ceuse gl	iven in P		PERFORE	MEO?	CO	ERE AUTOPSY FINDINGS AJLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
/ITAL N: The la hcate has State Deg	SICIAN	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	Н	OSPITAL:	FB/Outr	nationt 3	1004	OTHE!	R:	ACE OF DE						
OF V PHYSICIA This certif with the	РНҮ	27, MANNER OF DEATH		26a. DATE OF (Month, D	INJURY		28b. TIME	OF	28c. INJ	e 5 □ Res URY AT RK?			(Specify)	JURY OCC	JRED	
ON OD DING PHYS After this death with	B	1 Netural 5 Pendin 2 Accident Investig 3 Suicide 8 Could	ation	28e. PLACE O	F IN HIRY	— At hom	· ·	М	1 🗌 Y	'ES 2 🗌	_	204 1 004	FIGN (O		0.10	5,751
DIVISION OR ATTENDING F DIRECTOR: After I hours after death item 28 is mar	TED	4 Homicide B Could detarm		bullding,	atc. (Spec	Hy)	-, 141111, 51		ory, orne			City or	FION (Street au Town, State)	na Number a	r Huniii Houi	e Number,
E BE	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING CERTIFYING 2 MEDICAL EX														nd manner sa stated.
THE HOSPI THE FUNEF filed within	BE C	29b. SIGNATURE AND TITLE OF OR	RTIFIER		mp					29c. LICEN		ER				onth, Day, Year)
2 2 2 X	٩	30. NAME AND ADDRESS OF PERS	ON WHO C	OMPLETEO CAUS	_	ATN (ITEM	27) (Туре,	Print)		03	<u>४९१)</u>				may.	4PP1, M
124		MICHAEL P.	DIPRI	E, M.D.	, PR	INCE	FRE	DERI	CK,	MD 20	0678					
		MAY 28 1993	Juli	37 HEGISTRA	B.S. Agen	MANUT										

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R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	Hygiene	
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	1 - STATE REGISTRAR			-11111	ICAIL	OF	DEAL			REG. NO.			
	William CHARLE	William S PHIL	Charles	s Phi	11ips	S			2. DATI	E OF DEATH	ž	93	3. TIME OF DEATH 0917 M
	4. SOCIAL SECURITY NUMBER 213-10-1425	5. SEX 1 M 2 F	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS.	(Mon	E OF BIRTH Hh, Day, Year) /24/191	9	Count	HPLACE (State or Foreign my)
Ä	9a. FACILITY NAME (If not institution, give a Frederick Memori					town of		ON OF DEA		21/131	9c. COI	unty of p	DEATH
2	RESIDENCE OF DECEDENT												
DIRECTOR		rederick			Y, TOWN O UNSW:		ON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 420 Fifth Avenue					101.	ZIP CODE	217	16		10g. cn		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AF I XYES 2 II MAR OR DATES W II		l l	f yes, spec	cify Cuba		n, Puerto	IN? (Specify Yes Rican, etc.)	or No—	14, RACI Blaci Spec	E — American Indian, k, White, etc. i/y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16e. DE (G #/e	live kind of Do NOT u				g		L KIND OF BUS Catonsv	7 11 16	e Hea	
NA I	17. FATHER'S NAME (First, Middle, Last)		E	Plumb	er		40. 550771	1500 M A A A	45.45	Plun Middle, Maiden	_	3	
BE CC	William Henry Ph	illips					F	reid	a Ma	ay Weik			
5	Lovealine L. Phi	11ips								ick, MI			
	20a, METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cre					5.	/7/9	TE 20c. LO		City or To	
2000	21. SIGNATURE OF FUNERAL SERVICE LIN	THAMS.	lone		J. 1	ohn '	T. W		ams	Funera			
	23. PART I. Enter the diseases, or	complications tha	it caused the de	eath. Do									MD 21716 Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	use on each line	.									Interval Between
	resulting in death)	ARTE!	(OR AS A CONSE	LER QUENCE O	OTI	C	CA	RDIO	o VA	iscul	e I	ISEA	Onset and Death
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO DUE TO	(OR AS A CONSE	QUENCE O	F): F):	C	CA	<i>KDII</i>	o VA	\$SCULA	ie I	ISEA	
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO DUE TO	OR AS A CONSE	QUENCE O	F): F):	C	CA	<i>RD10</i>	o VA	\$SCULA	ie I	ISEA	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO DUE TO d	OR AS A CONSE	QUENCE O	F): F):					24a. WAS AN PERFOR	AUTOPSY MED?		
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition EMPHYSE 25. WAS CASE REFERRED TO MEDICAL	DUE TO DUE TO DUE TO d	OR AS A CONSE	QUENCE O	F): F):	deriying	cause g	liven in P	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Emphysel	DUE TO DUE TO DUE TO C. DUE TO HOSPITAL:	OR AS A CONSE	QUENCE O	F): F): In the un	deriying 26. PLA	cause g	liven in P	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition FMPHYSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO C. DUE TO HOSPITAL:	OR AS A CONSECTION OF AS A CONSE	QUENCE O QUENCE O QUENCE O Tresulting	OTHER	26. PLA 1: ung Home 28c. INJUI	Cause of Di	EATH (Checaldence 8	Part I.	24a. WAS AN PERFOR	AUTOPSY MED? ME NO	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition EMPLY SE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	OR AS A CONSECTION OF AS A CONSE	QUENCE O QUENCE O QUENCE O Tesuiting B DOA 28b. TIM	OTHER 4 Unur	26. PLA t: ling Home 28c. INJUI WOR 1 YE	cause g	EATH (Checosidence 8	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? MC NO	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition EM 12 H Y S E 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO	OR AS A CONSECTION OF INJURY — At home of the consection of the co	QUENCE O QUENCE O QUENCE O RESulting B DOA 28b. TIM IN. Prine, ferm,	OTHER 4 Nurse E OF URY M street, factored at the time of the street of	26. PLA 2: sing Home 28c. IN/O WOR 1 YE Ory, offica	Cause g	EATH (Checosidence 8	Part I. Ck only e	24a. WAS AN PERFOR 1 YES 2 One) Or (Specify) SCRIBE HOW III CATION (Street a y or Town, State)	AUTOPSY MED? AC NO NJURY OO INDICATE SEE SEE	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition EMPHYSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 29b. SIGNATURE AND TITLE OF CERTIFIER 21b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	QUENCE O QUENCE O QUENCE O Tresulting B DOA 28b. TIM IN. path occurr (investigation)	OTHER 4 Nurs E OF UNY M street, facto	26. PLA 1: WOR 1 YE Pory, office me, data a	Cause g	EATH (Checosidence 8	Part I. 28d. DE 28f. LOC Chy to the ca	24a. WAS AN PERFOR 1 YES 2 One) Or (Specify) SCRIBE HOW III CATION (Street a y or Town, State)	AUTOPSY MED? AC NO NJURY OCH OTHER SERVICES S	24b CCURED or or Rural II sted. the cause(a	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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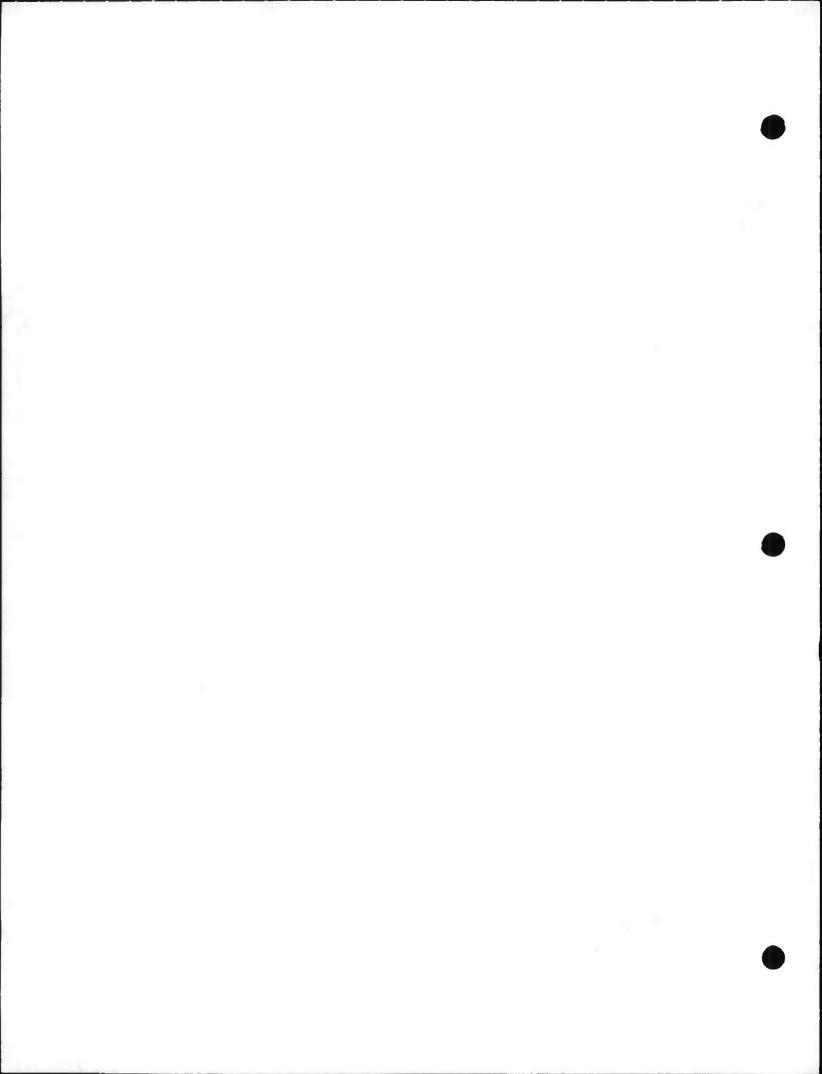


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CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWARD 0.5 RENO PELLICHERO 93 14 7:15AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 142-30-8380 DAYS HOURS 1 😡 M 2 🗌 F 53 VDC 12/29/39 New Jersey 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 106 PARK LANE SOUTH FEDERALSBURG CAROLINE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Page Federalsburg Maryland Caroline 1 YES 2 NO 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 21632 106 South Park Lane United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married 1 YES 2 K NO Specify Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Warehouse Supervisor once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Sumame) Reno Pellichero 75 Irene Rubint 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Patricia Pellichero 106 S. Park Lane, Federalsburg, MD 21632 9 20a. METHOD OF DISPOSITION

DEPartial 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Franklin Twnsh. NJ 5/18 Ten Mile Run Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral ion, or removal. Framptom-Hawkins-Eskow Funeral Home Eskow Michael PO Bx, Federalsburg, MD 21632 medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition BALEROS COMOTIC CARDIOVASCULA M DISTAST completely certificate be executed within resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): attending physician and con ntal Hyglene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 The law requires that the death the atten in uny, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO signed by the has been signed by to Dept. of Health and n 23 shows any in COMPLETION OF CAUSE 1 VES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 NES 2 NO 4 - Nursing Ho ne 5 Nesidence 6 Other (Specify) the 0 27. MANNER OF DEATH 26a. DATE DF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d DESCRIBE NOW INJURY OCCURED this c marked, 1 Datural 5 Pending Investigation 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be hours after d COMPLETED 4 Nomicide 29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Soull Olyphote CME 9 /14/93 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON 31. DATE FILED (MONTH), Day, Year)
MANY 1 9 93 Koreum 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRARIS SIGNATURE Pandell



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF MARY			ATE OF		MENTA	NL HYGIEN	E	J	
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATI	E OF DEATH		3	. TIME OF DEATH
MARY		Alberta	PR	ICE			5	1.3	199	3	6:12 P w
4. SOCIAL SECURITY NUMB			(In yrs. last birti		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH oth, Day, Year)	0.	BIRTHPL Country)	ACE (State or Foreign
213-74-5130			94 Y	ras.	THE DAYS	HOURS MIN.		. 1, 18			land
9a. FACILITY NAME (If not in:	stitution, give stree	et and number)		9b.	CITY, TOWN O	R LOCATION OF D	EATH		9c. COUNTY	OF DEA	TH
RESIDENCE OF DEC	EDENT	OSPITAL				ARDTOW	N_		ST	. M.	ARYS
10a, STATE	10b. COUNTY		- 1		WN OR LOCAT					1	Od. INSIDE CITY LIMITS?
Maryland	St.	Mary's		Mech	anicsv						☐ YES 2 🔀 NO
10a. STREET AND NUMBER					1177	ZIP CODE					AT COUNTRY?
55 Kavanaugl						20659				J.S.	Α.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIYE WAR OR	2 5 NO		If yes, spe	ENDENT OF HISPAL ecify Cuban, Mexico 2 NO Specif	an, Puerto		or No- 14	Black, 1	- American Indian, White, etc. Black
15. DECI	EDENT'S EDUCA	TION	16a. DECEDE	ENT'S USU	AL OCCUPATIO	N	18	b. KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0		College (1-4 or 5+)	Iffe. Do I	NOT use ret	done during mos ired.)	at of working					
7th Grade			House	ewife				Ho	me		
17. FATHER'S NAME (First, Mi	ddle, Last)					16. MOTHER'S NA	AME (First,	Middle, Malden	Surname)		
Endress	Hol	t				Mary			Nea	ale	
19a. INFORMANT'S NAME (7)			111111111			nd Number or Rural					
Anna T. Kind			55	Kava	naugh	Road Med	chan:	icsvill	e, Mar	cyla	nd 20659
20a. METHOD OF DISPOSITI		ni from State C6	b. PLACE AND E	ry or other o	lace)		DA		CATION — CIty		
4 Donation 5 Other			harles	Mem	orial (/93 Le	onardt	own.	, Maryland
21. SIGNATURE OF FUNERAL	BERVICE LICES	Est 1				D ADDRESS OF FA		non Du		Home	D 3
Mucha	el 75	Hardine	ال			ingley-G					e, P.A. and 20650
23. PART LEnter the di	seases, or co	mplications that cause	d the death.	Do not e	nter the mod	de of dying, suc	ch aa ca	rdlec or respi	ratory arrest	,	Approximate
IMMEDIATE CAUSE (Fin		st only one cause on	each line.								Interval Between
											Onset and Death
disease or condition		Volvior	15 05	: 5	MDILL	3011	I				
disease or condition resulting in death)		VOLVUL DUE TO (OR AS	A CONSEQUEN	SICE OF):	MDIL	Bow	GL	•			
resulting in death)	+	DUE TO (OR AS	A CONSEQUEN	S S	MDic	BOW	GL	•			
	ons, th.	DUE TO (OR AS			MDIL	BOW	GL	•			
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resulting in death) Sequentially list conditi- if any, leading to immedicause. Enter UNDERLY/I CAUSE (Disease or injust that initiated events	ons, late		A CONSEQUEN	ICE OF):	MDIL	BOW	GL	•			
resulting in death) Sequentially list condition in the condition of the c	ons, late	DUE TO (OR AS	A CONSEQUEN	ICE OF):	MDic	BOW	16L	•			
resulting in death) Sequentially list conditi- if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST	a., ons, flate NG c., d.	DUE TO (OR AS	A CONSEQUEN	ICE OF):				24s. WAS AN	AUTOPSY	24b. W	
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PART II. Other significations of the Manual States	D MEDICAL Pending nestigation Could not be letermined IFYING PHYSICIA CAL EXAMINER: PERSON WHO G PERSON WHO G PERSON WHO G	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death 1 OSPITAL: Inpetient 2 DER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spo	A CONSEQUEN A CONSEQUEN but not resul tipatient 3 □ 0 28i IY — At home, f scriy) wiedge, death o on and/or invest EATH (ITEM 27) 111 P	Iting in the control of the control	26. PL HER: Nursing Hom 28c. INJU WOI 1 Y , factory, office the time, data my opinion, de	ACE OF DEATH (CA) 5 G Residence JRY AT RES 2 NO and place, and due with occurred at the 29c. LICENSE NUI	Part I. 8 Oth 28d. DE 26f. LOC C/h to the ca	24s. WAS AN PERFORM 1 [X YES 2 Per (Specify) ESCRIBE HOW IF CATION (Street a y or Town, State)	MED? NO NJURY OCCUR Ind Number or as stated. d due to the c 29d. DATE SI	RED Rural Rouse(a) a	Onset and Death FERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? X YES 2 NO No Number, And manner se stated, Foorth, Day, Year) 1993

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

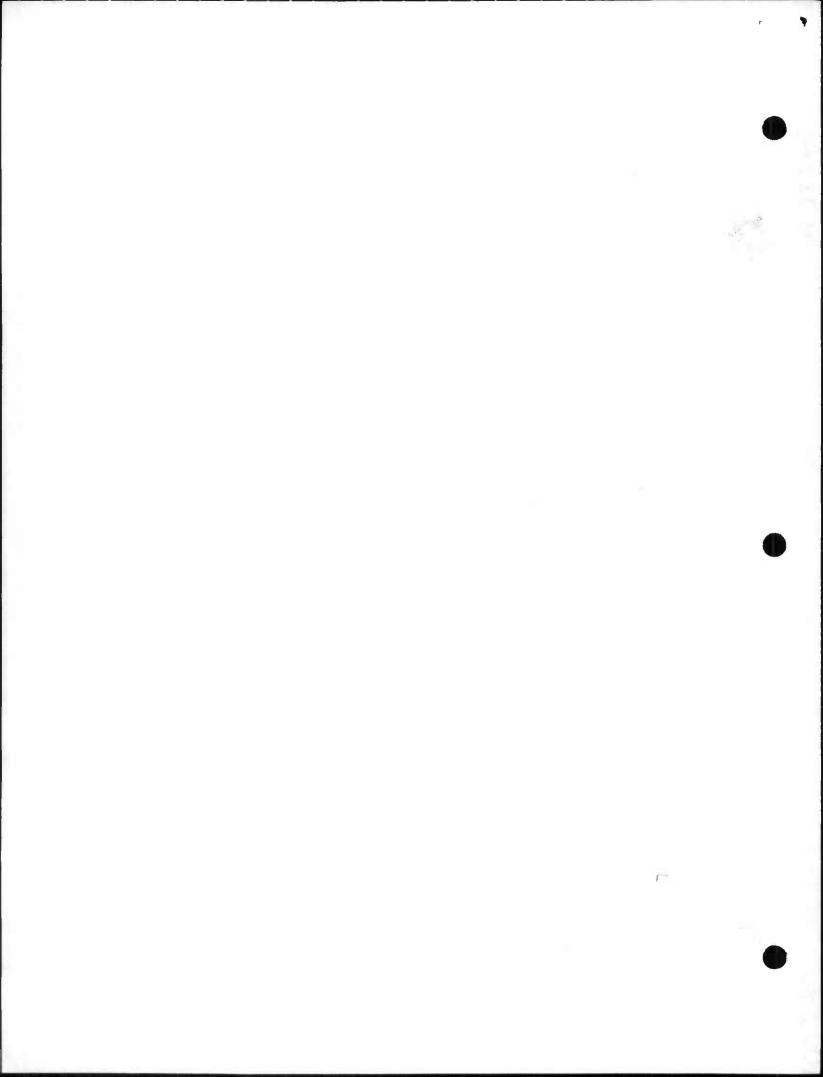
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

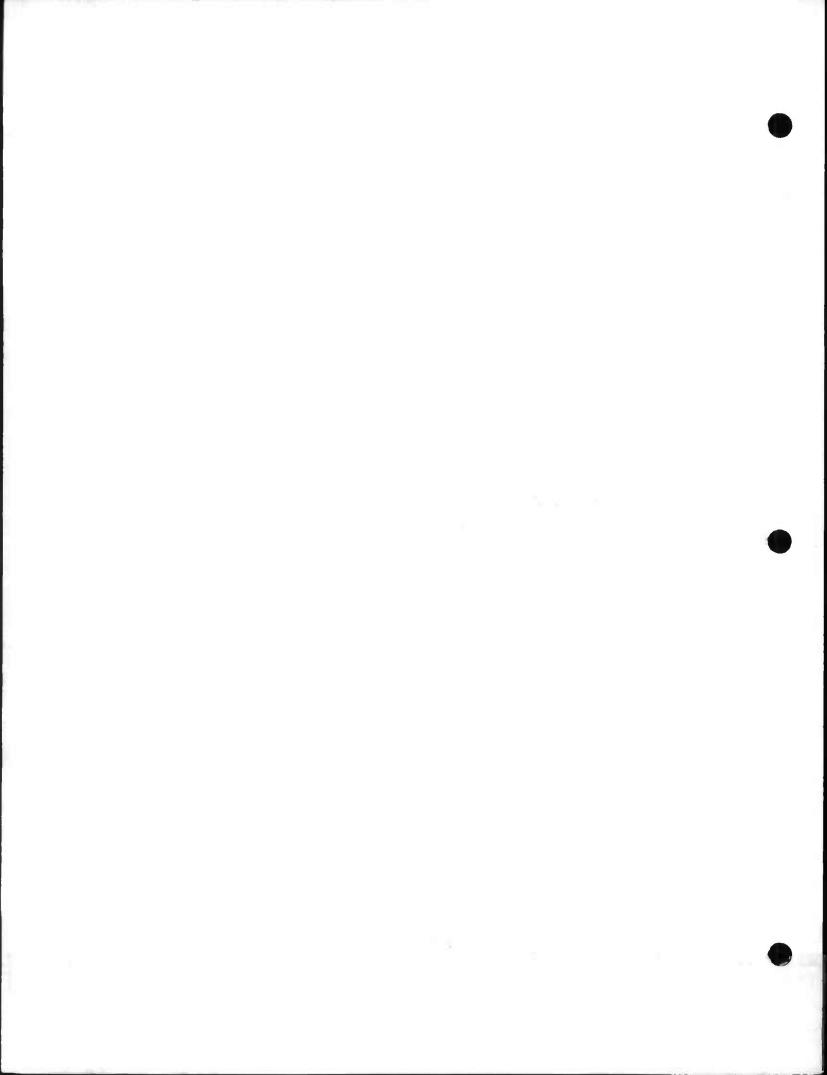
DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE 0 REGISTRAR Doris Phippin	F MARYLAND / I	DEPARTMENT RTIFICATI	OF HEALTH AND	MENTAL HYGIEN		16091
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF OEATH
	Doris Marie	Phip	oin			4 9:	6:25 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign country)
	217-10-2203 1□ м 2 🛭	F 75	YRS. MONTHS	DAYS HOURS MIN.			laryland
	9a. FACILITY NAME (If not institution, give street and number		9b. CITY	, TOWN OR LOCATION OF C	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Salisbury Nursing & Re	hab Center	Sa	alisbury		Wice	Omico
l Ä	10a. STATE 10b. COUNTY		10c. CITY, TOWN	R LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Wicomic	0	Salis	bury			1 X YES 2 NO
₹	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Baysinger Trailer Par			21801		USA	
5	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARM 1 YES 2 X NO		WAS DECENDENT OF HISPA I yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, Whita, alc.
BY	3 XWidowed 4 Divorced IF YES, GI	E WAR OR DATES		YES 2 NO Speci	fy:		Specify: hite
	15. OECEDENT'S EDUCATION	16a. DEC	EDENT'S USUAL O	CCUPATION	16b. KIND OF BU	- 1	
H	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 c	(GM		during most of working			•••
립	4		usewife		none		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
BE (Minos (unk) Phippin			Ollie	(unk) Hea	arn	
10 B	19a. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural			(e)
F	Sylvia Melvin	7	04 State	St., Delma	r, MD 2187	5	
	20a. METHOD OF OISPOSITION 1X Burlal 2 ☐ Cremalion 3 ☐ Ramoval from State	cemetery crem	ND DATE OF DISPOS atory or other piece)			CATION — City	
	4 Donation 5 Other (Specify)	Sprin	ghill Me	mory Garden		oron, M	D
	21. SIGNATURE OF FUNE AL SERVICE LICENSES	1		Holloway Fu			
	Very Helle	TIPELS -		501 Snow Hi		lisbury	, MD 21801
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one	that caused the dae	th. Do not entar	tha mode of dying, sue	ch as cardiac or resp	iratory arrest,	Approximata
	IMMEDIATE CAUSE (Final	Couse of Each Mile.		1			Interval Between Onset and Death
	disease or condition resulting in death)	Serzine	Dis	nslec			
	DUE	TO (OR AS A CONSEOU	JENCE OF):			-	
N	Sequentially list conditions, b.						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEOU	JENCE OF):				
윤	CAUSE (Diseese or injury C.	TO (OR AS A CONSEQU	JENCE OF):				
듄	resulting In death) LAST						
🕺	PART II. Other significent conditions contributing	to deeth but not re	sulting in the ur	derlying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	- Comming				1 _ YES 2	700	OF DEATH?
	100m						1 TYES 200 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						
[[[EXAMINER? HOSPITAL		ОТНЕ				
l × l		2 ER/Outpatient 3 D	28b. TIME OF	sing Home 5 - Residence 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	N HIEN OCCUPE	
	1 Natural 5 Pending (Mon	h, Day, Year)	INJURY	WORK?	284. DESCRIBE HOW I	NJURY OCCURE	.0
ВУ	2 Accident Investigation 3 Suicide Could not 26a. PLAC	E OF INJURY — AI hom	e, farm, street, fact		28I, LOCATION (Street	and Number or B	tural Route Number
윤	4 Homicide determined build	Ing, etc. (Specify)			City or Town, State)		
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the bei	of my knowledge, dead	h assumed at the				
¥	(Check only one) 2 MEDICAL EXAMINER: On the basia						use(a) and manner as eteted
	29b. SIGNATURE AND TITLE OF CERTIFIER						
BE	Mile	un		29c. LICENSE NU	9813	DATE SIG	GNED (Month, Day, Year)
입	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM	27) (Type, Print)		13./		11/1/27
	Attins Michael 1	1.0 110		Ithway.	20 6-1	. 4 2.	21 // 2
اہ	31. DATE FILEO (Morfin, Day, Year) 9 32. SEGIS	THAR'S EVENATURE	7 1166	I I WAY	UK, VAI	12 04	CY MA
0	MAY 1 8 1993 gula Davi	1001-100					



1 - STATE REGISTRAR		SIAIE UF I				TOFH EOF			MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
lola		Augu	ıstus		Р	rocto	or		May	H DA	19	93	11:40 P.M.M
4. SOCIAL SECURITY NUMBER	5	S. SEX	6. AGE (In yrs. les	birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH 1	899	8. BIRTH Count	IPLACE (State or Foreign
578-16-6408		□ M 2 💢 F	94	YRS.	MONTHS	DAYS	HOURS	MIN.	Jani	uary 1	2,		ington, D.C.
9a. FACILITY NAME (If not institu					9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	INTY OF D	
Madison Mand		sing Ho	me			Hyatt	svil	lle			Pri	nce (eorges
RESIDENCE OF DECED	DENT b. COUNTY			10c. CITY	/ TOWN	OR LOCATI	ION		-				10d. INSIDE CITY
Maryland	Prince	George				ttsvi							LIMITS?
		42nd A			ii y d		ZIP CODE				10a C17	IZEN OF V	VHAT COUNTRY?
Madison Mano							207	_					States
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DECI	ENDENT O	F HISPAN	VIC ORIGIN	f? (Specify Yes		14. RACI	- American Indian
1 Never Married 2 Mar 3 Widowed 4 Divorced	rried	FORCES? 1	YES 2 N	ю		If yes, spe	city Cube	n, Mexica	in, Puerto I	Rican, etc.)		Speci	k, White, etc.
15. DECEDE (Specify only hig	ENT'S EDUCAT		16s. DE	CEDENT'S	USUAL C	OCCUPATIO during mos	N at of workin		16b	KIND OF BUS	HNESS/IN	DUSTRY	
Elementary/Secondary (0-12)		College (1-4 or 5	Miles	Do NOT us	e retired.)	ourng mos	H OF WORKE	·Ø					
8th grade			Lá	aundr	y Wo	orker			E	Berqma	nn's	Laur	ndry
17. FATHER'S NAME (First, Middle									ME (First, I	Middle, Maiden	Surname)		
(Reverend)	John			rocto				nie		_			nknown)
		ما میں مام امیں								ber, City or Town			20783
Jessica Turne		inddaugi	20b. PLACEA		_			ive					le,Maryland
1 X Burial 2 Cremation : 4 Donation 6 Other (Spe	3 - Remova	of from State	cemetery, cres	natory or of	her placa	1			OAT			City or To	
21. SIGNATURE OF FUNERAL SE		ISEE	Linco	in Me	7	NAME AN				Sui	tlan	d, M	aryland
→ Om ho	Latre	uy 6	ta						1				al Home C. 20011
23. PART I. Enter the disea	ases, or con	nplications the	t caused the de	ath. Do n	ot ente	r the mod	de of dyl	ng, suci	h aa card	flac or respi	ratory ar	rest,	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	t tallure. Lis	Car	ello Vulv	Wor	ONY	Ar	est						Interval Between Onset and Death
	•	OUE TO	MY TO	WENCE OF	in (with	cen	CU					Suddon
Sequentially list conditions if any, leading to immediate	te	OUE TO	OR AS A CONSEC	UENCE OF	3:	1	1	1					
cause. Enter UNDERLYING CAUSE (Disease or injury	3 -	Cong	estive	The	w	ta	Llur	ll.					Tears
that initiated events resulting in death) LAST		Card	in wal.	LOCA H): T/A								Verre.
	L d.	0.0	010	That)-								Teaus
PART II. Other algorificant of	conditions	contributing to	death but not re	suiting i	n the u	nderlying	cause g	iven in	Part I.	24a, WAS AN		24b	WERE AUTOPSY FINDINGS
1 leva	1 hu	suffic	cency							PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
1 Gever	alis	ed A	rosare	W						,		- 1	OF DEATH?
1 suen	ma	9 0	horic	D	120	ase							
25. WAS CASE REFERRED TO ME EXAMINER?		U					ACE OF O	EATH (Che	eck only on	e)			
1 TYES 2XXNO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: rsing Home	5 Re	sidence	a 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIME	OF	28c. INJU	JRY AT		, , , , , , , , ,	CRIBE HOW I	JURY OC	CURED	
1 XXNetural 5 Pend 2 Accident Inves	ding etigation				М	1 🗆 Y		NO					
3 Suicide 6 Coul		28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, farm, s	treet, fac	tory, office			28t. LOC	ATION (Street a	nd Numbe	r or Rural F	Route Number,
	rmined												
			my knowledge, dea										
one) 7 MEOICAL	EXAMINER: (On the basis of a	camination end/or is	nvestigation	n, In my	opinion, de	ath occur	ed at the	time, date	and place, and	d due to ti	he cause(a) and menner ea stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LICE	NSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
10000							1)-	-32	335.	2	▶ {	25/1	2193
Suresh K. GL						e.Sui	te 2	20:5	Silve	er Spri	ina.N	darv1	and 20910
31. DATE FILED (Month, Day, Year))		R'S SIGNATURE .			, 1				. 501	,'	7 ,	
G T AY W	1993	Juna	how target	1									



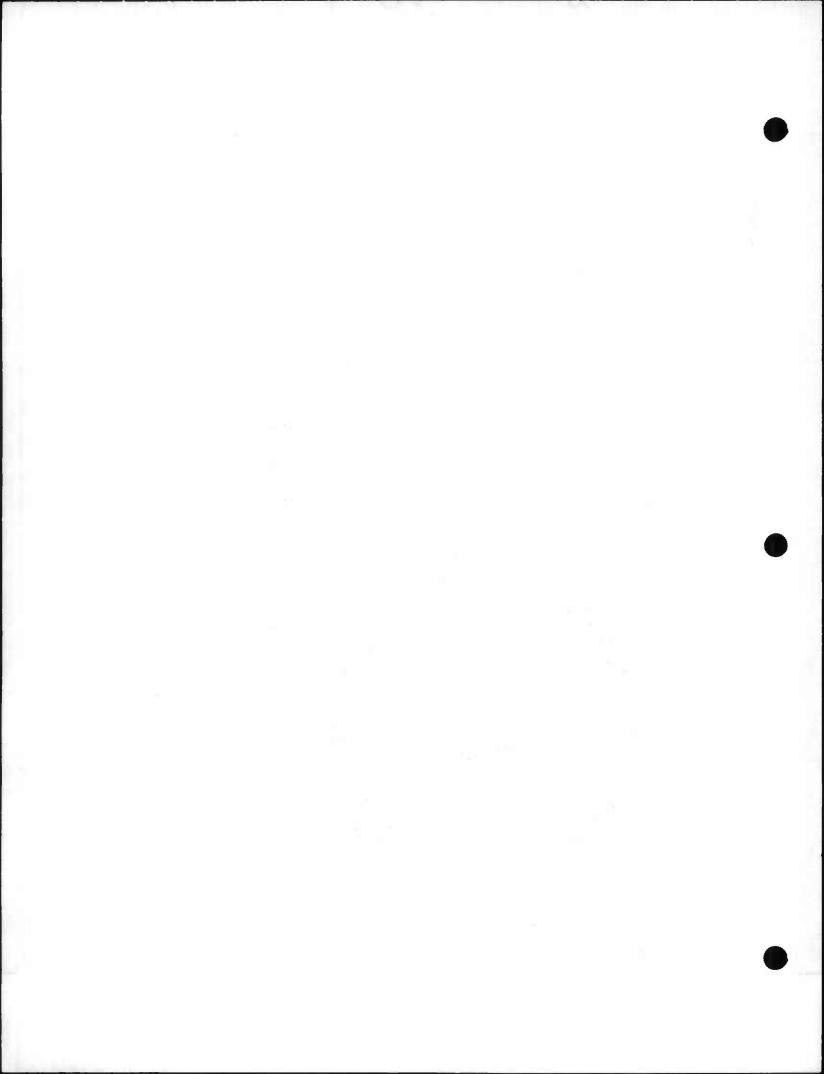
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrial effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



93

9c. COUNTY OF DEATH

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign Country)
Virginia

2. DATE OF DEATH MONTH

7. DATE OF BIRTH 1900 (Month, Day, Year) 1900 February 16,

IF UNDER 1 YEAR

Perry

9b. CITY, TOWN OR LOCATION OF DEATH

IF UNDER 24 HRS.

Thomas

Virginia

9

6. AGE (In yrs. last birthday)

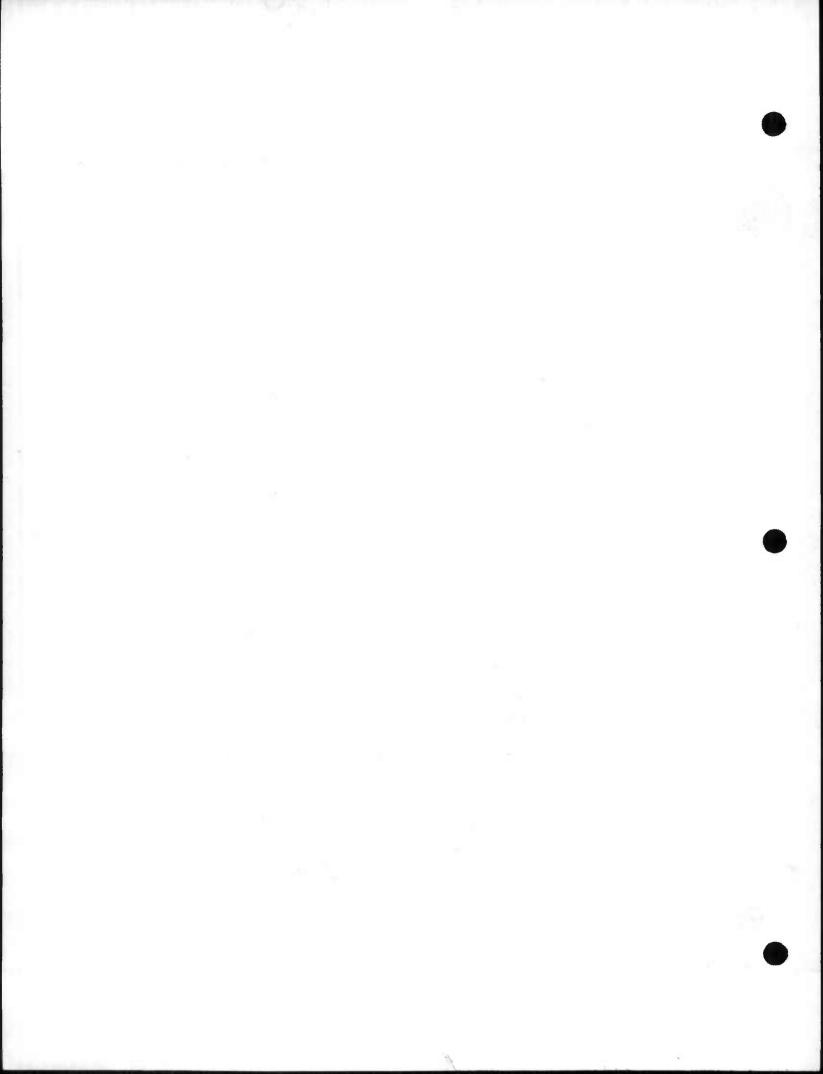
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5. SEX

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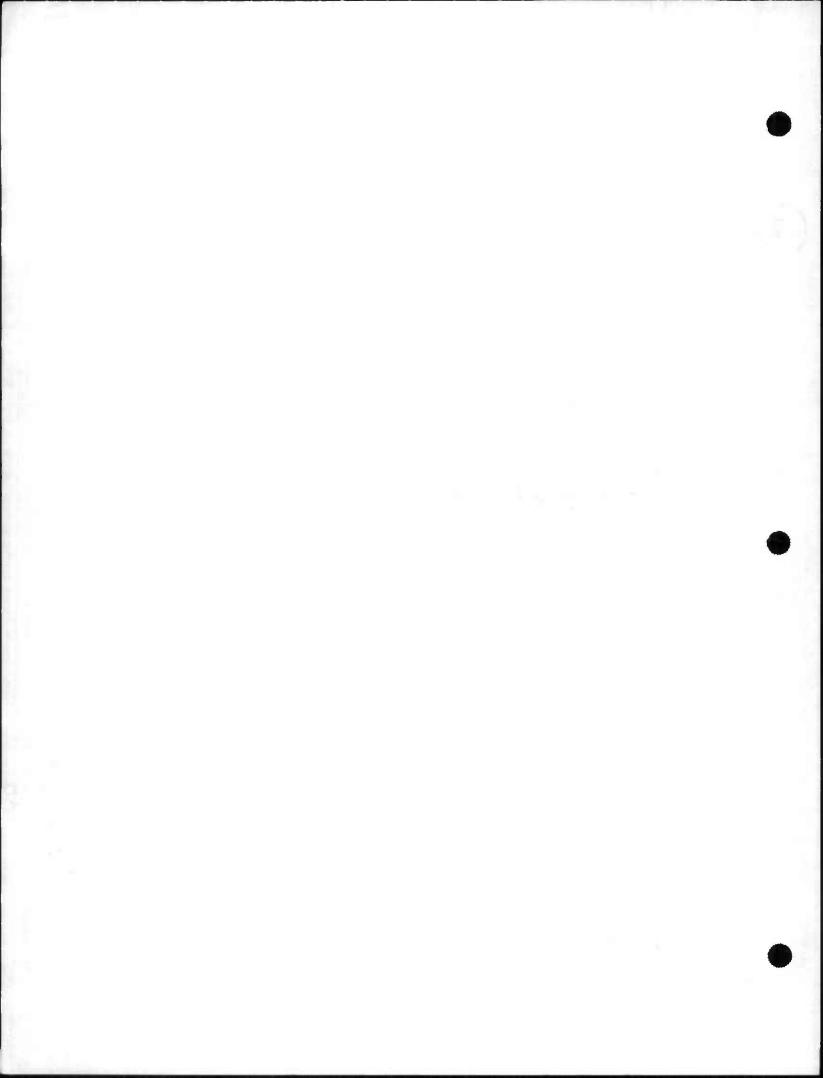
DIRECTOR	1	RESIDENCE OF DEC	FOENT				Bal	timor	re				
LE CONTROLLE		10a. STATE	10b. COUNT	ry		10c. CITY, TO	WN OR LO	CATION				10	d. INSIDE CITY
in the second		Maryland	Pr	ince George	S		Chape	1 Oak	(S			1	LIMITS?
Med Med		10e. STREET AND NUMBER			,			101. ZIP CO			10g. CITIZ		T COUNTRY?
E.B.		4908 Nash	Stre	et				20	743		Uni	ted S	tates
020 physician. burial-transit perm		11. MARITAL STATUS		12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPANIC O	RIGIN? (Specify Yes	or No-	14. RACE —	American Indian, fhita, etc.
ng ph the bu	- 11	1 Never Married 2 S 3 XXWIdowed 4 Divo		IF YES, GIVE WAR OF		-	10	YES 2XXN	ban, Mexican, Pu O Specify:	orto recomi, etc.)		Specify:	Black
BALTIMORE, MARYLAND 21215-0020 or death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val. TO BE COMPLETED BY FU	- 0	15. DEC	EDENT'S EDU	JCATION	16a. DE	CEDENT'S USU	AL OCCUP	ATION		16b. KIND OF BUS	SINESS/IND		DIACK
212 lora or us		(Specify only Elementary/Secondary (0	y highest grade 1-12)	completed) College (1-4 or 5+)	(Gi	ve kind of work Do NOT use rel	done during ired.)	most of won	king				
JO APL	L	5th grade				Domest	ic Wo	rker		Dor	mesti	С	
LAND 21; the hospital or detached for up		17. FATHER'S NAME (First, M.	iddle, Last)	100				18. MO	THER'S NAME (Irst, Middle, Maiden	Sumame)		
RYL ed by eld be		Pierce			Thoma	as			harlot	te		Wo	od
E, MARYLAND 2121 y be retained by the hospital or atti lage 5 should be detached for use be notified at once. TO BE COMPLETE		Camatana S		/						Number, City or Town			
E, A				ng,(daughte		_				Oaks,Ma			
ORI 6 may 3tor, p		20s. METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b. PLACE A cemetery, cre	MD DATE OF DI matory or other t	SPOSITION place)	(Name of	netery			Olty or Town,	
Page direc	- 10-	4 Donation 6 Other 21. SIGNATURE OF FUNERA			Linco	oin Mer			etery	v		, Mar	
LLT sath. uneral	İ	Van 1	6	T. A						Latney			
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transmoval. Ideal examiner must be notified at once. TO BE COMPLETED BY FUNI	-		3 ofce	my of						venue,N.\			. 20011
	1	23. PART I. Enter the di shock, or he	seeses, or eert fellure.	List only one ceuse or	sed the de n each line	ath. Do not e	enter the	mode of d	lying, such as	cardiac or respi	ratory arro	est,	Approximate Interval Between
24 hours r filled in ition, or re		IMMEDIATE CAUSE (Findisease or condition	inl	MILE									Onset and Deat
within 24 typetely fille cremation, the	H	resulting in death)	→	a. DUE TO (OR A	S A CONSEC	HENCE OF:							
(68760, executed within and completely to burial, crematil mattle event, to ION			_	562 10 (611 X	D A CONSEC	delice or j.							İ
x 6 exect n and to but to but		Sequentially list conditi If any, leading to immed		DUE TO (OR A	S A CONSEC	DUENCE OF):							
30 X Ite be prior t traus		cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	C.									
D. E		that initiated events		DUE TO (OR A	S A CONSEC	OUENCE OF):							
beth certificate be executated by spicious and cattering physician and catter that hygiene prior to buring or or other traumatic CERTIFICATION	1	resulting in death) LAS	'	d									
		PART II. Other significe	nt condition	ns contributing to deet	h but not r	eeulting in th	ne underl	ying cause	given in Part	I. 24s. WAS AN			RE AUTOPSY FINDING
ECORD: quires that the nn signed by the nf Health and M hows any Inje MEDICAL		anasar	^ca	atrial	+16.	pr	otei	1-21	rerau	PERFOR		CC	MILABLE PRIOR TO MPLETION OF CAUSE
RECO v requires th been signed r. of Health shows an		malnut	rito	n, anem	ua,	demo	Atio	2	0 0				DEATH?
AL R e law re- has been 23 sh AN: I		pressur	eu	ucers	,								
OF VITAL R HYSICIAN: The law ra ins certificate has been with the State Dept. of ied. or item 23 si PHYSICIAN:	1	EXAMINER?	MEDICAL	HOSPITAL:		1 07	26 HER:	. PLACE OF	DEATH (Check or	nly one)			
ICIAN: ICIAN: Sertification of the St.	I.	1 TYES 2 NO		1 Inpetient 2 ER/O		□ DOA 9.E	Nursing I		Residence 8 🗆	Other (Specify)			
NOF VITAL S PHYSICIAN: The land refuse certificate has the with the State Department, or them 23 arked, or them 23 Y PHYSICIAN	1	7. MANNER OF DEATH	Pending	28s. DATE OF INJUF (Month, Day, Yes		28b. TIME OF INJURY		INJURY AT WORK?		. DESCRIBE HOW I	NJURY OCC	URED	
	1	2 Accident	investigation	28e. PLACE OF INJU	IDV As ho			YES 2		100171011101		- /	Division in the second
TED			Could not be determined	building, etc. (S	Specify)	me, rerm, stree	t, ractory, c	итиса	261.	City or Town, State)	ind Number	or Hural Hout	n Number,
DIVISION THE HOSPITAL OR ATTENDING IT FUNERAL DIRECTOR: After fifted within 72 hours after death PORTANT: If item 28 is man BE COMPLETED BY		Pan CERTIFIER .Y-Y or my	VEVINO DUNO										
RAL C				BICIAN: To the best of my kn ER: On the basis of examina									of manner on stated
HOSPITAL FUNERAL Within 72 TANT: If		19b. SIGNATURE AND TITLE					my opinio	_		usia and piece, an			
		111	1	11/2	7 ~	n		- Zve. Li	CENSE NUMBER	55	29d. DATE	SIGNED (M	12-93
PP3 € Q	7	00. NAME AND ADDRESS OF	PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITER	4 27) (Type, Prin	()		/-		·		10 1
G 22/33		Rebecca	Elon,	M.D.; 5505	Hopki	ns Bay	view	Circl	le, Bal	timore,	Maryl	and	21224
	1	MAY 1	Ybar)	32. REGISTRAR'S SI					·				
		MAY	9 1993	3 guna Da	ydson-	Manage							
(36)	(())											DHMH-16 Rev
43	1	t)											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the In-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact to be and under a their promotion or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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after	by th	leal
TOURS	U P	Hed
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within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the files and with the first part of Health and Mental Havings and completely filled in by the files.	ent,
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	1 - STATE REGISTRAR		ICATE OF	DEATH	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH							
	James E. Pierce				May 8,19	93	4:15 P. M	
		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
- 8	220-40-2727 1XM2 🗆 F	49 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/3/43		Country)	
	9a. FACILITY NAME (If not institution, give street and number)	49	at orth mount	OR LOCATION OF DE	-/-/		anham, Md.	
~			· ·		ATH	ł	Y OF DEATH	
0	5508-B Lincoln Ave.		Lanh	nam		Prin	ce George's	
DIRECTOR	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
E	Md. P.G		Lanhan	n			LIMITS?	
	10e. STREET AND NUMBER		100	ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?	
FUNERAL								
밀	5508-B Lincoln A		20706				.S.A.	
5		EVER IN U.S. ARMED YES 2 NO R OR DATES			IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc.	
В	3 ☐ Widowed 4 ☐ Divorced	N on DATES	1 TYES	2 XNO Specify	7		Specify: Black	
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION	DM .	16b, KIND OF BUS	INCCC/INDIES		
	(Specify only highest grade completed)	(Give kind of a life. Do NOT us	work done during mo	est of working	IOU. KIND OF BOO	JIII 2007 III 2003	,,,,,	
٦	Elementary/Secondary (0-12) College (1-4 or 5+)	Cler			II.S. F	Post	Office	
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)	0101	7.5	46 MOTHER NA	ME (First, Middle, Maiden		011100	
BE	George W. Pierce				on M. Fle			
2	Evelyn M. Pierce					n, Stere, Zip Co	00e)	
	20a. METHOD OF DISPOSITION		Same as # 10 above ACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION City or Town, State					
	20a. METHOD OF DISPOSITION +	of cemetary, crematory	or other place)		1			
30	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u> Harmony</u>		Park 5/	1B/93 Lar	idove:	r.Md.	
. 2	~ ^ /					ns T	nc	
	rany M.	ratt	4925	Burroi	gton & So lighs Ave.	,N.E	•	
	23. PART i. Enter the diseases, or complications that shock, or heart failure. List only one cause	caused the death. Do	not entar tha mo	da of dying, suc	h as cardiac or reapi	ratory arres		
	IMMEDIATE CAUSE (Final	e on each mie.					interval Between Onset and Death	
	disease or condition	HOLIC LI	IVER I	DISEASE	WITH C	IRRH	OSIS I YEAR	
	disease or condition resulting in death) a. ALCOHOLIC LIVER DISEASE WITH CIRRHOSIS I YEAR DUE TO (OR AS A CONSEQUENCE OF):							
Z	Sequentially list conditions, C. CHRONIC ALCOITOL ABUSE							
	if any, leading to immediate	OR AS A CONSEQUENCE O	F):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury							
늗	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE O	F):					
CERTIFICATION	d							
2	PART il. Other aignificant conditions contributing to d	eath but not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
DICAL	CIRRHOTIC ASCITES	HEPATIC	FUCE	PHALOPA	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	101111		7777	1 U YES 2	X NO	OF DEATH?	
Σ					_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26 Di	LACE OF DEATH (Ch	eck only one)			
<u> </u>	EXAMINER? HOSPITAL:		OTHER:	11/2/2014/19	/ Land 10 miles 10			
ΙΥS	1 YES 2 NO 1 Inpetient 2 1 27. MANNER OF DEATH 28s. DATE OF II	ER/Outpetfent 3 DOA NJURY 28b, Tilk		JURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW I	N IIIBY OCCII	DED	
급	1 Netural 5 Pending		JURY WO	DRK?	200. DESCRIBE NOW I	MJUNI OCCO	NED	
В	2 Accident Investigation	IN HIEW As home from		TO TES 2 NO		2		
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						or nursi noute number,		
ET	200 CERTIFIER							
JP.	Suicide 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
ő	2 MEDICAL EXAMINER: On the basis of axe	mination and/or investigation	on, in my opinion, e	death occured at the	time, data and place, ar	nd due to the	cause(a) and manner as stated.	
290. LICENSE NUMBER 29d. DATE SIGNED						SIGNED (Month, Day, Year)		
8 0	supalin 1. Alvalo, Ja	N		D3134	15	M	ay 11,1993	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	s, Print)				NA SKILL OF B	
	Napoleon C. Marcelo, M.	D. 4850 F	orbes l	Blvd.,L	anham, Md	.#D	20706	
	31. DATE FILED (MONTH), BAY 1 8 1993	HOSON-Mandage						
		14001 - 1 1						



FUNERAL DIRECTOR

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notified at BE

must be

examiner

event,

traumatic

other

6

Injury,

CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE 2

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M

12

17. FATHER'S NAME (First, Middle, Dist)

DEWEY PETERS

ELAINE FOSTER TENN

21. SIGNATURE OF FUNERAL MERVICE LICENSEE

19e. INFORMANT'S NAME (Type/Print)

4 Donation 5 Other (Specify)

IMMEDIATE CAUSE (Final

disease or condition resulting in death)

Sequentially list conditions.

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

6 X Could not be determined

1 XYES 2 NO

27, MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

that initiated events resulting in death) LAST

	BALTIMORE, MARYLAND 21215-0020	ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ittending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
	TIM	Page .	al direc
	3AL	r death.	e funer
	ш	s after	by th
(24 hour	filled in
•	P.O. BOX 68760,	d within	ttending physician and completely filled in by the
	89	xecute	and co
	ŏ	e be e	sician a
	. 8	rlificati	g phys
	P.C	ath cer	tendin
		GB.	= 3

	ITEMS	: 23' PART	T,'27, 28a-	-f, Pi	ER MEC	G-7	00 6/1	14/93	t.
FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	IEALTH DEAT	AND I	MEN
1. DECEDENT'S NAME (First									2. D
Apr				Pet	ters				0
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D
579-92-85	505	1 🗆 M 2 💢 F	23	YRS.	MONTHS	DAYS	HOURS	MIN.	1
9e. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	TOWN	R LOCATIO	ON OF DE	HTA
703 Lynd	hurst	Street			Ва	lti	more	e Ci	Ltv
RESIDENCE OF DEC									
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	HON		
MD				В	ALT:	EMOI	RE		
10e. STREET AND NUMBER						101	. ZIP CODE	E	
4901 TRUS	DELL	AVENUE							
11. MARITAL STATUS			IT EVER IN U.S.ARI		13.	WAS DEC	ENDENT O	F HISPAN	HC OR
1 Never Merried 2	Married		YES 2 AN	0			city Cube		
3 Widowed 4 Divo	rced	IF YES, GIVE V	WH OH DATES			YES	2X NO	Specify	y:
	EDENT'S EDUC				USUAL O		ON st of workin		T
			- Mile	Do NOT III	norra dorrar i	ann gano	at Ut WUTAIN	9	- 1

College (1-4 or 5+)

ahock, or heart feliure. List only one cause on each line.

OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 05 02 993 4:007. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 - 6 - 70WASH., DC WN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

> 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA

DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE BLACK

10d. INSIDE CITY

16b, KIND OF BUSINESS/INDUSTRY

DOMESTIC ENGINEER DOMESTIC 18. MOTHER'S NAME (First, Middle, Meiden Surname

ELAINE FOSTER

19b. MAILING ADDRESS (Street and Number or Rural Route Number, Arlington, VA. Apt. 822 FREDERICK ST., #802 ALEX, VA 22204

20b. PLACE AND DATE OF DISPOSITION (Name of DATE -8 20c. LOCATION - City or Town, State 93 HARMONY MEMORIAL PARK LANDOVER, MD

NAME AND ADDRESS OF FACILITY
TAYLOR'S FUNERAL SERVICE 225 Missouri Ave., NW WDC 20011 23/PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest,

> . ACUTE NARCOTIC INTOXICATION DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEDUENCE OF)

PART ii. Other aignificant conditions contributing to death but not reautiling in the underlying cause given in Part i.

1 Inpatient 2 ER/Outpatient 3 DOA

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? YES 2 | NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Interval Between

Onset and Death

26. PLACE OF DEATH (Check only one) 4 ☐ Nursing Home 5 💢 Rasidence 6 ☐ Other (Specify)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29c. LICENSE NUMBER

C.M.E

26a. DATE OF INJURY (Month, Day, Year) 286 TIME OF FOUND:5-2-9; 3:45 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

OTHER:

S

1 TES 2 ND

UBJECT USED DRUGS 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

05/02/1993

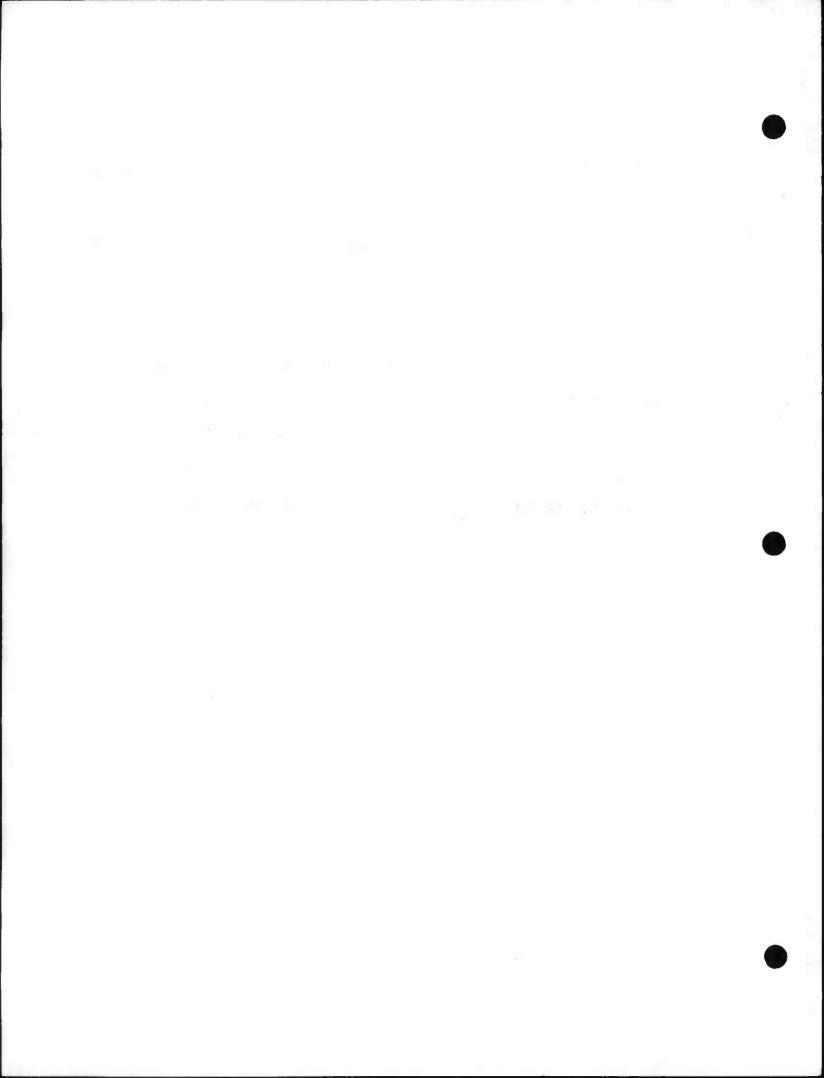
1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

2XXMEDICAL EXAM ligation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated.

Penn Street. Baltimore.

medicai the signed by the atte DIVISION OF VITAL RECORDS. has been Dept. of F HOSPITAL OR ATTENDING PHYSICIAN: The law is FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. ITANT: If Nem 28 is marked, or Nem 23 is 18 marked.

DHMH-16 Rev 1/89



6	Provid
6	ift. Pages 1. 2.

BALTIMORE, MARYLAND 21215-0020

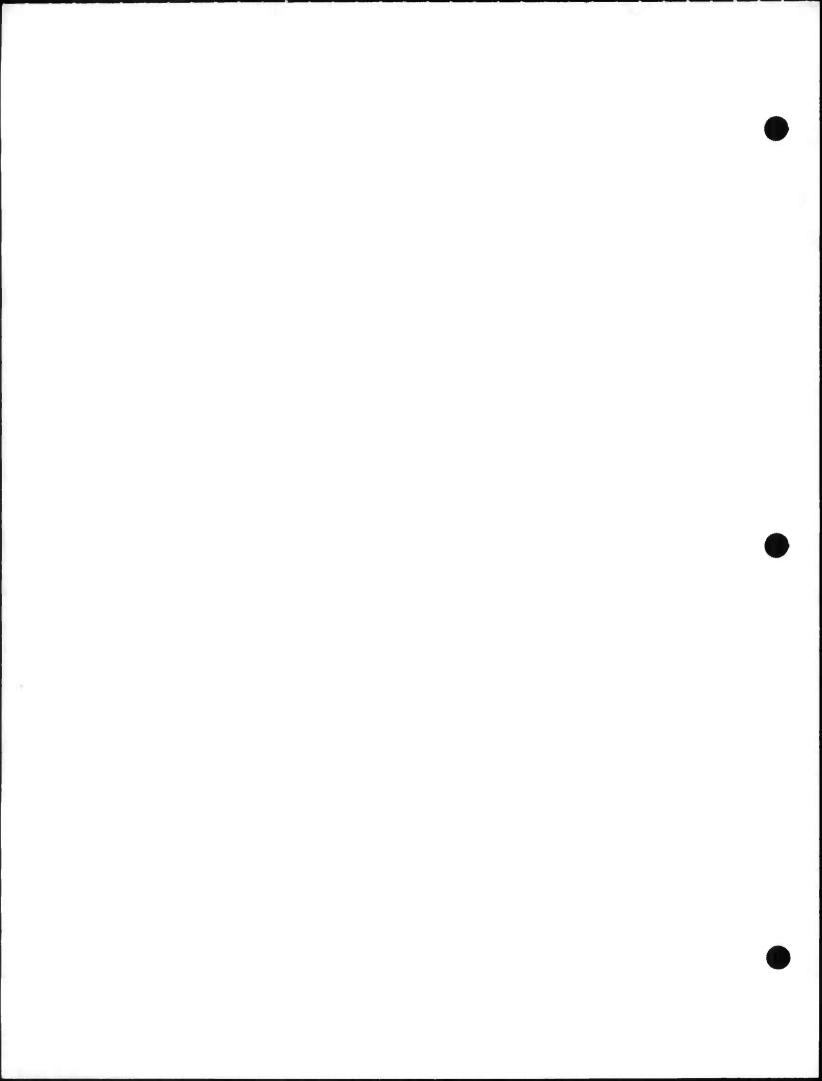
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or New 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH		
c	LUERENE PIER	05 15	93 8:20PM M				
	4. SOCIAL SECURITY NUMBER 577-12-4348 1 □ M 2 □ F	(In yrs. lest birthdey)	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 09 07	8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DI	EATH 9c. CO	UNTY OF DEATH		
DIRECTOR	PRINCE GEORGES HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. STATE		CHEVERLY		PRINCE GEORGES		
	100. STATE 10b. COUNTY P. G.	10c crty,	Difol Heigi	hts	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1204 KAYAK Ave.		2074	3 10g. CI	TIZEN OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	2 NO	13. WAS OECENDENT OF HISPAN If yes, specify Cuban, Mexice 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. OECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most of working	16b. KINO OF BUSINESS/IF	IDUSTRY		
₩ B	8	Don	restic	Private	2		
BE CO	JACK WATSON		18. MOTHER'S NA	ME (First, Middle, Meiden Sumeme)			
70	Lurrene Pierce	196. MAILING A	KAYAK, AUC		nd. 20743		
	20e, METHOO OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF	er place)		- City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	\	22. NAME AND ADDRESS OF FA	CHUTY HOOGES & C	Edward S		
	Janice I duano	2	3120 Old	Silver Hil	1 Kd. M. 20746		
	23. PART. Enter tha diseasea, or complications that cause on ahock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final	ed tha death. Do no aach ilne.	ot anter the mode of dying, such	n ae cerdiac or respiratory a	rreat, Approximata Interval Between Onset and Death		
	disease or condition resulting in death) e. Caralia Castellat DUE TO (OR AS A CONSEQUENCE OF):						
NO	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF) DUE TO (OR AS A CONSCOUENCE OF)						
FICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	4 Pe	stensig	y			
	PART II. Other algnificent conditions contributing to deeth	but not resulting in	the underlying ceuse given in	Pert i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
:DICAL				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Z: ME				_	1 YES 2 NO		
Ĭ.	25. WAS CASE REFERREO TO MEDICAL EXAMINER?		26. PLACE OF OEATH (Che	ck only one)			
Si I	1 YES 2 NO HOSPITAL:		OTHER:	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OF	CCURED		
BY	2 Accident Investigation 28e. PLACE OF INJURE	Y Al home form etc.	M 1 YES 2 NO	201 00471011 (00-1-1-1)	2 12 1		
ETEC	3 Suicide 8 Could not be determined 28. Could not be determined 28. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
S Gould not be determined 8 Could not be determined 9 City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated. 9 One) 9 One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated. 9 One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated.							
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	11.	29c. LICENSE NUM		TE SIGNED (Month, Day, Year)		
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	Tellawil Rustagi						
	MAY 2 0 1993 grava Davis	Non-Handell	•				



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

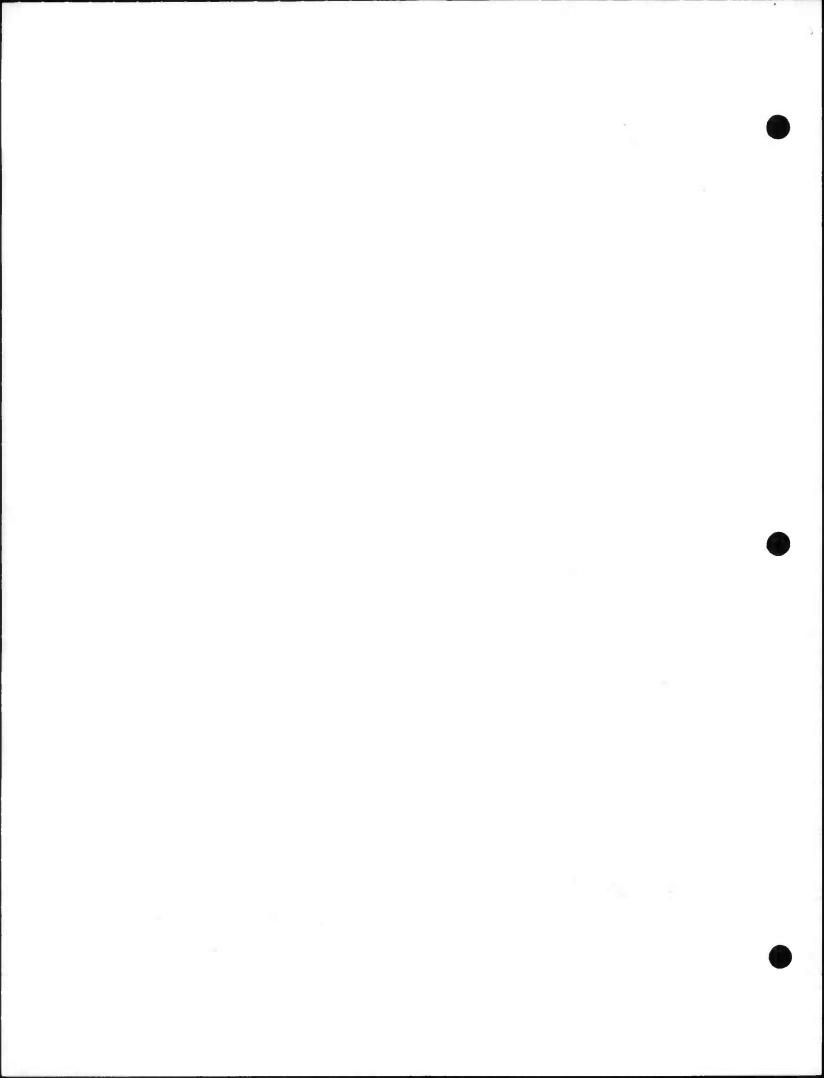
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR
1.	DECEOENT'S NAM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	CATE C	F DEA	TH		REG. NO).		
1. DECEOENT'S NAME (First, M	liddle, Last)		D	1					E OF DEATH	AV	WEAR	3. TIME OF DEATH
	9072	1	1/4/	2556.	21			MON	-16	- 9	3	250A "
4. SOCIAL SECURITY NUMBER			6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	-	R 24 HRS.		E OF BIRTH	1	8. BIRTH Count	IPLACE (State or Foreign
579-80-259	0	M2 F	35	YRS.		- NOONS	wire.			9,19		OHIO
9a. FACILITY NAME (If not instit	tution, give street	snd number)			9b. CITY, TOW	N OR LOCAT	TION OF D	EATH		9c. COL	JNTY OF D	EATH
PRINCE GE	ORGE '	S HOSP	ITAL			CHE	VER:	LY	I	RIN	CE C	GEORGE'S
	Ob. COUNTY			10c, CITY	Y, TOWN OR LO	CATION						10d. INSIDE CITY
(ADVITAND	DDTMA	E GEOD	ania									LIMITS?
MARYI, AND 10e. STREET AND NUMBER	PRINC	E GEOR	GE.S		2017	LAND				10a. CI	TIZEN OF V	MXYES 2 □ NO
4031 SILV	FP DA	מתיי אם	PACE				20'	746			US	
11. MARITAL STATUS		. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	DECENDENT			N? (Specify Ye	s or No—	14 BACI	E — American Indian
1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1		Mo		Specify Cub (ES 2 [S] NO			Rican, atc.)		Speci	k, White, stc.
							2000					BLACK
15. DECED (Specify only hi	ENT'S EDUCATION STATE COMPANY OF THE PROPERTY	ON opieted)	16a.	(Give kind of w	USUAL OCCUP	MTION most of work	ing	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) c	ollege (1-4 or 5+)		MMUN	ICATIO	N				_		
17. FATHER'S NAME (First, Midd	flor describ	1YR.	F	штрмі	TNT M				PV			
	N. 585		_			18. MO			Middle, Malden			
HOWARD		SON. S	R.	10h MAII INC	ADDRESS (Stre				RETTA			
FLORETTA		COM			ATLANT							20032
20a. METHOD OF DISPOSITION	V.		20h PLA		FDISPOSITION		1 • 1	DA	_		City or To	
1X Burial 2 Cremation 4 Donation 5 Other (S)	3 Ramoval	from State	cemetery,	crematory or ot			א רו ג	5-2	2			111222
21. SIGNATURE OF FUNERAL S			LIDARI	TOTAL T		ANO ADDR			LA	NDOA	ER,	MARYLAND
R 11011	1110	& BI	all	M		J.B.	JEI	NKIN	IS FU	IERA	L HO	ME
23. PART I. Enter the dise	esea or com	nlications that	caused the	death Do n	747	4 LA	NDO	VER	RD. I	AND	OVE	
anock, or need	rt fallure. Liet	only one caus	e on each I	ine.	or enter the	mode or d	ying, auc	n aa cei	diac or reep	iratory er	reet,	Approximate intervel Between
IMMEDIATE CAUSE (Finel disease or condition	1	Acres .		T . A.	rider		10%	11				Onset and Death
resulting in death)	C. 84	DUNTO		BEQUENCE OF		en	-AL-CA	va	2200	24_		
					_							
Sequentielly list condition if any, leading to immedie		DUE TO (OR AS A CON	SEQUENCE OF	7):							
cause. Enter UNDERLYING CAUSE (Disease or Injury												
that initieted events		DUE TO (OR AS A CON	SEQUENCE OF):							
resulting in death) LAST	d											
PART II. Other significent	conditions co	ontributing to d	death but no	t resulting in	n the underly	ing ceuse	given in	Part I.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
anter or	itent	ea,	aca	4					PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
//							-	_	1 _ YES 2	. NO		OF DEATH?
/							-					1 NES 2 NO
25. WAS CASE REFERRED TO N					26	PLACE OF	DEATH (Ch	eck only o	ne)			
EXAMINER? 1 YES 2 NO		OSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing H	ome 5 🗆 R	lesidence	A \square Oth	ar (Spacify)			
27. MANNER OF OEATH		28a. DATE OF I		28b. TIME	OF 28c.	INJURY AT			SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Per 2 Accident Inve	nding estigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1041/	11000		WORK? YES 2	□ NO					
3 Suicide 8 Coo	uld not be	28a. PLACE OF building, a	INJURY — Al	home, lerm, s	treet, factory, o	Hica		281. LOC	CATION (Street :	and Numbe	r or Rural R	loute Number,
4 Homicide det	ermined							0,	or rown, orang			
29a. CERTIFIER (Check only 1 CERTIFY	ING PHYSICIAN	: To the best of r	my knowledge,	death occurre	d at the time, d	ete and plac	e, and due	to the ca	use(a) and mar	nner as sta	rted.	
) and manner ea stated.
290. SIGNATURE AND TITLE OF	CERTIFYEN/	2.	0-0	1		29c. LIC	ENSE NUI	ABER		29d. DA1	E SIGNED	(Month, Day, Year)
Justa Y	J Ja	my u	of 119			A2	12	30		1.5	-1	7-93
30 NAME AND ADDRESS OF PE	ERSON WHO CO	MPLETED CAUS	OF DEATH (I	TEM 27) (Type,	Print)	1	, ,	44			1 1	
Vouces AP.	Kodi	ylego	wo.	500	9/ca	mu	mC	LC	n Sn	V. //	1/5	2748
31. DATE FILEO (Month, Day, Year	1003	32. RESTRAR	SEIGNATURE	Randal	2 /			1	1			7.
MARY 9 1	1441		1-vm- 1									



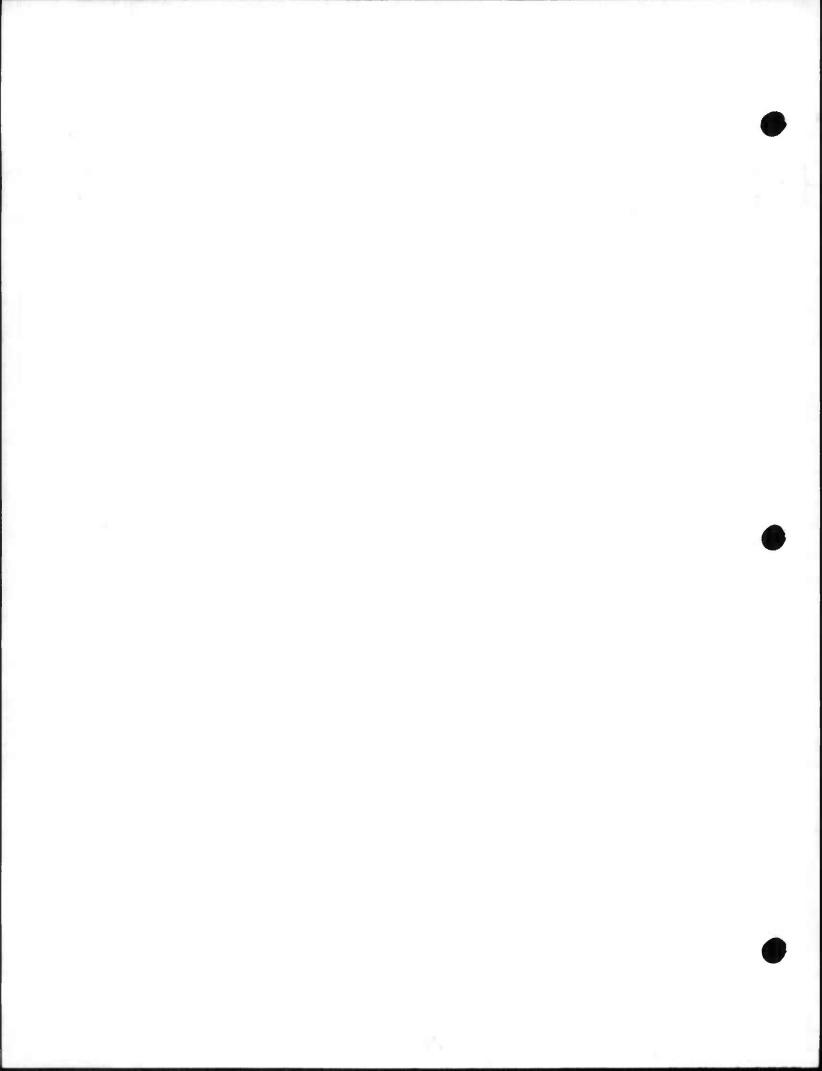
BALTIMORE, MARYLAND	OD ATTENDING DIVENDAM. The four contrins that the death certificate he executed within 24 hours offer death. Done 5 mm, the manifest he can be executed to the contrins the contribution of the contribution that the contribution the contribution that the contribution the contribution that the
0	A bounce
760,	od within 2
89 X	he everify
O. BC	actificate 1
S, P.	a death o
ORD	that the
- REC	man racinin
TAI	The
OF VI	SHVCSCIAM.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING (
2	00

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit permoval.	al examiner must be notified at once.	
	DOUTS a	or rem	medic	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	/IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (1967), 200, 800) 1993

	FOR	STATE OF A	MARYLAND A	/ DEPAF	RTMENT OF	HEALTH	AND N	MENTAL HYGIE	NE (J 3	16898	
-	REGISTRAR		С	ERTIF	ICATE O	DEA	ГН	REG. N		10	10000	
8	1. DECEDENT'S NAME (First, Middle, Last) Sylvia L,	PAYN	'e					• • • • • • • • • • • • • • • • • • • •	DAY /	YEAR 992	3. TIME OF DEATH	
Ì	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-	8. BIRTH	IPLACE (State or Foreign	
ľ	220-16-4555 9a. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	68	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) MAY 23		MA	RYLAND	
œ					9b. CITY, TOWN		7		9c. COU	NTY OF D		
2	St. MARY'S HOS	pitel			LEONI	2RD+	OWP	,	ST	. /1	ARY'S	
E I	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CITY	
DIRECTOR	MD PRI	NCE GEO	RGES	OX	ON HIL	т.					LIMITS?	
	10-, STREET AND NUMBER	WCD OF	JROLO	1 OX		01. ZIP COD	E		10g, CITI	ZEN OF V	WHAT COUNTRY?	
	7907 TNDTAN HE	VWH CKS	#106			2074	5					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Veg or No. 14. RACE - Armed										- American Indian		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	XYES 2	NO	If yes,	pecify Cube	n, Mexicar	, Puerto Rican, etc.)		Black	, White, etc.	
BY	3 Widowed 4 Divorced	, 125, GIVE W	AN ON DAILS		_ '''	s 2XXVIII	Specify			Speci	BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL OCCUPAT			16b. KIND OF B	JSINESS/IND			
Fi	Elementary/Secondary (0-12)	College (1-4 or 5 +		a. Do NOT u	work done during r se retired.)	ost of working	ng					
립	12th	Addition 1		cret	ary			Go	vern	men	t	
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle, Maide	n Sumame)			
BE o	FRED LEE					MAR	THA	SWANN				
	19a. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS (Street	and Number	or Rural R	loute Number, City or To	wn, State, Zio	Code)		
2	198. INFORMANT'S NAME (Typer/Print) 199. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MICHAEL QUEEN 2449 YARDLEY CT. WALDORF, MD 20601											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)	oval from State		ematory or o		PANS	CEI	4.6-1 CH	מיי. דמ	וגעווא	M MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 11211	137714		ND ADDRE					F.H.20785	
	* Symbell	1 C. B	USCA	e	7474	LAN	DOV	ER ROAD.				
	23. PART I. Entar the diseases, or a shock, or heart failure.	omplications that list only one cau	t caused the de	eath. Do i	not enter the m	ode of dy	ing, such	an cardiac or res	piratory arr	est,	Approximate	
	IMMEDIATE CAUSE (Final Onese and Deeth											
	disease or condition resulting in death)	Acu	ic 1	1/4	Zand	u	1	Jofor	eu	in	-	
1		DUE TO	(OR AS A CONSE	QUENCE O	F):			1				
Z	Sequentially list conditions,		TS000000000000000000000000000000000000					0				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	QUENCE O	F):							
5	CAUSE (Disease or Injury	DUE TO	OR AS A CONSE	Diffuse of								
Ē	that initiated events resulting in death) LAST	DUE 10	ION AS A CONSE	GUENCE O	9:							
		t									i	
- 1	PART II. Other aignificant conditions	contributing to	death but not	resuiting	in the underlyi	ng cause (piven in I	Part I. 24a. WAS A		24b.	WERE AUTOPSY FINDINGS	
5									RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
								1 _ YES	20 100		OF DEATH?	
≥								- '	,		T YES 2 PHO	
A I	25. WAS CASE REFERRED TO MEDICAL				26	LACE OF D	CATH COL	of and total			_ / V	
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ERIOLIDADIANI S	. IT no.	OTHER:							
Ϋ́Ι	27, MANNESI-OF DEATH	28s. DATE OF		28b. TIM		JURY AT	sidence (B C Other (Specify)	me to make about	ta emerco		
E E	A Count out to	29e. PLACE OF	F INJURY AI N	orne, farm	street, factory, off		-	28f. LOCATION (Street	and Number	or Brent to	Davids Microston	
	4 Homicide determined	building,	etc. (Specify)	- Anna Anna	The same of the same of			City or Town, State		or manur fr		
<u> </u>	29a. CERTIFIER											
MPL	(Check only CERTIFYING PHYSIC		my knowledge sk	sath occup	nd at the time, da	a and place	and due	to the cause(s) and m	enner as stati	ed.		



15	4
(6	
1	2
	Pages
	permit. Pages

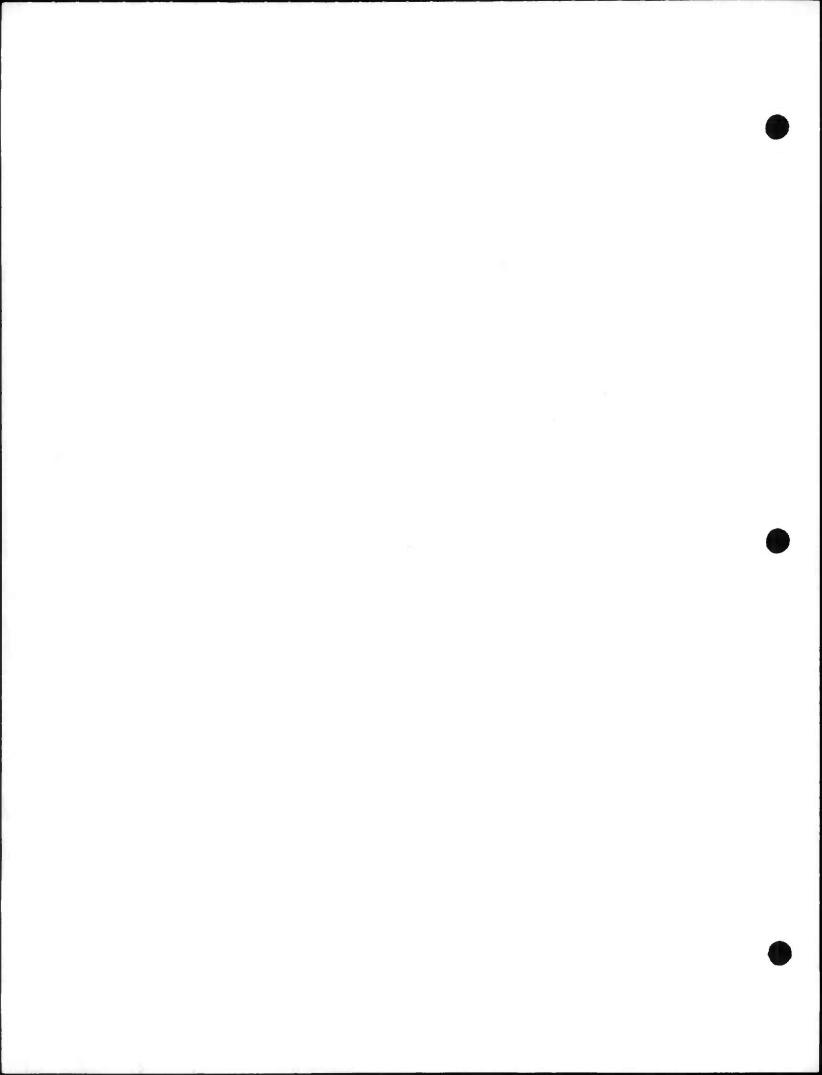
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		C	ERTIF	ICATE OF	DEATH		EG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)	1 J.	PAK				2. DATE OF C	_	- 93	EAR 3.	TIME OF PEATING
	4. SOCIAL SECURITY NUMBER 237-64-4236	1 M 2 F	6. AGE (In yrs. la	yns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Da	30 -	1//	Country)	Carolina
TOR	9a. FACILITY NAME (If not institution, give s FORT WASHING" RESIDENCE OF DECEDENT		D. CT	R.	FORT	WASH	INGTO	N	9c. COUNTY		н
DIRECTOR	1 12	e George'	s	TON				d. INSIDE CITY LIMITS? Y YES 2 NO			
FUNERAL	3215 TUCKER	RD.			101	20744				S.A.	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	amed No	If yes, sp	ENDENT OF HISPAI ecify, Cuben, Maxica 2 1 NO Specif	in, Puarto Rican	pecify Yes , atc.)	or No.— 14.	Black, W	American Indian, hita, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ilve kind of v b. Do NOT us		Secret	Fo	doro	1 Gove		ent
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Arthur Pa:	rker				18. MOTHER'S NA Perl	ME (First, Middle ie Ros				
TO B	19a. INFORMANT'S NAME (Type/Print) Dollie M. Parker		3	3215	ADDRESS (Street a Fucker R	d., Ft.	Houte Number, C Washin	ty or Town gton	, State, Zip Co	2074	4
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Rame 4 Donation 5 Other (Specify)		206. PLACE cepnetery, cre Matto	and dates ematory or o	proisposition (Na ther place) Demetery	5/2			erdale		State Carolina
	21. SIGNATURE BF FUNERAL SERVICE LIC	Xal	0)		Geor	ge P. Ka Oxon Hi	las Fu				.20745
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE OF):						
	PART II. Other significant condition	s contributing to d	leath but not a	resulting i	n the underlying	cause given in	Part I. 24a.	WAS AN		24b. WEI	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							10	PERFORI		COI OF	NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 P NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 FYSS 2 NO	HOSPITAL:	ER/Outpatient 3	DOA.	OTHER:	ACE OF OEATH (Ch		-44.4			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF III (Month, Day)	NJURY	28b. TIM	E OF 28c. INJI		28d. DESCRIB		JURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF building, et	INJURY — A1 ho lc. (Specify)	ema, farm, s	treet, factory, office		28f. LOCATION City or Tov	(Street a vn, State)	nd Number or F	Rural Route	Number,
COMPLETED	one) 2 MEDICAL EXAMINE	- Maria								luse(a) and	d manner as stated,
TO BE	ATURE AND TITLE OF BERNIFIER	anyw	m	9		29c. LICENSE NUN	-30		≥ S	GNED (Moi	rith, Day, Year) 4-93
	30. MANE AND ADDRESS OF PERSON WHO	Wilouco.	MIK	,50	rint) 9 Ra	y burn	arcy	Sp	1 Mo	120	748
	MAY 2 6 1993	32. REGISTRAN	son-Rand	ell			/	1			,



DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

SAMPSON L. PRIESTER.

JR.

93 YEAR

3. TIME OF DEATH

2. DATE OF DEATH MONTH

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	50	6
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	vsician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be fled within 72 hours after death with the State Dear, of Health and Mental Hynlene prior to burial, cremation, or removal	rial-transit permit, Page	3
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		y

	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs, lest birthdey)		IF UNDE	F UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign		
	216-11-5874	1 XM 2 - F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) May 23, 19	E0	Georgia		
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y. TOWN (OR LOCATI			_	INTY OF DE	3	
Œ.	CHURCH HOSPIT.	AL CORP	OTTM	M			MORE			30.000	WIT OF DE	ain .	
KI	RESIDENCE OF DECEDENT	THE COLL	OIGHTIO	14	DA	717 77	MORE	CI	TI				
DIRECTOR	10e. STATE 10b. COUNT	r		10c. CI		OR LOCAT						10d. INSIDE CITY	
ā	Maryland			1	Ba	ltimo	ore					LIMITS?	
占	10e. STREET AND NUMBER					101	. ZIP COD	E	***	10g. CIT		IAT COUNTRY?	
EB	1612 Doolittle	Road					21	221				tates	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13	WAS DEC	ENDENT (TE HISDAN	IC ORIGIN? (Specify Yes			- American Indian,	
	1 Never Married 2 Merried	YES 2 X	NO	"	Il yes, sp	ecify Cube	n, Mexicar	n, Puerto Rican, etc.)	s or No-	Black,	White, etc.		
B	3 Widowed 4 Divorced	IF TES, GIVE	MAN ON OAIES			1 YES	2 X NO	Specify			Specify:	Black	
COMPLETED	15, DECEDENT'S EDU	CATION	16a. D	ECEOENT'S	USUAL C	CCUPATIO	ON		18b. KIND OF BU	SINESS/INI	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- III	Give kind of a. Do NOT u	work done se retired.)	during mo	st of working	ng					
4	12th grade	GONGGE (1-4 DI 3-	"	Chef	Cod	ok			Food :	Servi	Ces		
S	17, FATHER'S NAME (First, Middle, Lest)			01101		-	18. MOTI	HED'S MAI	ME (First, Middle, Meiden		003		
	Sampson	Leon	Prie	ster,	Si			irle		Surrieme)	Re	est	
H	19e. INFORMANT'S NAME (Type/Print)	20011							oute Number, City or Tow			31	
2	Shirley M. Washin	atan (mat										- 211.16	
	20e. METHOD OF DISPOSITION	g con (moc				-		u DI	ive,Savanı	-			
	1 Burlel 2 Cremelion 3 Rem	oval from State	20b.PLACE cemetery, cr	ematory or o	of DISPO	SITION (Na	ime of		OATE 20c. LO				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	5/	<u> </u>	LVEI	gree	511 CE	ille Le	ry Sava	annan	, Gec	orgia	
1	/ / / -		A		"	NAME AN	ID ADDRES	SS OF FAL	Latney	's Fu	ineral	Home	
	the h Sal	ney (C	SV.		38	331 0	eorg	ia A	venue, N.W	.;Was	h.D.C	20011	
į	23. PART i. Enter the diseases, or complications that caused the daath. Do not enter the mode of dying, such ea cardiac or respiratory arrest,												
ļ	snock, or naert failure. List only ona causa on sach lina.											intarval Batweer Onset and Deati	
İ	disease or condition resulting in death)	C-RI	PTOC	SCC	AL	N	121	IN	61715			4	
	resulting in datiti)	DUE TO	COD AS A COMES	OHENCE O	.							Mar!	
z	- HUMAN EMMUND DEPICIBNCY SUNDAN VEN												
은	Sequentielly list conditions, if any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):												
8	cause, Enter UNDERLYING												
Ė	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
E	resulting in death) LAST	4.											
2	DART II OAL O I III OAL O O O											1	
CIAN: MEDICAL CERTIFICATION	PART ii. Other aignificant condition	s contributing to	deeth but not	resuiting	in the u	nderlying	cause g	lven in f	Part I. 24a. WAS AN PERFOR			VERE AUTOPSY FINGINGS MAILABLE PRIOR TO	
ă									1 YES 2	□ NO	0	COMPLETION OF CAUSE OF DEATH?	
뿔												YES 2 NO	
ä													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	ck only one)				
Sic	1 TYES 2 NO	HOSPITAL:	ER/Outpatient :	□ DOA	OTHE 4 Nu		e 5 🗆 Re	sidence (B C Other (Specify)				
PHYSI	27. MANNER OF DEATH	28e. DATE OF		28b. TIN	E OF	28c. INJI	URY AT		28d. OESCRIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	dy, reary	Int	IURY M		RK7	NO					
	3 Suicide a Could not be	28e. PLACE O	F INJURY — At h	ome, ferm,	street, fec	tory, office	,		28f. LOCATION (Street e	and Number	or Rural Rot	ite Number.	
田	4 Homicide determined	building,	atc. (Specify)						City or Town, State)				
COMPLETED	290. CERTIFIER	CIAN: To the heat of	my knowledge d	ath a	and ma 44	Maria di a		and i					
\$	(Check only one) 2 MEOICAL EXAMINE	R: On the beels of a	my knowneage, a	Investigation	on to me	onloice d	end place,	end due t	to the ceuse(e) end mer	ner ee stat	ed.		
					,	-prinori, 01							
B	296. SIGNATURE AND TITLE OF CERTIFIER	20000	"	0			29c LICE	NSE NUM	BER O O	29d. DAT	E SIGNED (A	fonth, Day, Year)	

2

31. DATE FILED (Month, Day, Year)

ATAOLLAH NAZEMI,

MAY 2 4 1993

ors

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

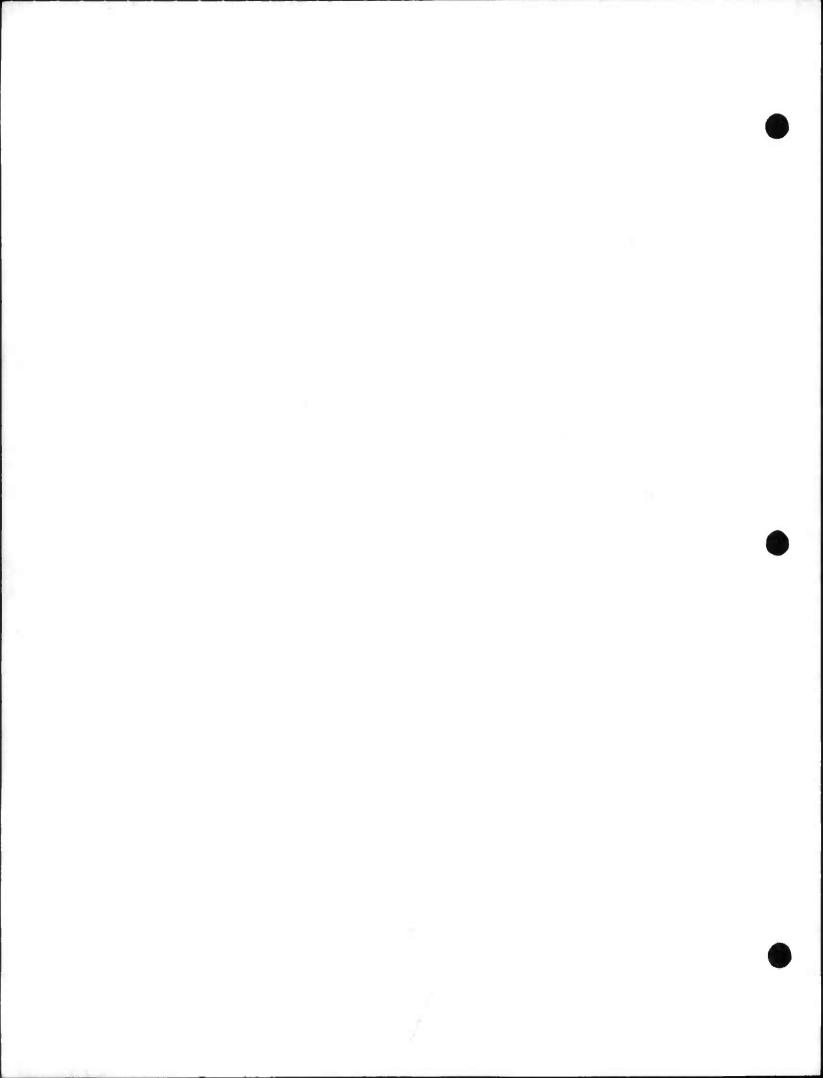
32. REGISTRAR'S SIGNATURE
Fishe Daydson-Randall

M.D.

100 N. Broadway

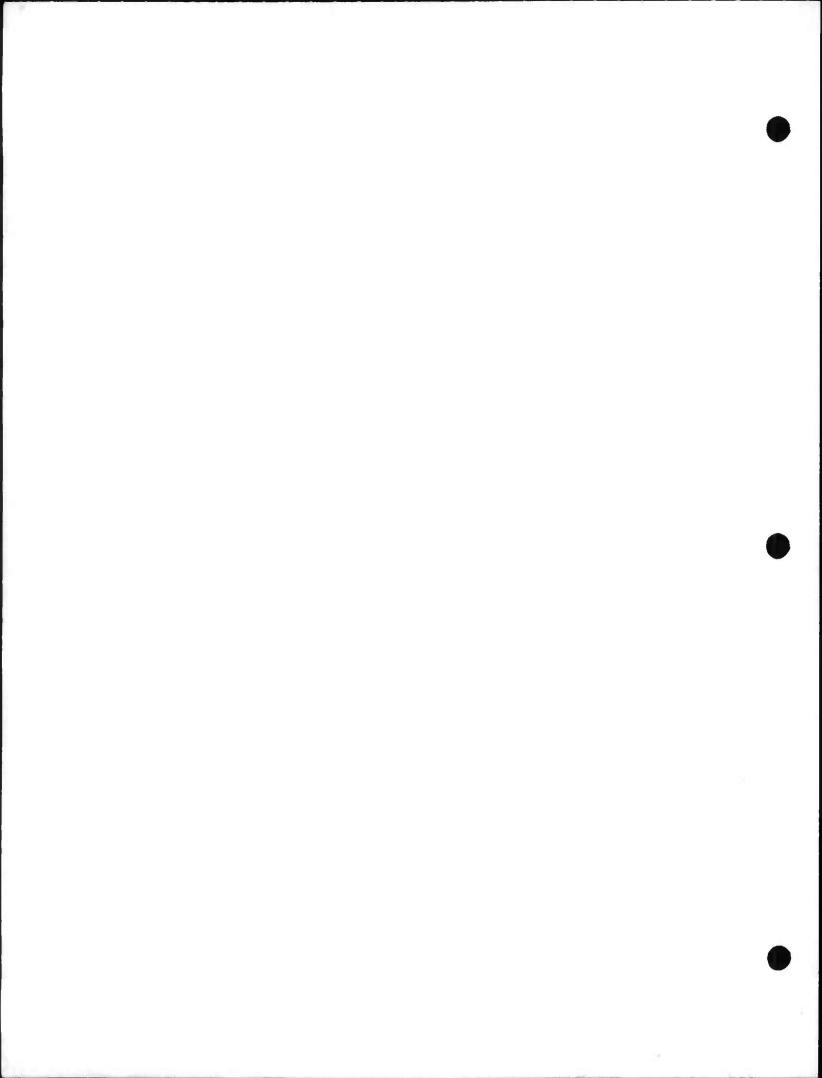
21231

BALTIMORE, MARYLAND



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

100		1. DECEDENT'S NAME (First) GEORGE	, Middle, Last)		Ε.		POWELL III					2. DAT	E OF DEATH	NY	YEAR	TIME OF DE	
		4. SOCIAL SECURITY NUMBER 218 94 95		5. SEX	6. AGE (1	(In yrs. lest b		IF UNDER 1	YEAR DAYS	# UNDER	24 HRS. MIN.	7 047	of BIRTH	1969		113 ACE (State or A	A M Foreign
2, 3	OR	90. FACILITY NAME (If not in PRINCE GEO	ORGES		L HO	OSPI'				OR LOCATI	ON OF DE			9c. COUR	NTY OF DEAT		
lges 1,	DIRECTOR	10a. STATE	10b. COUNT	1			10c. CITY,	TOWN OR	LOCAT	TION					10	d. INSIDE CIT	ГУ
permit. Pages		MARYLAND	PRIN	CE GEOR	GES		CLIN	TON	_							LIMITS?	
. ist	FUNERAL	12914 GLY	NIS R	OAD						2073				10g. CITI		AT COUNTRY?	
fing physician. the burial-transit	ВУ	11. MARITAL STATUS XXNever Married 2 3 Widowed 4 Divo		U.S. ARME 2 NO ATES		17	yes, sp	CENDENT Copecify Cuba S 2 NO	OF NISPAN In, Maxica Specify	n, Puerto	N? (Specify Yes Rican, etc.)		14. RACE — Black, V Specify:	Amarican Inc White, atc.	dlen,		
r attending use as the	TED	15. DEC (Specify only	EDENT'S EOU	CATION completed)		16a. DECE (Give	kind of wo	rk done du	UPATIO	ON ost of workin	10	16	b. KIND OF BUS	NESS/INO		MCI	
spital o	COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	life, Do	ARBI	retired.)					BARBEI	RING			
by the	E CO	17. FATNER'S NAME (First, M GEORGE E	- 41	ELL JE	0								Middle, Malden	,			
5 should notified	TO BE	19a. INFORMANT'S NAME (7	ype/Print)		`	19b. A	ALLING A	ODRESS (Street s	and Number	or Rural F	Route Nun	MCILWA	, State, Zip	Code)		
be 5 be 5 be 6	F	GEORGE PO								S RO	AD		INTON,	-			
r death. Page 6 m e funeral director, al. examiner mus		1 Burlet 2 Cremation	(Specify)		20b.	PLACE AND Detery, crema	tory or othe	OLN		M.	IAY	26,	1993 I	BREN	TWOO!		
		The signature of funeral service licenses Control of the service licenses															
within 24 hours pletely filled in cremation, or re		23. PART I. Enter the disease, or complections that ceused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or haert failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):												Between			
th certificate be exect ending physician and I Hygiene prior to bu or other traumati	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
Me Me		PART II. Other algolitica	nt condition	a contributing to	death bu	ut not res	ulting in	the unde	erlying	g ceuse g	given in	Part i.	24a. WAS AN			ERE AUTOPSY	
signed bat signed be Health ar	MEDICAL							_				_	PERFORI 1 YES 2		OF	AILABLE PRIOF DMPLETION DF DEATN? YES 2	CAUSE
	AN:	25. WAS CASE REFERRED TO	MEDICAL														
AN: The law inficate has best State Dept.	PHYSICIAN:	EXAMINER?	MEGICAL	HOSPITAL:	∐¥R/Outpa	atlant 3 🗆		THER:		na 5 🗆 Ra							
HYSICIA his certif with the red, or	PHY	27. MANNER OF GEATN		28a. OATE OF (Month, D	INJURY		8b. TIME (OF 2	Bc. INJ	JURY AT			SCRIBE NOW IN	JURY OCC	URED		
NDING PHYS t: After this r death with	ВУ	2 Accident	Pending nvestigation	5/22/ 28s. PLACE C	1993		1213			YES 2 X] NO		IVER (
28 afte	TED		Could not be setermined	building,	etc. (Speci	rify)	ADWA		r, orne			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) ST.BARNABOAS ROAD					
AL DIRI	COMPLETED			CIAN: To the bast of a												nd manner as	stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE			ili	/				29c. LICE	NSE NUM	BER		29d. DATE		onth, Day, Year	
5)	30. NAME AND ADDRESS OF	PERSON WN	COMPLETED CAU		,			т	ВАТ	ттм.	ORF	MARVI	r.AND	212	0.1	
9		31. DATE FILED (MORTH, Day, Veer) 32. REGISTRAR'S SUCNATURE MAY 2 A 1993 Julia Daydson-Pandale															



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CHIL	ICAI	E UF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) RYON	RYON A.	ALEND		AGE	PAGI	E			6, 1	YEAR 993	3. TIME OF DEATH 8:24 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER 24 HRS	_	DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	
	248-10-3679	1 XM 2 F	79	YRS.	MONTHS	DAYS	HOURS MIN		AN. 30,	1914		TH CAROLINA	
_	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DE									
DIRECTOR	10702 EDGEWO	OD AVEN	IUE			SI	VER SP	RIN	G	M	ONTGO	OMERY	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
E						OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	MARYLAND M	ONTGOMER	<u>Y</u>		SILVER SPRING							1 YES 2 NO	
RA	0.00 230 000 000 000 000					101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
Toe. STREET AND NUMBER 100. S											USA		
라	1 Never Married 2 X Married	FORCES? 1	YYES 2		13.				ORIGIN? (Specify Yes	or No-	14. RACI Blac	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE V					2 NO Spe		9550		Spec		
	15. DECEDENT'S EDUC	ATION	WWII	ECEDENT'S	USUAL C	CCUPATIO	iN.		16b. KIND OF BU	DIMEGO /IM	DUCTON	WHITE	
	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5	(0	hve kind of u	work done se retired.)	during mo	st of working		I TOU. KIND OF BU	SINESS/IN	DUSTRY		
ᆲ		5+		INIS	TRAT	'OR			CTUTT	7 T 7 7 7 7 7 7 7	an		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S	NAME (CIVIL S		CP.		
	HENRY	ΔΙΙ	ENDER	PAG	F		SALLY			,	100		
BE	19a. INFORMANT'S NAME (Type/Print)					S (Street a			EORA Number, City or Tow	TURN			
유	FAITH H. PAGI	Ξ										20901-1737	
	20a. METHOD OF DISPOSITION	Section :	20b. PLACE	ANDDATE	OF DISPO	SITION (Ne	me of	,, .		CATION -			
	1 X Buriel 2 Cremation 3 Remo	val from State	PARKI	AWN	ther place.	TERY		4/	19 ROCK	VILL	E. M	D	
	21. SIGNATURE OF FUNERAL SERVICE LICE	DHIEE /		1	22.	NAME AN	D ADDRESS OF	FACILIT	ry				
	· /		SA	-	F K	ANCI O UN	S J. CO IVERSTI	LLI Y P	NS FUNER	AL H	OME,	INC. P., MD 20901	
	23 PART . Enter the diseases, or o	omplications tha	caused the de	eath. Do r								Approximata	
	shock, or heart failure. I	only one cau	se on each line	Ð.		-				and the same		interval Batween	
	disease or condition	PI	11/11	180	112	1	mult	1	2410			Onset and Death	
	resulting in death)	DUE TO	(OR AS A CONSE			27	Walle	Tal	Just	+			
z					(1	Fin	tu	C	tumer	/)			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
<u>র</u> ∥	CAUSE (Disease or injury											}	
<u> </u>	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
ij I	death) Exst			_									
- 11	PART II. Other significant conditions	contributing to	death but not i	resulting	In the u	nderlying	cause given	in Pari	I. 24a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS	
DICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
W									1 🗌 YES 2	∐ NO		OF DEATH?	
PHYSICIAN: M												1 YES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Check o	only one)				
္ဗ	EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outputient 3	. □ noa	OTHE	R:	5 Residenc						
<u>ት</u>	27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJI	JRY AT	_	DESCRIBE NOW I	NJURY OC	CURED		
BY P	1 Natural 5 Pending	(Month, D.	ay, Year)	INJ	URY M	1 D Y							
	2 Accident Investigation 3 Suicide a Could not be	26a, PLACE O	F INJURY — At he	ome, farm, s	street, fac	tory, office		281	LOCATION (Street a	and Numbe	r or Rural F	Route Number,	
	4 Nomicide detarmined	building,	atc. (Specify)						City or Town, State)				
ו ק	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the beat of	my knowledge, de	ath occum	d at the t	ime, data	and place, and d	ue to th	se cause(a) and mar	uper se ete	ted		
COMPLET	one) 2 MERICAL EXAMINER	On the basis of ed	amination anguer	/ investigatio	n, in my d	opinion, de	eath occured at t	he time	, data and place, an	d due to ti	na cause(s	and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER		1		-	1	29c. LICENSE N					(Month, Day, Year)	
W	1 Dune	ut×	1	1			117	13		≥ (- 1/	~G3	
₽ ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type.	Print)		011)	1	2.	7	14	111	
	Lawrence RS.	oink M	D 2419			I ON	15:1	101	Sprin	16 M	12 2	0904	
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE		J10	2010	0 011	401	Jan 1) "	10 6	0101	
I	APR 20 1993	Julia Da	vidson-Ran	ndell								ì	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained with the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

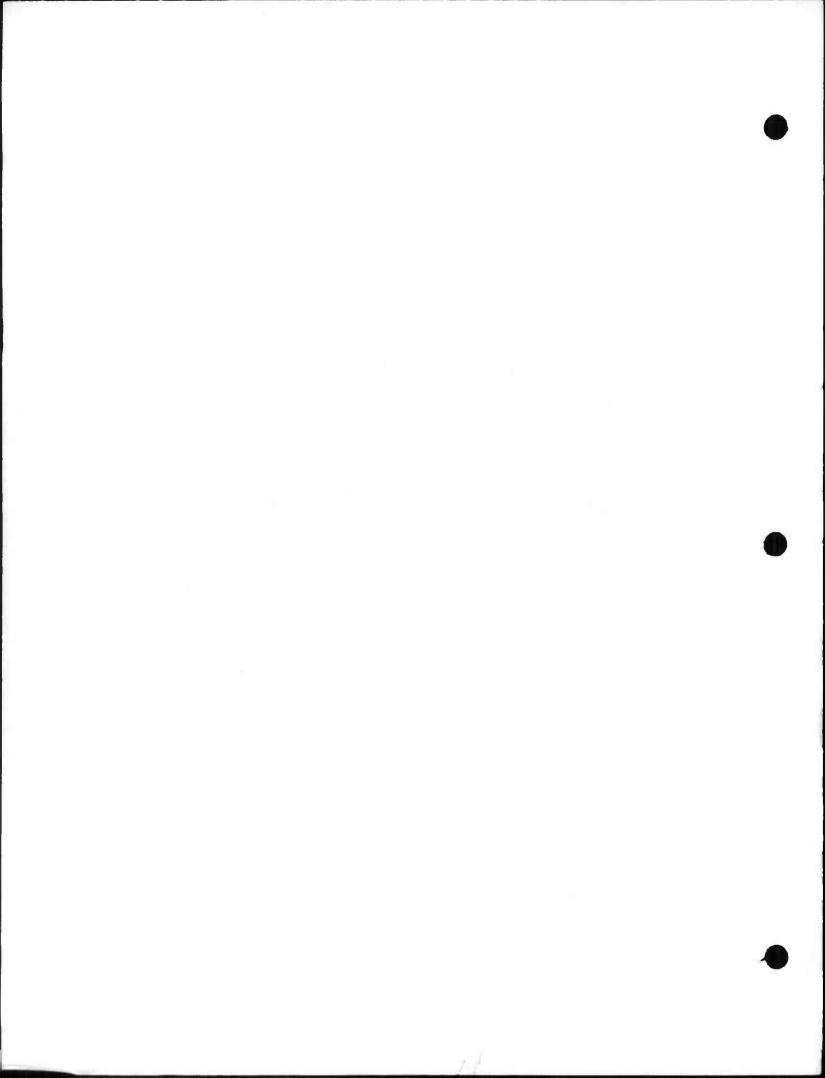
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or attending physician. In use as the burial-transit permit. Pages 1, 2, 3 should

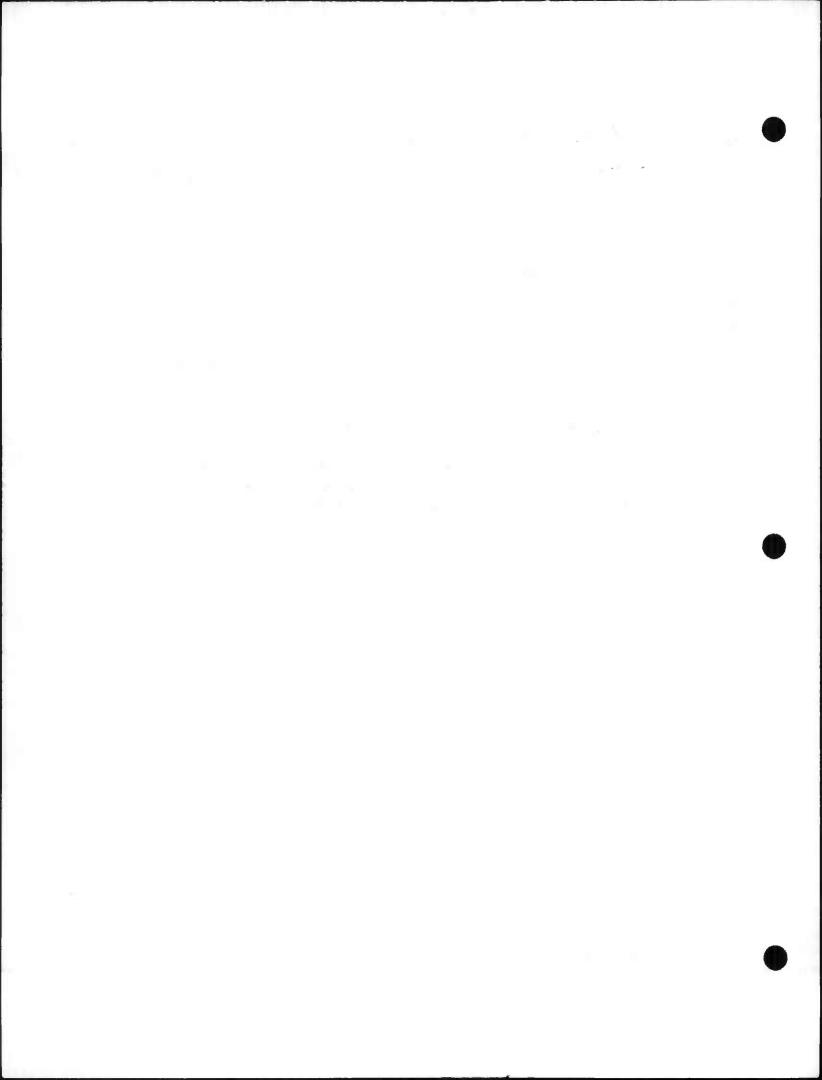
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BALTIMORE, MAR

DNMN-16 Rev 1/89



(*)			STATE OF MARYLAI	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN	E 93	16903					
EX .		1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	REG. NO		3. TIME OF DEATH					
(MED,			LTERS	POSI	er		MONTH D		900 PM					
		5 -1 0- 6 -11	6. SEX 8. AGE (In)		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month: Day, Year)	(3)	BIRTHPLACE (State or Foreign Country) KOREA					
K. 3 should	_	A. FACH ITY MANE IN and feath dies at a se	Lane Suit	7.202 9	b. CITY, TOWN C	PR LOCATION OF DE	ATH	9c. COUNTY						
	ECTOR	RESIDENCE OF DECEDENT	HI)	, ,,,	Ber	herda	, MD	Ma	itgmen					
MAYLE,	DIR	Maylen hn	tomey	TOWN OR LOCAT	ion thesd	^	10d. INSIDE CITY LIMITS? 1. YES 2 \(\text{NO}\) NO							
N isi	ERAL	100. STREET AND NUMBER 5000 BATTERY LANE	#303		101	ZIP CODE	0814	OF WHAT COUNTRY? D STATES						
020 physician. burial-transit FRANK	FUNI		2. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Year), Puerto Rican, atc.)		. RACE — American Indian, Black, White, etc.					
on the part of the	ΒYΙ	1 Never Married 2 Merried 3 Widowed 4 Divorced	2 NO Specify			Specify:								
21215-0020 al or attending physician for use as the burial-tra ED BY FRAN	ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 10	6a. OECEDENT'S US	UAL OCCUPATION	DN .	16b. KINO OF BUS	SINESS/INDUS	TRY					
21 2 m m m	LET		College (1-4 or 5+)	life. Do NOT use n		st of working	GVDIA GG	NOTH!						
MARYLAND 2 retained by the hospital 5 should be detached to 6 RELEASE notified at once.	COMPI	17. FATHER'S NAME (First, Middle, Last)		SECRETA	KI	18. MOTHER'S NAI	SYNAGO ME (First, Middle, Maiden							
YL d be d d be d	ш	ARTHUR WALTERS					HI KIM	Currentey						
MARY retained by 5 should be 6 RE notified at	TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		de)					
ER PA		ARTHUR WALTERS (F	'ATHER)				, PHOENIX,		35023					
A CONTRACTOR		1 Burial 2 X Cremation 3 Ramova 4 Donation 5 Other (Specify)	il from State 20b. Pl	LACE AND DATE OF I	DISPOSITION (Na. place)	me of ATORY			A, VIRGINIA					
	- }	21. SIGNATURE OF FUNERAL SERVICE LICEN		· · · · · · · · · · · · · · · · · · ·	22. NAME AN	D ADDRESS OF FAC	ULITY							
AL S		Sunh le	April				BERG MEMOR							
760, d within 24 hours after smpletely filled in by cremation, or remo- event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
Pa do la	_	91	OUE TO OH AS A CO	UNSEQUENCE OF):	nela	astalo	to live	i,						
OX 68 Ox 68 be execut ician and c ici to buni traumatic	CATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	a	Turden	+ gester	inte	tost					
Edo	FI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF:	19	em_								
P. O. Hygie	E	resulting in death) LAST												
the death the atten d Mental H injury, or	L CEI	PART ii. Other significant conditions of	contributing to death but	not resulting in t	tha undarivino	cause given in I	Part i 24a WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS					
that that had by hand	SCA	Cacheria			,,,,	3	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
L MECORI law requires that as been signed to bept. of Health at 23 shows any	MEDIC/	Cushings	Eyndias.	re			T TES 2	X	DF DEATH?					
law law		0	/											
F VILA SICIAN: The certificate h the State if	SICIAN:		IOSPITAL:		THER:	ACE OF DEATH (Che								
HYSICIA this certif with the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU		28d. DESCRIBE HOW II	NJURY OCCUR	ED					
After this death with	BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Duy, Tour)	INJUN		ES 2 NO								
TTENDI TTENDI CTOR: A after d	9	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre-	et, factory, office		261. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,					
8 B B B	COMPLET		N: To the best of my knowledge	ge, death occurred a	it the time, data	and place, and due	to the cause(a) and man	ner as stated,						
HOSPITAL FUNERAL Within 72 TANT: If	Š S	one) 2 MEDICAL EXAMINER: (On the beals of examination as	nd/or investigation, i	in my opinion, de	ath occured at the t	ime, data and placa, an	d due to the c	ause(a) and manner as stated.					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	~ ~?			29c. LICENSE NUM	BER	29d, DATE SI	GNED (Month, Day, Wagr)					
6 6 8 X	2	30. NAMÉ ANO ADDRÉSS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH	(ITEM 27) (Time De	(nt)	02160	2 190	- 6	120/73					
		49/2 ADRIA	LV STREET	- R	aku,	· Ile	140 2	20 8	53					
2		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	JRE Prenda 90										
		MAY 2.4 1993	June variason	Master										



MARYLAND 21215-0020

BAU

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR	STATE OF MARYLAND /	DEPARTMENT	OE HEAITH AND	MENTAL HYCICH	93	3 16904				
	1 - STATE REGISTRAR	CE	RTIFICATE	OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH		3. TIME OF DEATH				
	Louise Prestor	n			May 27	1993	6:25 PM				
		5. SEX 8. AGE (In yrs. last			7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign				
	214-36-1725	1 □ M 2 🕅 F 63	YRS. MONTHS	DAYS HOURS MIN.	Oct 14,		PA				
	9e. FACILITY NAME (If not institution, give street	et and number)	9b. CITY	TOWN OR LOCATION OF D		9c. COUNTY					
OR	Montgomery Ger	neral Hognita	1 0	nev		7/					
5	Montgomery Ger RESIDENCE OF DECEMENT	TET OF TOO DE LO				LWon	tgomery				
DIRECTOR	MD Montgo	mery	Olney	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
E	3305 Ashmore Ct			20832		USA					
FUNERAL		12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X NO	IED 13.	MAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		. RACE — American Indian,				
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 yes, specify Cuben, Mexico I YES 2 X NO Specif			Black, White, atc. Specify: White				
CH	15. DECEDENT'S EDUCAT (Specify only highest grade co		EDENT'S USUAL OF	CCUPATION	16b. KIND OF BUS	SINESS/INDUS					
Fi			e kind of work done (Do NOT use retired.)	during most of working	Wesley	Theolo	ogical				
P P		4 Su	pervisor		Seminar		-62001				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden						
BE	Frank E. Haney			Kathry	n Cutwrigh	nt					
	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS	(Street end Number or Rural	Route Number, City or Town	n, State, Zip Co	de)				
2	Chris Preston	3:	305 Ashm	ore Ct, Olne	y, MD 2083	32					
	20e. METHOD OF OISPOSITION Suriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PLACE AN cemetery, crem	ND DATE OF DISPOS	emetery 05/	OATE 20c. LO	CATION — City	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(SEP	Carmer C	emetery U5/	25/93 Sur	ishine,	, MD				
	1 Xm: 4 8	100					i Funeral Home				
-	22 Digy Enter the diseases	ans	11	800 New Hamp	shire Ave,	Silve	er Spring, MD				
	23. PART I. Enter the diseases, or cor ahock, or haart failure. Lis	mplicatione thet caused the dea at only one cause on each line.	th. Do not enter	tha mode of dying, auc	h aa cardiac or reapi	ratory arreat	, Approximate Interval Batween				
- 1	IMMEDIATE CAUSE (Final disease or condition	0100		/			Onset and Death				
	resulting in death) a.	Orala	1 0	NW			1200				
		DUE TO (OR AS A CONSEOU	JENCE OF):								
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQU	IENCE OE)								
AT	If any, laading to immediate cause. Enter UNDERLYING	77 77 77 77 77 77 77 77 77 77 77 77 77	ende or j.				i i				
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):								
E	reaulting in death) LAST						İ				
8	0.										
AL	PART II. Other algnificent conditions	contributing to death but not re-	eulting in the un	derlying ceuse given in	Part I, 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă					1 🗆 YES 2	D'40	COMPLETION OF CAUSE OF DEATH?				
M						, ,	1 TYES 2 NO				
ä											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PLACE OF DEATH (Ch	eck only one)						
YSI		Alapatient 2 ER/Outpatient 3	DOA 4 Nurs	III ling Home 5 - Residence	6 Other (Specify)	ffy)					
PHYSICIAN: MEDICAL	27, MANNER OF GEATH	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUR	EO				
B	Netural 5 Pending Investigation		М	1 YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, street, facto	ory, office	261. LOCATION (Street e City or Town, State)	nd Number or F	Rural Route Number,				
	4 Homicide determined										
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowledge, dast	th occurred at the ti	me, date end piecs, and dus	to the ceuse(s) end men	iner es stated.					
No		On the basis of examination end/or im					iuse(s) end manner es atated.				
	296. SIGNATURE AND TITLE OF CERTIFIER	1012		29c. LICENSE NUI	ABER . I	29d. DATE SI	GNED (Month, Day, Year)				
) BE	V SUI W	WXXVV D	N	1.032	166	1 ST	22 3				
2	30 NAME AND EDDRESS OF PERSON WHO										

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTAR'S SIGNATURE Fundall

Ybar)

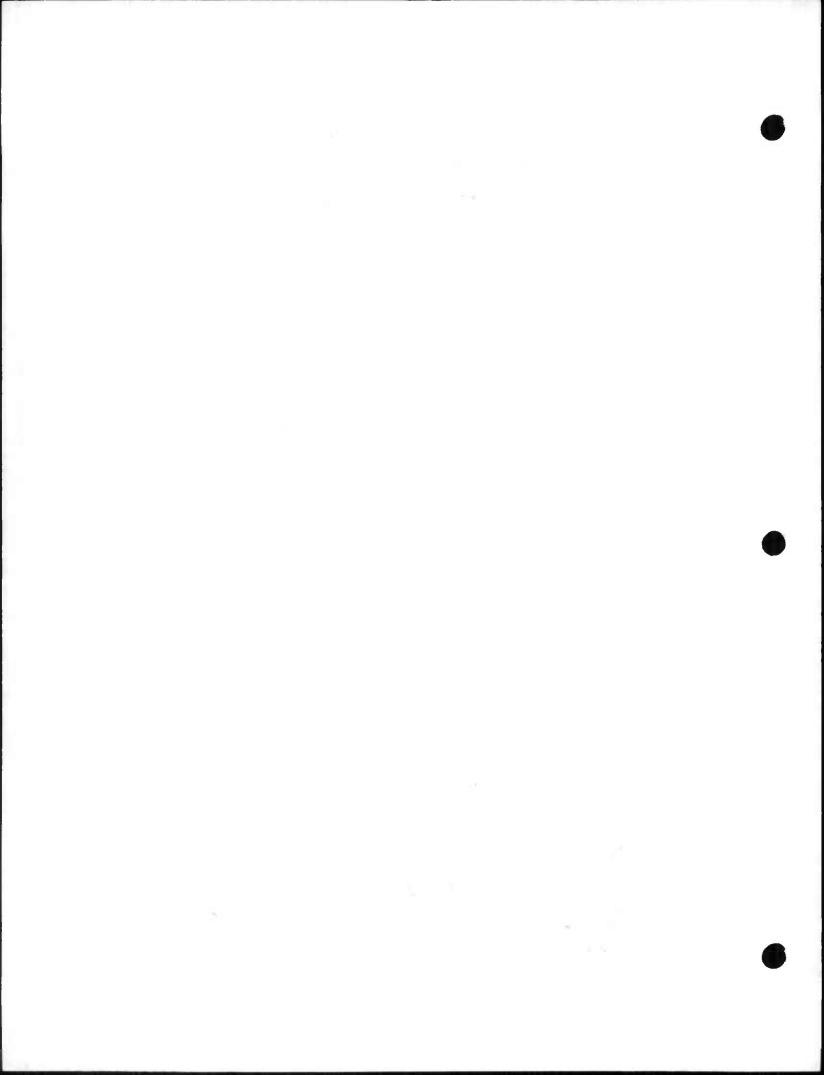
199

31. DATE FILED (Month, Day,

30. NAME

DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIENE REG. NO.				
	7	1. DECEDENT'S NAME (First, Middle, Last)	F. Ph	Alvin	E. Phill	ips Jr.	2. DATE OF DEATH DAY	SEAR 1805 M			
Þ		4. SOCIAL SECURITY NUMBER 380-28-7371	1 M 2 D F	in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	OF BIRTH (Month, Dell. Year)	8. BIRTHPLACE (State or Foreign Country) Ohio			
. 2. 3 should	TOR	9a. FACILITY NAME (If not institution, give : 519 Ches	tev A	ve	9b. CITY TOWN	OR LOCATION OF DEAT		COUNTY OF DEATH Anne Arundel			
permit. Pages 1.	DIRECTOR	10a. STATE 10b. COUNT	ne Arundel		y, town on Locat Annapoli			10d, INSIDE CITY LIMITS? 1 YES 2 NO			
in. ansit perm	FUNERAL	519 Chester Ave	nue		101	21403	10g	USA			
21215-0020 all or attending physician. for use as the buria-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR D. Nav	2 NO ATES	If yes, sp	CENDENT OF HISPANIC Hecity Cuban, Mexican, 12 ND Specify:	ORIGIN? (Specify Yes or N. Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify: White			
212	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.)	ost of working	16b. KIND OF BUSINES				
MARYLAND are retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last) Alvin F. Philli	5+	TTOGT	ill Allarys		(First, Middle, Melden Suma	l Government			
MARY be retained b	TO BE	19a. INFORMANT'S NAME (Type/Print) Joseph Cook	, D. 1		19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Flown, State, Zip Code) 733 Springlock Rd., Silver Spring, Md. 2						
BALTIMORE, there death. Page 6 may be the funeral director, page wal.	3	20e. METHOD OF DISPOSITION 1	com State	etery, crematory or o	oln Crema	atory 05-2	22-93 Brent	DN — City or Town, State			
BALTIMO hours after death. Page 6 d in by the funeral directo or removal. medical examiner mu		Jelson L. E.	cheller	ر	Hines	New Hamps	Funeral Home shire Ave. S	Silver Spring, MD			
760, od within 24 of ompletely fille is cremation.	Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute DUE TO (OR AS A D. S. C.	CONSEQUENCE O	100A		FAI/L	interval Between Onset and Death			
DS P.O. BOX 68 the death entirely a security the arthoding physican and of Mental Ingent prior to burial injury, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Diabe	CONSEQUENCE O	Mei	11 1 ter.	5				
AL RECORDS e law requires that the or has been signed by the Dept. of Health and Me 123 shows any Infu	IN: MEDICAL	PART II. Other aignificant condition	e contributing to death b	ut not resulting	in the underlying	g cause given in Pr	24s, WAS AN AUTO PERFORMED 1 VES 2				
F # # 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 - Nursing Hom	LACE OF OEATH (Check					
R with O	ВУ РН	1 Netural 5 Pending 2 Accident Investigation	2 Accident Investigation III YES 2 NO								
DIVISION OR ATTENDING ORRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. CERTIFIER . CERTIFIER									
TO THE HOSPITAL O TO THE FUNERAL D DE filed within 72 ho	COMPL	(Check only				leath occured at the tir	ne, dats and place, and due	s to the cause(s) and manner as stated,			
TO THE DE FINE	TO BE	30. NAME AND ADDRESS OF PERSON W	weeth	O DO	eputy	DO6	05 Ef >	DATE SIGNED (Month, Day, Joan)			
		WILLIAM B 31. DATE FILEO (Morth, Day, Year)	32. EGISTRABIS SIGN	mp	F	OB	199	20711			
		MAY 24 1993	7 7 7	on-Mandell							



YEAR

1993

3. TIME OF DEATN

10:00 P

ROCKVILLE PIKE, ROCKVILLE, MD. 2085

BIRTHPLACE (State or Foreign Country)

CUBA

REG. NO.

20

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTN
(Month, Day, Year)
OCT. 25,

MAY

DIVISION OF WITH RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PROCESS THE LAW requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction
R	B.
YTAL	PAL
SO	S
中	부
10	E O
F	F

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

262-31-2040

VICTORIA

VICTOR M. PRIEGO.

MAY 25 1993

31. DATE FILED (Month, Day, Year)

2, 3 shou	стов	90. FACILITY NAME (If not institution SUBURBAN	Н	OSPITAL					OR LOCATION OF D	EATH		9c. COUNTY MON	Y OF DEAT	
₩.	ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CIT												
r. Pages	OIRE	MARYLAND MONTGOMERY ROCKVILLE											Id. INSIDE CITY LIMITS? YES 2 NO	
permit.		10e. STREET AND NUMBER							f. ZIP CODE			T 100 CITIZE		T COUNTRY?
	FUNERAL	1001 ROCKVIL	LE	PIKE, #141	1				2085	52		DOMINICAN REPUBLIC		
21215-0020 Jor attending physician. For use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	ed	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2	₩o		If yes, sp	CENCENT OF NISPA Decify Cuban, Mexic 3 2 NO Specif	an, Puert	GIN? (Specify Yes to Rican, etc.)	or No.— 14	Black, W	American Indian, Vhite, etc.
215-0 attending se as the								CI	IBAN					BLACK
or atte	TED	15. DECEDENT (Specify only highe			16a.	(Give kind of w	USUAL OCCUPATION work done during most of working				6b. KIND OF BUS			
O gg B	COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5+)		WURSES	se retired.)				HEBREW			
AND the hospit detached once.	OM	17. FATHER'S NAME (First, Middle, L			TOROLL	ILLU.		Is. MOTHER'S NA	AME (First	(First, Middle, Malden Surname)			ON	
	ш	WILLIAM		JAR	VIS				LEONORA		i ilinaara,	PHILI	TDC	
MARYL retained by the 5 should be in notified at	0 8	19e. INFORMANT'S NAME (Type/Pri	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street 1	and Number or Rural	_	imber, City or Town			
	F	ED S	HIF	FLETT					E PIKE,		111			20852
		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3	□ Sem	and from State		CEANODATEC	OF DISPOSI			_		CATION - CIT		
MOR ge 6 mai frector, p		4 Donation 5 Other (Specif	Donation 5 Other (Specify) ST. MARY					remetory of other piece) 1ARY'S CHURCH CEMETERY 5/25 ROCKVILLE, MD						
ALTIM death. Page tuneral dire t.		21. SIGNATURE OF BUNERAL SER	5	1 0	22. 1	NAME AP	ND ADDRESS OF FA	CILITY						
2 2 3		Varid H. Hak) NN 7NCT	S J. COL	LIN	S FUNER	AL HOM	IE, I	NC. , MD 20901
ca at		23. PART I. Enter the disease	ea, or c	complications that ca	used the	death. Do n	ot anter	the mo	ode of dying, auc	ch aa ce	ordlec or respi	ratory arrea	t.	Approximata
nin 24 ni	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. METASTATIC LUNG CARCINOMA DUE TO (OR AS A CONSEQUENCE OF):											Interval Batween Onset and Death SMOWHS		
P.O. BOX 68: th certificate be execute ending physician and or if Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	{	bDUE TO (OR	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ORC that the the and the and Ind	MEDICAL	PART II. Other significant con			stributing to deeth but not resulting in the underlying ceues given in Part I $NFARCT$				Part I.	PERFORMED?		CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
St of See and See													1 (TYES 2 NO
AL has Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MED	HCAL					28, Pl	ACE OF DEATH (Ch	eck only	nnel .			
500-	Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	/Outnation		OTHER	₹:						
a the	H	27. MANNER OF DEATH		26e. DATE OF INJU	URY	26b. TIME	E OF	28c. INJ	IURY AT	_	her (Specify) ESCRIBE NOW IN	U.IURY OCCUE	250	
nark w	ВУ Р	1 Netural 5 Pending (Month, Day, Veer) 200. Time 1 Netural 2 Accident Investigation						1 🗌 1	YES 2 NO	200	Egoribe No. II	130hi 0000	IEU	
TSI TEN		3 Suicide S Could determ		26e. PLACE OF IN. building, etc.	JURY — At (Specify)	home, ferm, st	treet, facto	əry, offici	•	281. LC	CATION (Street e ty or Town, State)	nd Number or	Rurel Route	Number,
로 로 전 ==	COMPLETED			CIAN: To the best of my in										d manner oe stated,
TO THE HOSPI TO THE FUNEF DE filed within	BE	Willow Pun		ami					29c. LICENSE NUI D - 23		8	29d. DATE SI	IGNED (MO	onth, Day, Year)
	2	30. NAME AND ADDRESS OF PERS	абк жнс	COMPLETED CAUSE O	F DEATH (I	TEM 27) (Type,	Print)							

11420

32. ARGISTRAR'S SIGNATURE PRINCESS

JARVIS

69

5. SEX

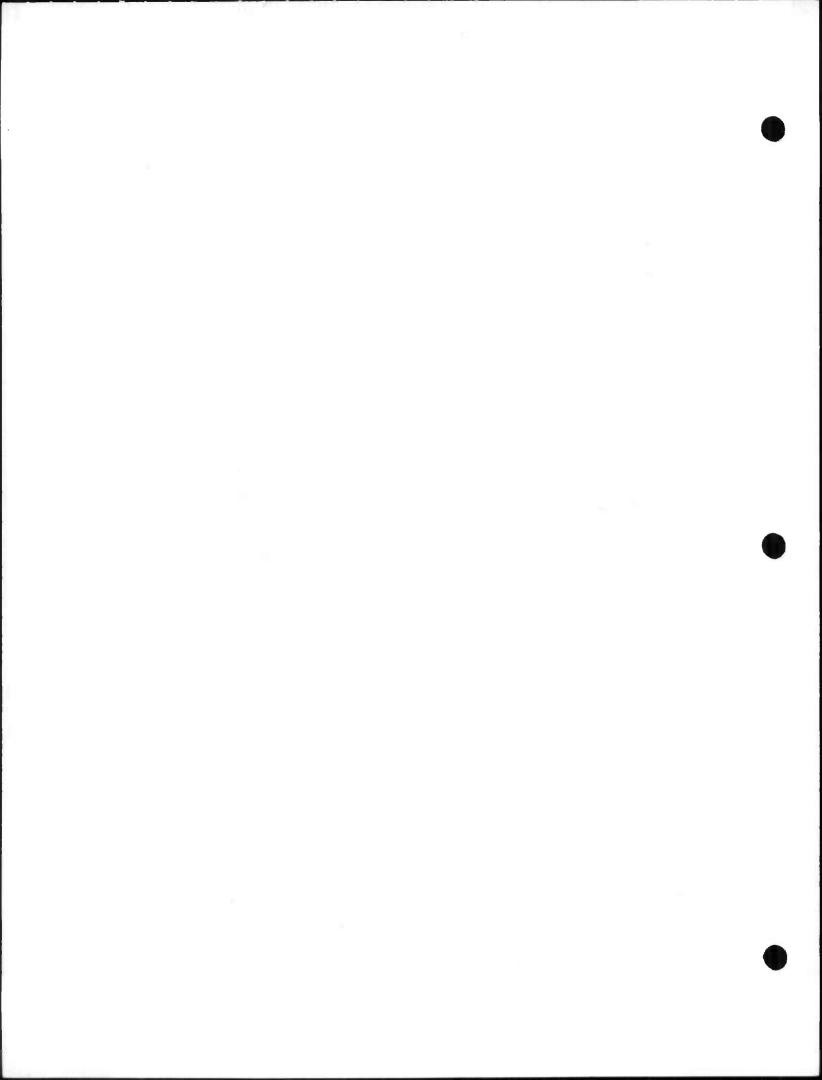
1 M 2 T F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAYS

PHILLIPS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.



1. DECEDENT'S NAME (First, Middle, Last)

93

2. DATE OF DEATH

	1	ALICE HE	LEN PET	TERSON								5 - 2	4- 9	3	1:52A
	1	4. SOCIAL SECURITY NUME		5. SEX		'In yrs. lasi	birthday)	IF UNDER		IF UNDER 2	HRS. 7.	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
모	1 4	577-20-3005 1 M 2 N 88 YRS. MONTHS DAYS HOURS MIN. APRIL 16,1905 ILLINO										NOIS			
3 should	e	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH FIRED FIRED FOR THE PROPERTY OF THE													
2,	DIRECTOR	FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK												LCK	
Sages	E)	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID											10d. INSIDE CITY LIMITS?		
permit. Pages 1, 2,													1 YES 2 NO		
st per	RA	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT C 178 POYNSETT LANE 21702											USA		
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Inc.											- American Indian.		
9 8 8	B	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) If yes, specify Cuban, Mexican, Puerto Rican, etc.) If yes, specify Cuban, Mexican, Puerto Rican, etc.) If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: WHITE										, White, etc.			
121 or afte use a		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
YLAND 21215 by the hospital or attend be detached for use as	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) I/O PRE—SCHOOL TEACHER EDUCATION													
AN the hos detach	l S	17. FATHER'S NAME (First, M	liddle, Lesi)			2 242				1	R'S NAME (First, Middle, Maiden		_	
YKL d by ti	101	VALDAMIR	JENS	SEN				_		HEL	GA	RASSM	JSSEN		
MARYLAND retained by the hospit should be detached	2	19a. INFORMANT'S NAME (1		(DAUGU	mmn)							Number, City or Yow			1700
m, % % %		JOYCE S. HE		(DAUGH		_	_			LANE		ERICK, MA			
5		20b. PLACE AND DATE OF DISPOSITION 1 X Burial 2 Cremetion 3 X Removel from State 1 Donation S Other (Specify) 1 Donation S Other (Specify) 1 Donation S Other (Specify)											•		
		21. SIGNATURE OF FUNERA	SERVICE LICE	MSEE /			-	22.	NAME A	ND ADDRESS	OF FACILIT				
		· (Ma	NW C	t. Ole	}										, MD. 2090
# AE 3		23. PART I. Enter the d	seeses, or co	mplications the	at ceused	the de	ath. Do n								Approximate Interval Between
		IMMEDIATE CAUSE (Fine)										Onset and De			
ted within 24 I completely fille ial, cremation, sevent, the		resulting in death) DUE TO (OR AS A CONNEQUENCE OF):													
N 8 5 - 6	z	Atturbethi arbinaler drice													
O. BOX 68 entificate be execut ng physician and cylene prior to buria	CERTIFICATION	If any, leading to immediate													
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- 0 5 F	FE	resulting in death) LAS						j							
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T to to to	MEDICAL	ols o		melo	m	تعب		, the on	derrym	g cause gr	ren in ran	PERFOR	MED?	240.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sign is		Levin	De la	function								1 TYES 2	Mun		OF DEATH?
3 5 5 8	ä	brita	20	young	in'a	mi									
The Head	S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF OEATH (Check only one) OTHER:													
T Service	PHYSICIA	1 VES 2 KNO 1 X Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
NG PHYSIC frer this cer sath with th	ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO													
VISION ATTENDING ECTOR: After s after death		3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, building str. (Specific)													
DIVISION OR ATTENDING F DIRECTOR: After hours after death	COMPLETED	4 Homicide determined													
Z Z Z =	MPL											ne cause(s) and mai			
THE HOSPITAL THE FUNERAL flied within 72 ?	00	29b. SIGNATURE AND TITLE		On the pasts of t	- AMERICAN TRANSPORT	and/or li	ivestigation	, in my o	pinion, c						and manner as stated
是 差 是 2		Cuth		. mr	me	~	n.				=181				(Month, Day, Year) 4-9-3
₽₽2₹	9	20 114107 4110 4000700 01							-					_	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MANALO

32. ARGISTRAP'S SIGNATURE
JUNA DAVIDSON-RANDARA

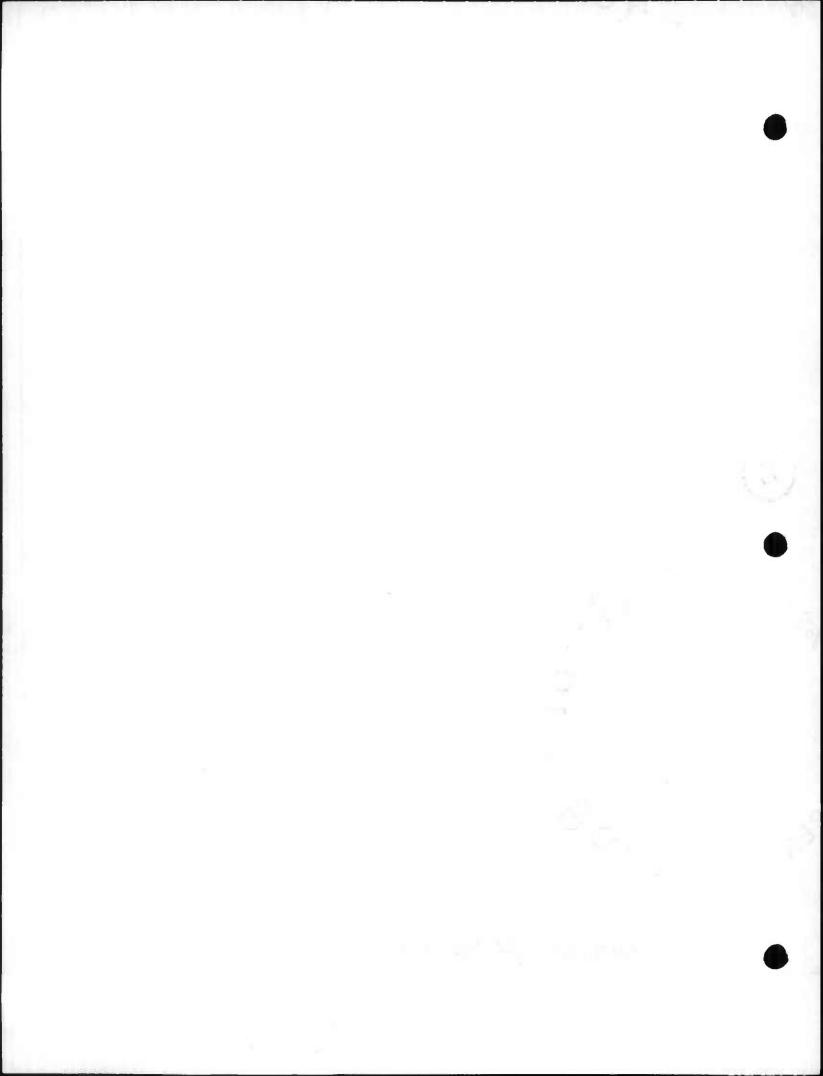
187

ANTHUR G.

31. DATE FILEO (Mornth, Day, Year)
MAY 2 8 1993

2

UNERAL HOME, INC. ,W. SIL.SPR.,MD.20901 reapiratory arrest, Approximate Interval Betwe Onset and Death MAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 | YES 2 | NO HOW INJURY OCCURED (Street and Number or Rural Route Number, i, State) in, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0-18191 5-24-93 Frederick MP 21702



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

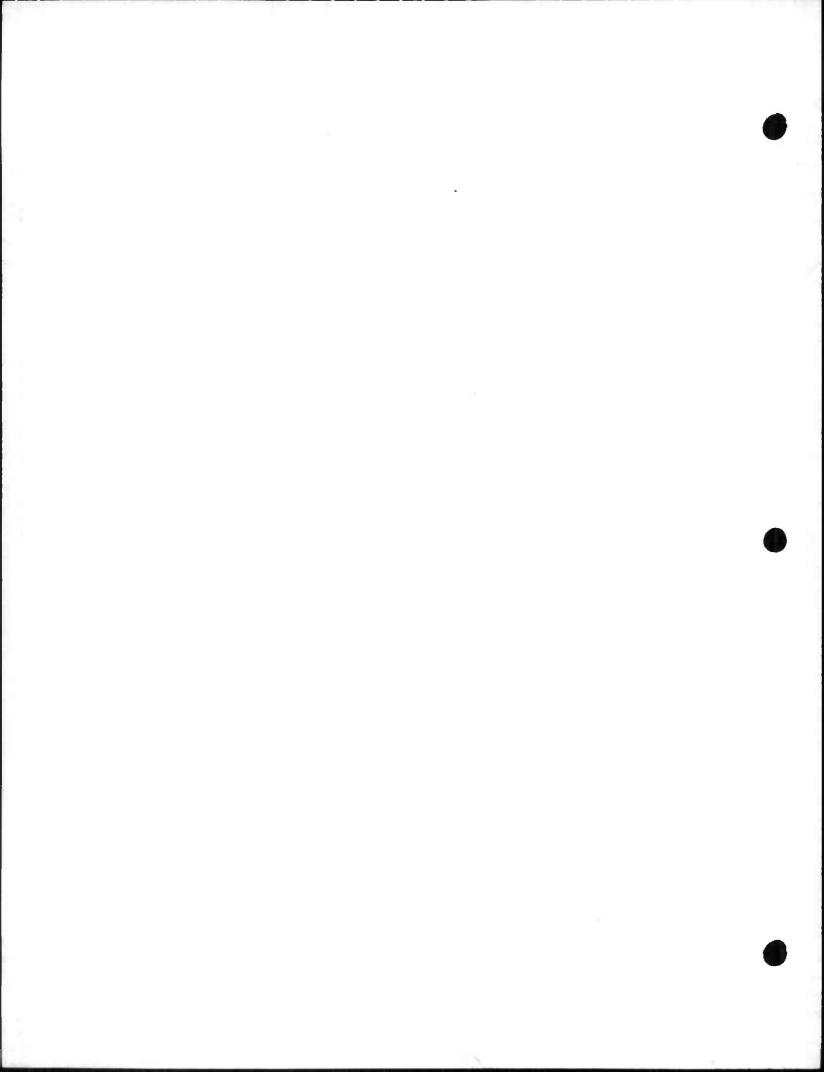
2 Accident funestigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	SOUTH THOUSEN SET AND ADDRESS OF POLICY TOWN ON LOCATION SET STATES AND ADDRESS OF STATE												
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22. NAME AND ADDRESS OF FACILITY George P. Kellars Funeral Home 6160 Oxon Hill Rd. Oxon Hill Md. 20745 Approximate intervil Between Onset and Desth Approximate intervil Between Onset and Desth MMEDIATE CAUSE (Finel disease or condition.) Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. Bequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): COTONARY artery disease. DUE TO (OR AS A CONSEQUENCE OF): Cotonary artery disease. DUE TO (OR AS A CONSEQUENCE OF): DUE	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. MMEDIATE CAUSE (Final diseases or conditions abook, or heart failure. List only one ceuse on each line.												
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AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. PLACE OF INJURY At WORK? 1 YES 2 NO 28. EXAMINER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. PLACE OF INJURY At WORK? 1 YES 2 NO 28. EXAMINER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. PLACE OF INJURY At Home, farm, street, fectory, office 28. EXAMINER OF DEATH 1 YES 2 NO 28. DEATH OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 29. CERTIFIES City or Rown, State)	AMALABLE COMPLETION OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO No. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH No. 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. LOCATION (Street and Number of Rural Route Number	TO THE RESIDENCE OF THE PARTY O											
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3 Suicide 4 Homicide 5 Could not be determined 299. PLACE OF INJUST — At home, farm, street, fectory, office 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.	3 Sulcide 6 Could not be determined 286. PLACE OF INJURY - At home, farm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number of Rural Route	BERTHPLACE (State or Foreign County) Czechoslovakia TY OF DEATH Ince George 's 10d. INSIDE CITY LIMITS? 1											
	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, May 12. Richard D. Schubert, M.D. 1145 19th St. N.W. Washington, D.C.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, May 12. Richard D. Schubert, M.D. 1145 19th St. N.W. Washington, D.C.	(Check only 1 LA CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.											
- n - 1/ U Y & I N U / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Richard D. Schubert, M.D. 1145 19th St. N.W. Washington, D.C.	wy, Year)											
May 12 1003	Richard D. Schubert, M.D. 1145 19th St. N.W. Washington, D.C.	1993											
The state of the s	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												
	MAY 1 2 1993 I his Davidson-Randall												

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



YEAR

Charles

1993

9c. COUNTY OF DEATH

Montgomery

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

May 30,

April

ETHEL

4. SOCIAL SECURITY NUMBER

577-60-5267

RESIDENCE OF DECEDENT

Suburban

10e. STREET AND NUMBER

10a. STATE

R.

9a. FACILITY NAME (If not institution, give street and number)

Hospital

PARKS

5. SEX

Montgomery

1 🗌 M 2 🔯 F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION ROCKVILLE

DAVE

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Bethesda

10f.

6. AGE (In yrs. last birthday)

	1	Direct Control
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit.
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DIRECTOR

use as th nours after death. Page 6 may be retained by the hospital or attendir detached for page 5 should funeral director, MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Health and M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL Azalea Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 THO IF YES, GIVE WAR OR OATES 13. WAS DECI 1 Never Married 2 Married BY 1 TYES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATIO (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Currency Stock (17. FATHER'S NAME (First, Middle, Last) William J. notified at Yates H 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street a 2 B. Crisp 674 Azalea Teressa Dı 9 20s. METNOD OF DISPOSITION
1 St Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (No. must Park Lawn Cemeter examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN completely filled in by the rial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mod shock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) the disease or condition SEPSIS event, resulting in death) QUE TO (OR AS A CONSEQUENCE OF): the attending physician and cor I Mental Hygiene prior to burial, traumatic URINARY TRACT INFECTION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CARDIORESPIRATORY CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying MEDICAL shows any PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL certificate ha item 1 YES 2 NO 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJU WOF this c marked, 1 Natural
2 Accident 5 Pending Investigation BY 1 🗌 YI After DIRECTOR: Att hours after deal item 28 is n 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ETED 6 Could not be determined 4 Homicide TID THE HUSPITAL OR ATT TID THE RINERAL DIRECT DE THEIR WITHIN 72 HOURS AT 29a. CERTIFIER

(Chank only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data a COMPL 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, da 296. SIGNATURE AND TITLE OF CERTIFIER BE 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) A. OHAMMAD MD ID 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Pandell

1993

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MAY 1

16909

3. TIME OF DEATH

10d, INSIDE CITY LIMITS?

8. BIRTHPLACE (State or Foreign

8:55 P

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Md

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2 KNO Specify:	erto riicani, etc.)		Specify:	o, ott.
			Black	
N t of working	16b. KIND OF BUS	INESS/INDUS	TRY	
Control Ck	gov	ernmer	nt (GP	0)
18. MOTNER'S NAME (First, Middle, Maiden	Surname)		
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d Number or Rural Route				
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ne of	OATE 20c. LOC			eta
Ty 5	-6 Ro	ckvill	.e, M	ld.
ADDRESS OF FACILIT	Marshal.	I's Fi	meral	Home Inc
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IK? ES 2 NO				
281.	LOCATION (Street as	nd Number or	Rural Route N	umber,
	City or Town, State)			
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ind place, and due to the ath occursed at the time,			suse(s) and r	nanner as stated.
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29c. LICENSE NUMBER		▶ May	IGNED (Month	
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3. TIME OF DEATN

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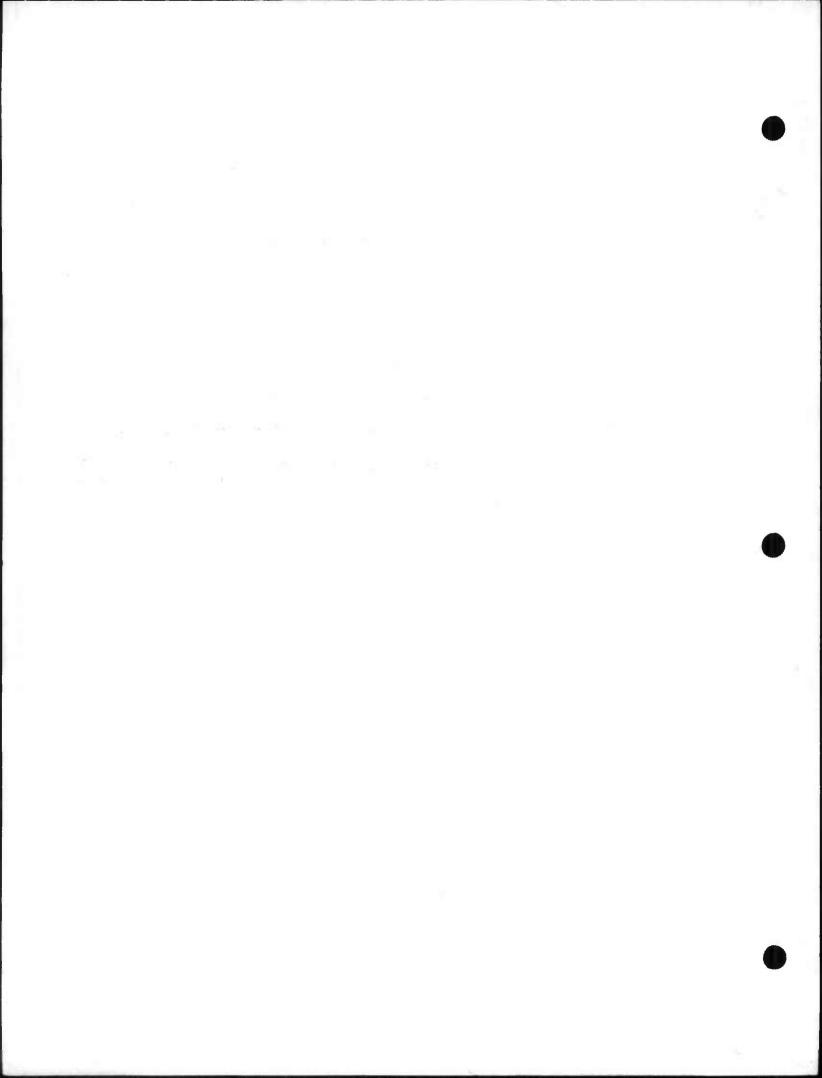
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1993 YEAR April 21 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Yea 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS None 1 X M 2 F 0 April 21,1993 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Mitchellville 1 X YES 2 | NO permit FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? within 24 hours after death. Page 6 may be retained by the hospital or attending physician. inletely filled in by the funeral director, page 5 should be detached for use as the burial-transit in 1606 Doral Avenue 20721 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. ## yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) None Infant None 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) 10 Melvin Petty BE Sandra Gunn notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Melvin Petty (father) 1606 Doral Drive, Mitchellville, Maryland 20721 pe 20e. METNOD OF DISPOSITION

(XX) Surial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must National Harmony Memorial Park Landover, MAryland 4 Donation 5 Other (Specify) the medical examiner 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Reginal georgia av 3831 er 017 the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition event, resulting in death) executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate death certificate be cause, Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. that the MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the THE STATE AVAILABLE PRIOR TO COMPLETION OF CAUSE amy 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires OF DEATH? Shows 1 - YES 2 NO has been Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) tem State certificate HOSPITAL: OTHER: 1 TYES 2 NO lent 2 - ER/Outpetlent 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 9 the 27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO with 28 is marked, this 1 Natural 5 Pending Investigation 1 YES 2 NO BY THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City.oc., Town, State) 5 Could not be determined COMPLETED 4 Nomicide Hem 29a. CERTIFIER (Check only 1) CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CHRISTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 93 LOJ 21 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) STEVEN P. WYNOR MO HUCROLL 16SP. 1500 FROJT Colon RA SIL SPRIM MD LOSO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Pandelle 1993 MAY 1



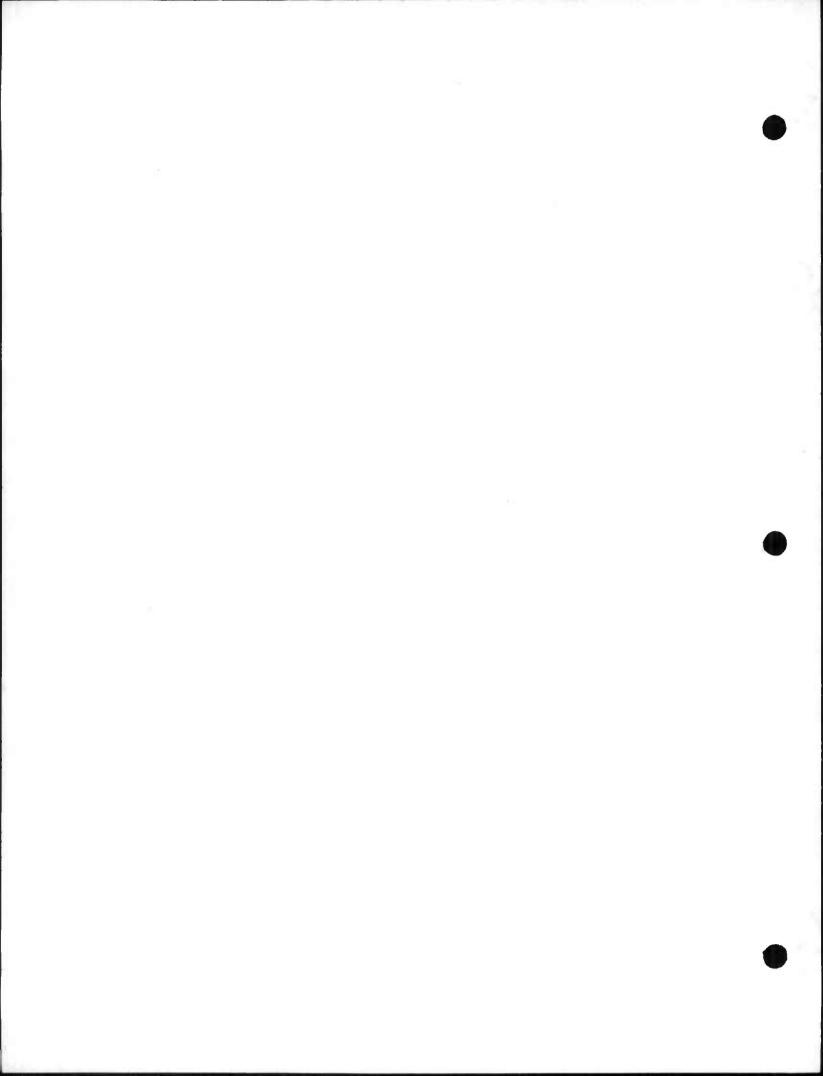


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REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Angelina M Petruzzo May 11 1993 2:03 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year NOV 30 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Penna. 1 - M 2 - X DAYS HOURS YRS 1908 201-28-0358 84 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Poctors Community Hospital Lanham Prince George 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Lafayette Hill 10d. INSIDE CITY PA Montgomery 1 X YES 2 NO detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? # C-3 19444 U.S.A. 4003 Westway Dr. nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BΥ 3 X Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) Seamstress 8 Amalgamated Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter D'Amato Maria Forte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

23 shows any Injury, or other traumatic event, the medical examiner must be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Marie Harter 4027 S. Warner Road, Lafayette Hill, PA 19444 METHED OF DISPOSITE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Holy Sepulchre Cemetery 5-15-93 mation 5 C Oth (Specify) Cheltenham, Penn. AL SERVICE 22. NAME AND ADDRESS OF FACILITY Rendon/Hale Lanham Funeral Home 9013 Annapolis Rd. Lanham Maryland 20706 23. PART L Enter the disees s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ardiac arrest resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO L DIRECTOR: After this certificate has 2 hours after death with the State De f flem 28 is marked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER2-1 VES 2 NO OTHER: 1 Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide BE COMPLETED 6 Could not be determined 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a MPORTANT: If Item 2 29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, D3394 MD 9 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)

RO MOD DUGGAL MD 4 Doctors Commile 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall MAY 1 3 1993



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× vous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit public filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

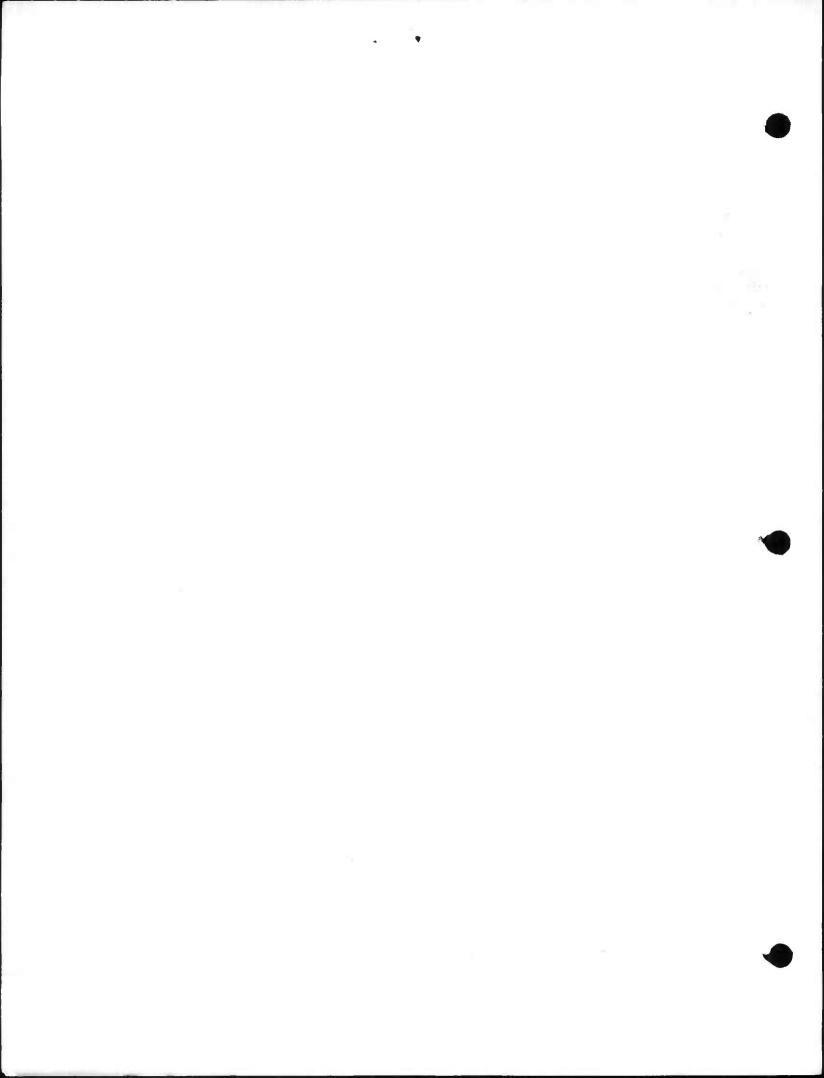
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

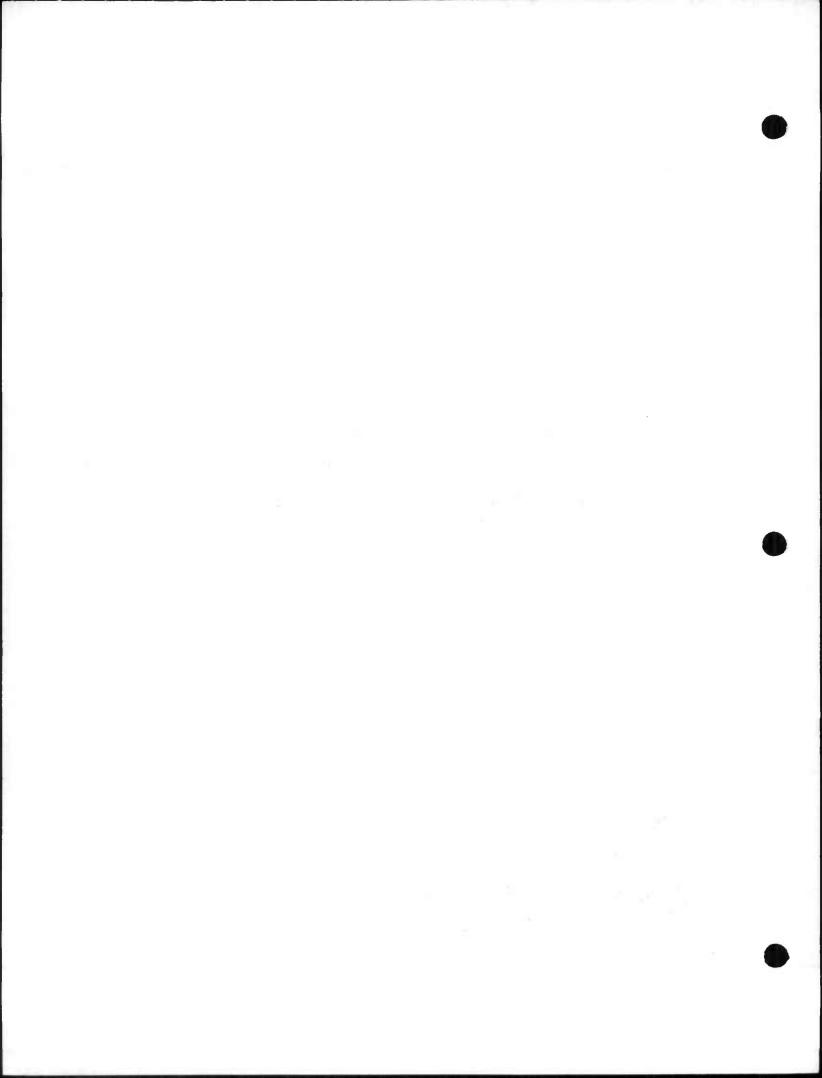
FOR

	1 - STATE REGISTRAR	OHATE OF I	CE		ICATE				MENIAL HI	G. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
. (JOHN	7	YATES		QUE	EEN,	JR		MAY	26	5,199	YEAR	9:00	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BI	RTH	,	8. BIRTH	IPLACE (State or	Foreign	
	217-36-5554	1 M 2 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 1	0 .	1928	MAR	y) RYLAND		
	9a. FACILITY NAME (If not institution, give s	treet and number)		***	9b. CITY,	TOWN C	OR LOCATE	ON OF OR				NTY OF D	EATH		
Ю	PHYSICIANS MEMORI	AL HOSPI	TAL		LA	PLAT	ľA				CHAR	RLES			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Miles Market Control	(100,H)	100 017	Y, TOWN O						Cinii	LDDO			
DIRECTOR	MARYLAND ST.			ARLOT								LIMITS?			
	10e. STREET AND NUMBER		CIL	ARLUI		ZIP CODE				10- 017	TEN OF Y				
FUNERAL	P.O. BOX #162 / F	OUTE 5 N	EM MARKE	ידי		1.01	2062								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ver or Mo.) 14. PACE A.									- American Inc	dlen				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		0	l H	f yes, sp	2 X NO	n, Mexica	n, Puerto Rican,	etc.)		Black	k, White, atc.		
	15. DECEDENT'S EDUCATION 16. DECEDENT'S LIGHTLY OCCUPATION 15. DECEDENT'S LIGHTLY OCCUPATION														
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 a	(Gh	ve kind of	work done d se retired.)	turing mo	st of workin	g	TOOL KIND	OF BUS	NIME 22/INT	лоэтнт			
립	5TH GRADE	NONE		MER					FAR	MINO	7				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	ER'S NA	ME (First, Middle,	Maiden	Surname)				
BE (JOHN YATES QUEEN,	SR.					CAR	RIE	BAKER	QUEE	EN				
2	19e. INFORMANT'S NAME (Type/Print)								Route Number, Cit						
-1	MARY E. QUEEN		Ρ.	O. E	BOX #:	162	CHAR	LOTI	E HALL	, MA	RYLA	ND	20622		
	20a METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Reme	oval from State	20b. PLACE A cametery, cren	ND DATE	oF OISPOSI	TION /Na	me of		OATE	20c. LO	CATION —	City or To	wn, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	ewsee /	ST. M	LARY.	S CHI	URCE	D ADDRES	ETER	RY 6/1/	93 N	NEWPO	RT,	MARYLAN	ND .	
Ì	LIDIA C. THOR	NTON JOH	NSON	21	J					OME.	POM	ONKE	Y. MARY	T.AND	
	23. PART i. Enter tha diseeses, or o	omplications that	t caused the das	ith. Do i	not enter t	tha mo	da of dyi	ng, sucl	h sa cardiac o	r reapi	ratory an	rest,			
	ahock, or heart fellure. I	List only one cau	se on each line.	\ \			0								
	diseese or condition resulting in death)	m 0	mil	~	In	· ·									
	DUE TO (OR AS A CONSECUENCE OF)											20			
NO N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events. Due to (or as A consequence of): Due to (or as A consequence of): Due to (or as A consequence of):										<u> </u>				
CERTIFICATION															
띮	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	F):	YV	2 mr	him	mob	spratu					
F	resulting in daeth) LAST														
	PART ii Other significant condition	a good-thuiles to	do ath has a sa	101											
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	deeth but not re	eaulting	in the unc	derlying	ceuse g	iven in		WAS AN	AUTOPSY MEO?	24b.	AMAILABLE PRIOR	OT F	
ă								_	1 🗆	YES 2	□ NO		OF OEATH?	CAUSE	
X									_				1 - YES 2 -	NO	
NA I	25. WAS CASE REFERRED TO MEDICAL					30 PH	ACE OF O	ATM 405							
띯	EXAMINER?	HOSPITAL:	FR/Outpetlant 3 (DO4	OTHER	:			ock only one)						
Ě	27. MANNER OF OEATH	28e. OATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	Haence	8 Other (Spec		JURY OC	CURED	10d. INSIDE CITY LIMITS? 1 YES 2 NO ROF WHAT COUNTRY? D STATES RACE — American Indian, Black, Whita, atc. Specify: BLACK ITY D 20622 Or Town, State C, MARYLAND NKEY, MARYLAND NKEY, MARYLAND 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Rural Route Number,		
ВУР	1 Natural 5 Pending 2 Accident Investigation	ay, Year)	INJ	URY	1 Y	RK? ES 2	NO								
	3 Suicide 6 Could not be	F INJURY — At horn atc. (Specify)	ne, farm, i	street, facto	ry, office			281, LOCATION	(Street a	nd Number	or Rural R	loute Number,			
	4 Homicide determined				City or Town, State)										
2	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	th occum	ed at the tin	no, date	and place,	and due	to the cause(a)	and man	ner aa stat	ed.			
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pla) and manner ae	stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER		4				29c. LICE		BER		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMBIE	- 00 00 m				D-09					2.5			
	CHINMOY BANERJEE		E OF DEATH (ITEM	27) (Туре,	TT	340 LDO	PEMI RF. 1	BROO!	KE SQUA LAND 20	RE#	213	HWY :	301 SOU	TH	
	31. DATE FILED (Month, Day, Year) MAY 28 93		A'S SIGNATURE	.00			, ,			.,,,,,					
	1411 2 0 00	A COUNTY OF THE PARTY OF THE PA	Manlor												



FOR

		1 - STATE REGISTRAR	OIRIL OF MAIL			CATE O			REG. NO				
	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH			3. TIME OF DEAT	ГН	
					HARDSON, Jr.			05 05 93		93	8:20	Рм	
		4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birt	_ ``	# UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIFITN (Month, Day, Year)		Country		
		219-86-8060 9a. FACILITY NAME (If not institution, give :		32	/AS.	AL OUTY TOW			11/27/1960			ington,	D.C.
						9b. CITY, TOW					INTY OF DE		
(100)		4905 SIXES ROAD PRINCE FREDERICK CALVERT											
3		Maryland Princ	r ce George's			, TOWN OR LO						10d. INSIDE CITY LIMITS?	
Ē		100. STREET AND NUMBER	e George s		пуа	ttsvil.	10f. ZIP COD					1 YES 2 [NO
the hospital or attending physician. e detached for use as the burlat-transit permit. t once.		3707 Jefferson St	reet				20782				S.A.	HAT COUNTRY?	
		11. MARITAL STATUS	12. WAS DECEDENT EVE			13, WAS E	ECENDENT (F HISPAN	IC ORIGIN? (Specify Yea		14, RACE	— American India	en,
		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 7				specify Cuba ES 2 🔯 NO	n, Maxicar Specify	n, Puarto Rican, etc.)		Specif		
		15. DECEDENT'S EDU	ICATION	16+ DECED	ENT'S	USUAL OCCUP	TION		Lies when on nin			White	
		(Specify only highest grade Elementary/Secondary (0-12)		(Glvn k	ind of w	ork done during e retired.)	most of working	g	16b. KIND OF BUS	SINESS/INI	DUSTRY		
		12		Elect	tri	cian			Haislip	Ele	ctri	c Local	#26
		17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden	Sumame)			
should be		John Kyle Richard	lson, Sr.							odby			
5 should notified		John Kyle Richard	lson, Sr.						oute Number, City or Town			20782	
24 hours after death. Page 6 may be retained by filled in by the funeral director, page 5 should be ion, or removal.		20a. METNOD OF DISPOSITION		20b. PLACE AND	DATEC	F DISPOSITION	Name of	1000			City or Tov		
		1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Fort Li	ncc	in Cem	etery	5/	10/93 Bre				
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.											
the fun- the fun- oval.		francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781											
executed within and completely to burial, cremat matic event,		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate											
		IMMEDIATE CAUSE (Final		i aucii iiiie.		٨	0	٨	A (- 1	1	Onset and	
	NOIT	disease or condition resulting in death)	. 010Vg	S CO	0	und	00	20 W	sand(Re	54		
		OUE TO (OR AS A CONSEQUENCE OF):											
		Sequantially list conditions, if any, laeding to immediate	DUE TO (OR A	S A CONSEQUEN	ICE OF):				-			
hysicia prior	CA	CSUSE. Enter UNDERLYING CAUSE (Disease or Injury											
certifical ding phy tygiene i	PHYSICIAN: MEDICAL CERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
that the death certificate be es ed by the attending physician a h and Mental Hygiene prior to any Injury, or other traum			d,										
아 아 아 아		PART II. Other eignificent condition	e contributing to death	but not resui	ting i	n the underly	ing ceuse g	iven in i	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FIL	
									1 YES 2	□ NO		COMPLETION OF COMPLETION OF C	
w requires been signe pt. of Healt									_ '			YES 2 N	10
has be Dept.		25. WAS CASE REFERRED TO MEDICAL			_	28	PLACE OF O	FATN (Che	ck only one)				
SICIAN: The lar certificate has the State Dept 1, or Item 23	SIC	EXAMINER?	HOSPITAL:	utpatient: 3 🗆 0	OA	OTHER:			B Other (Specify)				-1
PHYSICIA this certif with the rked, or		27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28	b. TIME	OF 28c.	NJURY AT YORK?		28d. DESCRIBE HOW II	JURY OC	CURED		-
DING PHYS After this death with s marked,	BY	1 Netural 5 Pending 2 Accident investigation	5/5/93	7	: 02	2.PM 1.	YES T	NO	SUBJECT	SHO'	Т		
TTENDII TOR: Ai after de 28 Is	8	3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, etc. (S	IRY — At home, to specify)	larm, s	treet, factory, of	lice		281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,	
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma		And OFFICE TO		HOM	-				4905 SIX		ROAD		
RAL D	COMPLET	(Check only 1 CERTIFYING PNYSI	CIAN: To the best of my known. ER: On the basis of examinat										
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 is marked, or Item 23 shows.		29b. NGNATURE AND TITLE OF CERTIFIE		S. S. S. S. S. S. S. S. S. S. S. S. S. S		., try opinion	_						ated.
Fled a	H	18 mon	-locke	M			ZWC. LICE	NSE NUM				(Month, Day, Year)	
FFAS	2	O. NAME AND AGORESS OF PERSON WN	O COMPLETED CAUSE OF	DEATH (ITEM 27)	(Тура,	Print)	1 0	.C.M	L.E.	0	5/06	793	
		TLARON Locke, MAD 111 Penn Street, Baltimore, Maryland 21201											
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG									·	\neg
		MAY 1 n 1993 4	rela Davidson-D	fandall									



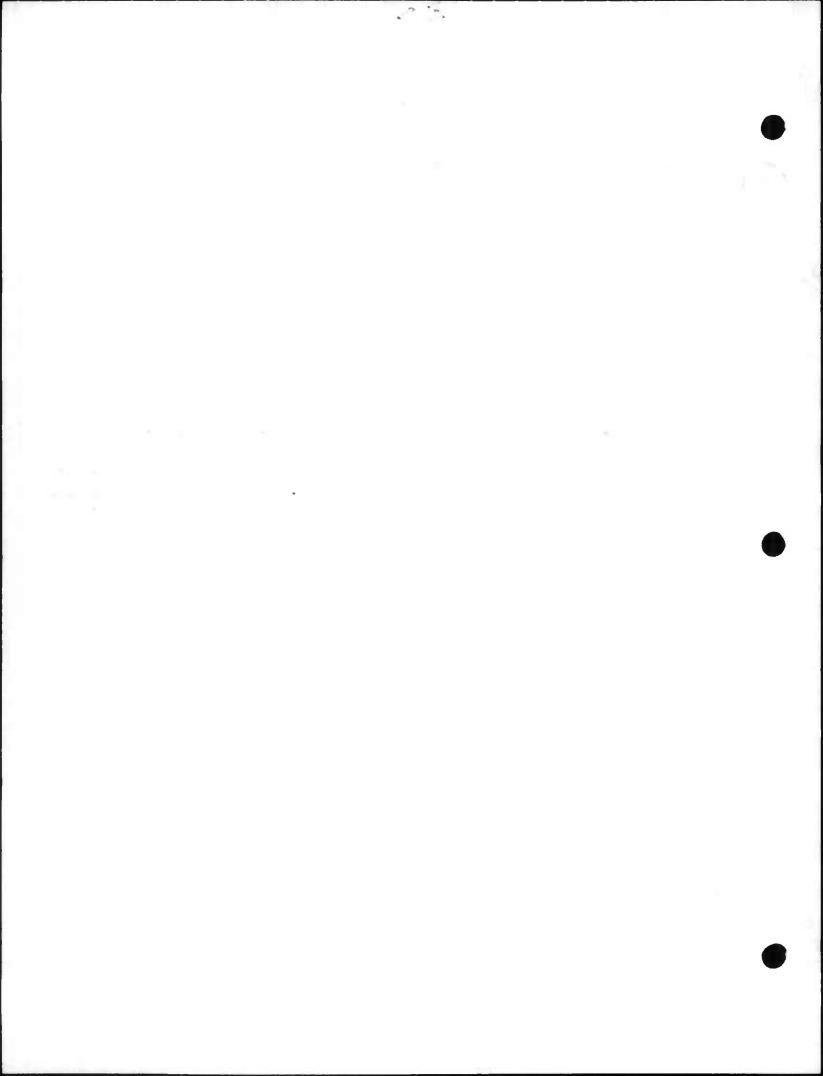
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on,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after di
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	OR
-	

)								93	10914	
		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
		1. DECEMPENT'S NAME (First, Middle, Last)	PEZ / K	atherin			2. DATE OF DEATH DA		3. TIME OF DEATH.	
		4. SOCIAL SECURITY NUMBER	1	In yrs lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morgit), Day, Year)		MRTHPLACE (State or Foreign Country)	
		Sa. FACILITY NAME (If not institution, give si	1 M 2 DE	77 YRS.	9b. CITY, TOWN O	OR LOCATION OF DE	0-4-1	Sc. COUNTY	Maryland	
	OR	LOKIEN KIVERS	IDE		BELCA			1	FOLD	
ges 1	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	-			10d. INSIDE CITY	
mit. Pa		MD HA	ARFORD	×	ococootx		ngdon		1 YES 2 NO	
nsit per	FUNERAL	502 Ramblewood I	rive		101	21009			OF WHAT COUNTRY? JSA	
physician. burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 700	If yes, sp		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
attending ise as the	ED B	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS		ite	
the hospital or detached for u	COMPLET	(Specify only highest grade Elementary/Secondary (0-12)		work done during mo se retired.)	50 241741 - 1,44.0	Home				
		17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Malden S						
should be notified at) BE							(e)		
2 8 0	5	Richard D. Reel 502 Ramblewood Drive, Abingdon, Md. 21009								
tuneral director, page xaminer must be		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State								
death. Page tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AF	D ADDRESS OF FA				
ther dea the fur oval.		HOUMED 19	Mr Cox	URST	W 1317	Cokesbur	y Road, Ab	ingdon	Md. 21009	
within 24 hours after death. Page 6 may ippetely filled in by the funeral director, pa cremation, or removal.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carchino Vasuul a racci Dewth								
D 2 - 2	N	immediate cause (Finel disease or condition resulting in death) Cerebro Vasua - accident Due to (Dr. As a consequence of): Recurrent aspiration preum.								
ate be executing spicial and control prior to burial traumatic	CATIC	If any, leading to immediate cause. Enter UNDERLYING								
certification of the control of the	ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF):								
	IL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
w requires that the consigned by the pt. of Health and Me shows any injury.	EDICAL						PERFOR	10	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law requires as been sign bept. of Hea 23 shows	AN: ME								1 TYES 2 THO	
SICIAN: The law ricertificate has be to the State Dept. d, or item 23 s	ᄗᆘ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO	HOSPITAL:		QTHER:	ACE OF DEATH (Ch				
HYSICIAN this certifi with the ted, or	PHYSI	ANNUAL CONTROL OF THE STATE OF						her (Specify) ESCRIBE HOW INJURY OCCURED		
DING PHYS After this death with	ВУ	1 Natural 5 Pending Investigation			M 1 🗆 1	YES 2 NO				
TTEN CTOR: after	ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)			
世 弘 な 世	COMPL	29s. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
물물물	BE CC	286. SIGNATURE AND TITLE OF CENTRES	0 / 1			29c. LICENSE NUN			Month, Day, Year)	
2 6 8 ₹	유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	THEFT OF CE	been	200	- 1	-3/2	0[7	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AFTEM 27) (Byps. Print)

32 MENISTRAT'S SIGNATURE STORE OF

31. DATE FILED (Month, Pay, Year)



50, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit semation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permote filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MAY 26 '93

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTMI	TE OF	HEALTH AND	MENT	AL HYGIEN REG. NO		3	16915
	1. DECEDENT'S NAME (First, Middle, Last						2. DAT MON 0.5			YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	t birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH		~ ~	4:00 MCE (State or Foreign
	244-16-2292	1 M 2 V F		YRS. MONT		HOURS MIN.	(Mor	nth, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give	At .	/3		CITY, TOWN	OR LOCATION OF		02	9c. COUNT		Carolina
DIRECTOR	ST. AGNES HOS	PITAL			BAL'	TIMORE					
E I	10e. STATE 10b. COUN	TY		10c. CITY, TOY	VN OR LOCA	TION				10/	d. INSIDE CITY
	Maryland Howa	rd		Ellic	ott C	ity					LIMITS?
FUNERAL	10e. STREET AND NUMBER				10	t. ZIP CODE	,		10g. CITIZE	N OF WHAT	T COUNTRY?
W	5114 Avoca Ave.					2104:					
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1				CENDENT OF HISP secify Cuban, Max			or No-	Black, W	American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR				2 □ NO Spe		ricert, etc.)		Specify:	White
ETEO	15. DECEDENT'S ED (Specify only highest grad		(Gh	CEDENT'S USUA	one durina me	ON ost of working	16	b. KIND OF BUS	SINESS/INDUS	STRY	
ا 2	Elementary/Secondery (0-12)	College (1-4 or 5+)	me.	Do NOT use retin	-						
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	IAME (First,	Middle, Maiden	Sumame)		
BE	Robert Nowlin					Berc:					
2	190. INFORMANT'S NAME (Type/Print) Mr. Ben Bailey			L1618 E		Green		nber, City or Town			35
	20a, METHOD OF DISPOSITION			ND DATE OF DIS			_				
	1 Buriel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)				Cenete	ry 5/	27 G	CATION — CII BTT180	110	rest Md.	
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	/			ND ADDRESS OF			Home	Inc.	
	Harry H	Wilst	20		4112	Old Co	Lumbi	a Pike	Ellic	ott	City
	DO DART L C.A. A. A.										
1	23. PART I. Enter the diseases, or shock, or hasrt fellura.	complications/that can be cause	aused the dea	ith. Do not er	nter the mo					t,	Approximata
	iMMEDIATE CAUSE (Fine)	. List only one cause	on each lina.							t,	
	snock, or hasrt fellura	. List only one cause	on each line.							t,	Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition	COROL	on each lina.	IROMBOS						t,	Approximata interval Between Onset and Death
NO	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e. COROI DUE TO (OR ATHEI	NARY TH	IROMBOS DUENCE OF):						t,	Approximata interval Between Onset and Death
ATION	immediate Cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. COROI DUE TO (OR ATHEI	NARY TH	IROMBOS DUENCE OF):						f,	Approximata interval Between Onset and Death
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AL CE	immediate Cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. COROI DUE TO (OR DUE TO (OR C. DUE TO (OR d	ON EACH IIIIA. NARY THE R AS A CONSECUTION OF THE R AS A CONSECUTION	HROMBOS UENCE OF): COSIS UENCE OF): UENCE OF):	IS	de of dying, au	ich as csi	24s. WAS AN. PERFOR	AUTOPSY MED?	24b. WEI	Approximate interval Between Onset and Death 1 day years
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the hospita	detached	vs any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / D	EPARTMI	NT OF	HEALTH AND			9	3	1691	6
	1. DECEDENT'S NAME (First, Middle, Last)		CEI	RITIFICA	ILE OF	DEATH	2. DATE OF	REG. NO.				
	LEO	NELSO	N R	OBISON	V		MONTH	DA		EAR	. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last b	irthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	19 BIRTN		BIRTHPL	10:30A	ion
	220 - 01 - 4412	1 💢 M 2 🗆 F	71	YRS. MONT	HS DAYS	HOURS MIN.	Oct 7	19 Year)	21	Country)	land	9
	9a. FACILITY NAME (If not institution, give st	reet and number)	EATN	,	9c. COUNT							
OR	19 WELSHS C	OURT				LAUREL			ANNI	EAF	RUNDEL	
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	1.	IOc. CITY, TOV	MI OB LOCA	TION				- 1		
BY FUNERAL DIRECTOR		Arundel		Laure		IIION					DI. INSIDE CITY LIMITS? YES 2 1 N	0
AL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZE		AT COUNTRY?	_
KER	19 Welsh's Traile	r Park				20724			J	JS.A.		
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARME S 2 NO	D	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (S	pecify Yes	or No- 14	RACE -	- American Indian, White, etc.	,
BY	3 🔀 Widowed 4 🗌 Divorced	World War	DATES			3 2 NO Specif		11, 616.7		Specify:		
	15. DECEDENT'S EDUC	CATION	16a DECE	DENT'S USUA	L OCCUPATI	ON	16h KIN	IN OF BUS	INESS/INDUS		hite	
Ę	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work do NOT use retin	one during m ed.)	ost of working	Too. Kill	or Bos	INC33/IND03	1111		
MPL	Grade 12		Sta	tion (Clerk		Wa	shin	gton I	ermi	inal Co.	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Walter S. Robison					Mildre	ME (First, Middle ed Nels		Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, N	AILING ADD	RESS (Street	and Number or Rural	Route Number, (City or Town	, State, Zip Co	ode)		_
-	Mildred Brooks			2 Trip	ole Cr	own Cour	t, Bal	timo	re, Ma	ryla	and 2124	4
	20e. METHOD OF DISPOSITION 1 Burlet 2 N Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metro Crematory, Inc. 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Metro Crematory, Inc. DATE 20c. LOCATION - City or Town, State 5/20 Catonsville, Maryland											
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE					Inc. ND ADDRESS OF FA	5/20	Cat	onsvil	le,	Marylan	<u>d</u>
	· White	- Colfe			Dona1	dson Fun	eral H	ome,	P.A.	land	1 20707	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.											
- 1	IMMEDIATE CAUSE (Final	and only one cause on	each line.								Onset and C	
	disease or condition resulting in death)	Arteriosc			ardi	ovascul	ar Di	seas	e			
		OUE TO (OR AS	A CONSEQUE	INCE OF):								
ō	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUE	NCE OF):							-	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										İ	
ERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NCE OF):								
CER	resolding in death) CAST	l										
	PART II. Other significant conditions	contributing to death	but not resu	uiting in the	underlyin	g cause given in	Part I. 24s	. WAS AN	WTOPSY	24b. W	ERE AUTOPSY FIND	INGS
S							11	PERFORI		Al Ci	MILABLE PRIOR TO OMPLETION OF CAU	
MEDICAL								NOUI			F DEATH? YES 2 NO	
ž							_ 1	NOOI	. 1\ 1	2	€ .50 5 1 10	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0.71		LACE OF DEATH (Ch	eck only one)					
YSI	1 M YES 2 □ NO	1 Inputient 2 ER/Out 28a. OATE OF INJURY		DOA 4 .	Nursing Hon	ne 5 Rasidenca	6 Other (Sp	ecify)				
ВУ РН	27. MANNER OF OEATN XXNatural 5 Pending 2 Accident Investigation	2	8b. TIME OF INJURY		URY AT ORK? YES 2 NO	28d. DESCRIE	28d. DESCRIBE NOW INJURY OCCUREO					
COMPLETED	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)						281. LOCATIO City or To	N (Street al wri, State)	nd Number or	Rurel Rou	e Number,	
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death	occurred at ti	ne time, date	and place, and due	10 the cause(s) and man	ner as stated.			
MO		R: On the basis of examinati								ause(s) a	nd manner es state	ed.
BE C	294 SIGNATURE AND TITLE OF CERTIFIER	1 60				29c. LICENSE NUI	MBER		29d, DATE S	IGNEO (M	onth, Day, Year)	_
6	I A BAIDA III	VI MALL							h =		10	100

OCME

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

J.LARON LOCKE M.D. Penn Street, Baltimore, Maryland 31. DATE FILED (Month, Day, Year)
MAY 2 4 '93

2

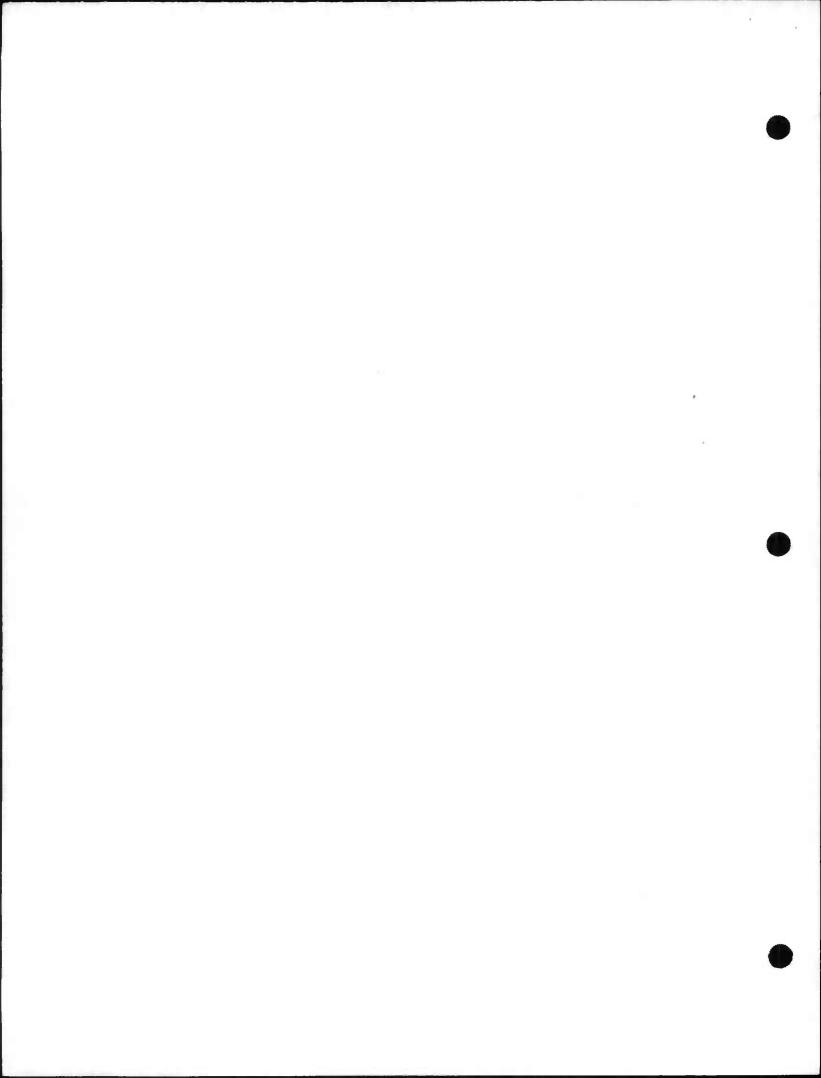
32. REGISTRAR'S SIGNATURE

21201

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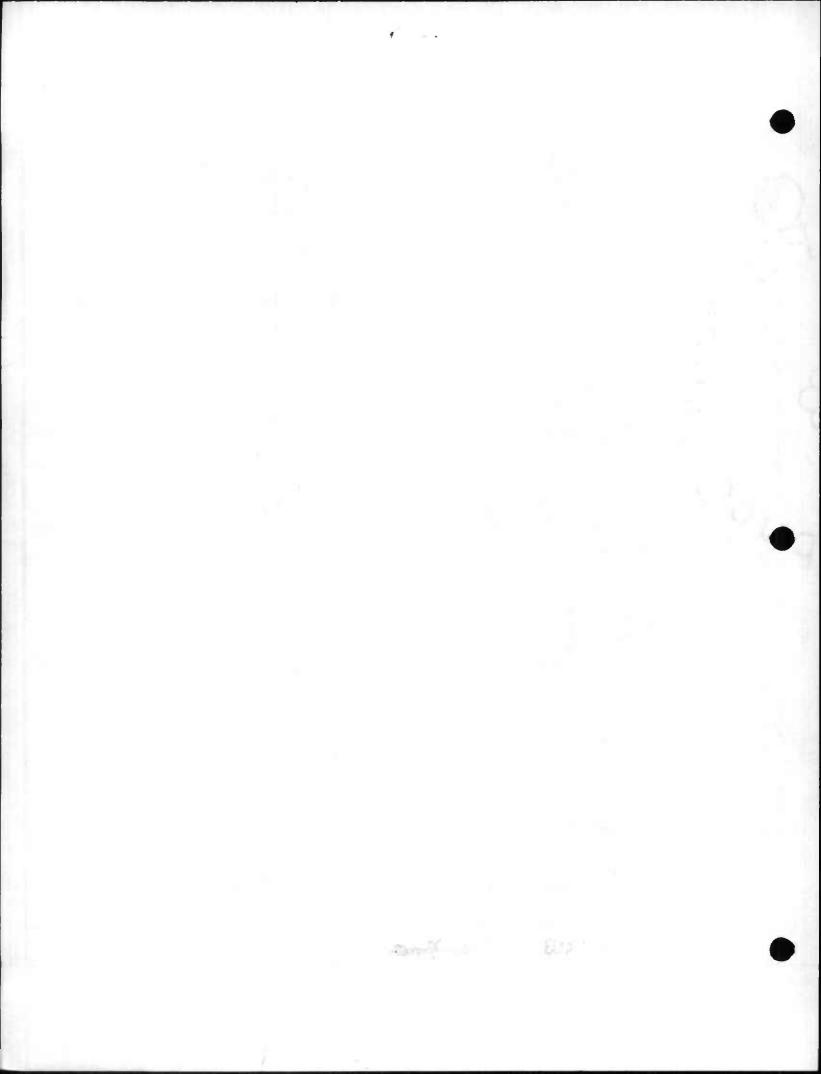
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	1. DECEDENT'S NAME (First		7 01	_						2. DATE OF		YEA	3. TIME OF DEATH	
			Jean Rig								15-20°-	93	1:30 p	
8	4. SOCIAL SECURITY NUME 213-24-5271		5. SEX	6. AGE (In yrs	. lest birthday) YRS.	IF UNDE MONTHS	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF I (Month, De 01-0		8. Bi	IRTHPLACE (State or Foreign punitry) WV	
	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN					c. COUNTY C			
DIRECTOR	Star Route		56A			Kitzmiller					Gar	irett		
EC	10a. STATE	10b. COUNT	Υ		10c, CI	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY	
PI	MD	G	arrett			Kit	zmil	ler					LIMITS?	
A	10s. STREET AND NUMBER						10	1. ZIP COD			1	0g. CITIZEN (OF WHAT COUNTRY?	
FUNERAL	Star Rou	te, Bo	x 56A					2	1538				USA	
J.	11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEOEN	TEVER IN U.S.	ARMED	13.				IIC ORIGIN? (S		No- 14. F	RACE American Indian, Black, White, atc.	
B≺	3 Widowed 4 Dive		IF YES, GIVE Y	WAR OR DATES			1 TYES	2 X NO	Specify	<i>i</i> :	1, 010.7		specify: White	
ED		EDENT'S EDU		16a.	DECEDENT	USUAL C	CCUPATI	ON		16b. KIN	ND OF BUSINE			
COMPLETED	Elementary/Secondary (0		College (1-4 or 6	+)	(Give kind of life. Do NOT u	work done use retired.)	during me	ost of work	ing					
MP	UNK				Domes	tic					House	wife		
	17. FATHER'S NAME (First, M							16. MOT		ME (First, Midd .N.O.WN.	fle, Maiden Sun	mame)		
BE	Thomas C.		-		405 MAN 1111	0 100050				Poute Number, (
2	Bonnie R	igglen								ler, N)	
	20g. METHOD OF DISPOSIT 129 Burlel 2 Crematic 4 Donation 5 Other	TON on 3 □ Rem (Specify)	oval from State	accorden.	CE AND OATE					DATE /23/93	20c. LOCAT		or Town, State	
	21. SIGNATURE OF FUNERA				mor c	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	David A. Burdock Funeral Home P. O. Box 523, Kitzmiller, MD 21538 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
	shock, or himmediate CAUSE (Fir disease or condition resulting in death)	eart feilure.	List only one cat	MYOCA	line.								Approximate Interval Between Onset and Death IMMEDIATE	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST B. ASHD DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
	PART ii. Other significa	ont condition	e contributing to	death but a		in the co			-11					
MEDICAL					or resulting				PERFORME YES 2	07	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
2	25. WAS CASE REFERRED TO EXAMINER?	O MECICAL	HOSPITAL:			OTHE		LACE OF E	DEATH (Che	ock only one)				
PHYSICIAN:	1 TES 2 NO		1 - Inpatient 2		-	4 🗆 Nu	rsing Hon	_	asidence	6 Other (Sp	pecify)			
ВУ РН		Pending Investigation	26a. DATE OF (Month, D		26b. TIR	ME OF JURY M	WC	IURY AT ORK? YES 2 [] NO	28d. DESCRI	BE HOW INJU	RY OCCURED		
		Could not be determined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fec	tory, offic	•			ON (Street and own, State)	Number or Ru	ral Route Number,	
COMPLETED			CIAN: To the best of										se(s) and manner as stated.	
BE CC	250. SIGNATURE AND TITLE						ENSE NUM			d. DATE SIGN				
2	30. NAME AND ADDRESS OF	DESENSON MH	O COMPLETEO CAUS	SE OF DEATH (TEM 27) (1/pe	o, Print)	-		715	33	5	7	121193	
	31. DATE FILED (MONTH, Day, Year) 32. BEGISTRAR'S SIGNATURE													
0	MAY 2	1 199	3 Julia d	aridon-	Poplar	5								



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hydriene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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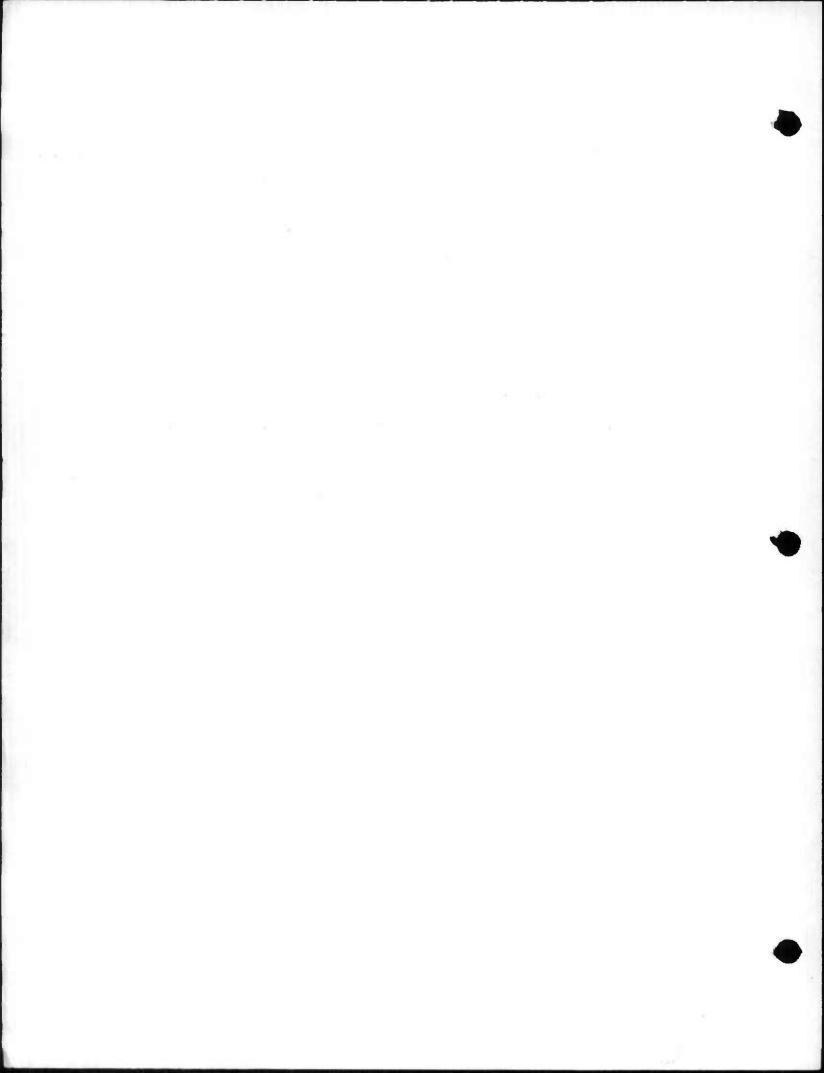
	1 - FOR STATE OF MAR	YLAND / DEPAR CERTIFI	TMENT OF H				3 16918			
	1. DECEDENT'S NAME (First, Middle, Lest) RAYMOND W	Rhot		DEATT	2. DATE OF DEATH MONTH	AY YE	3. TIME OF DEATH 3 20 27 P. Mal			
65	9- FACILITY NAME (If not institution, give street end number)	VAGE (In yrs. last birthday) 72 YRS.		F UNDER 24 HRS. HOURS MIN. DR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year)	0. [
DIRECTOR	WESTMINSTEN NUTSING		, TOWH OR LOCAT	WSter		Val	I 10d. INSIDE CITY			
	Md Carroll 100. STREET AND NUMBER					1 40- CITIZEN	1 VES 2 NO			
FUNERAL	810 Gist Rd			211!		USA				
Β¥	1 Never Married 2 Merried FDRCES? 1 TO STANDARD	If yes, spi 1 TYES	2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S ((Give kind of w life. Do NOT use Audito	ork done during mo retired.)	ON st of working	St.	of Md				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Raymond E. Rhoten			18. MOTHER'S NA	ME (First, Middle, Meiden Heagy	Surneme)				
TO B	Gwen Rhoten Welty	19b. MAILING 815	ADDRESS (Street e	nd Number or Rural	Aoute Number City or Tow tminster	n, State, Zip Cod	1157			
	20s. METHOD OF DISPOSITION 1.M. Burle; 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Commence o									
	21. SIGNATURE OF FUNERAL) SERVICE LICENSEE	2	412	Washin	_	Westm	ninster,Md			
	23. PART (Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):									
MEDICAL	PART ii. Other algnificant conditions contributing to leet	h but not resulting in	alselu	ceuse given to	Part . 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 24 40			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VOO 1 Inpetient 2 VER/	Outpatient 3 DOA	OTHER:	ACE OF OEATH (Ch	6 Other (Specify)					
у РНУ	27. MANNER OF DEATH 1 Partural 5 Pending 28e. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME	OF 26c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURE	D			
ETED BY	3 Suicide 28e. PLACE OF INJ	2 Accident Suicide 6 Could not be building, stc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	29e. CERTIFIER (Check only one) 1 PHYSICIAN: To the best of my to one) 2 MEDICAL EXAMINER: On the best of examiner						use(s) end menner ee stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M.D.			29c. LICENSE NUN	915	29d, DATE SIG	NEO (Month) Day, Year) 25/93			
	30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF FREITH 542	DEATH (ITEM 27) (Type, I		1 cu	est ruce	tes 1	1021157			
	31. DATE FILED (Monty, Day, Year) MAY 2 5 93 32. REGISTRAR'S S	IGNATURE								

and the same of th

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted within	nd completely burial, cremat	atic event,
BOX 1	icate be ext	ohysician an	er trauma
P.O.	eath certif	attending Ital Hygier	y, or oth
RDS,	hat the de	and Mer	ny Injur
SECO!	requires t	een signer of Health	shows a
TAL F	: The law	tate Dept.	tem 23
FV	SICIAN	certific th the S	d, or i
ON	NG PH	fter this eath wil	marke
1510	ATTENDI	CTOR: A	28 ls
2	AL DR	AL DIRE	If Item
	HOSPIT	FUNERA within 7	TANT
	TO THE	TO THE	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E	93 16919
	1. DECEDENT'S NAME (First, Middle, Last)	Hepry G	eorge I	Rappolt		2. DATE OF DEATH DO NOT 14	.93/	3. TIME OF DEATH 7:45PMp M
	4. SOCIAL SECURITY NUMBER -578-18-6310	6. SEX 6. AGE (III		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH () (Aporting Pays, 1949) O 4 - 14 -	09 Was	STITUTED D.C.
OR		ursing Home	9	B. CITY, TOWN O	DR LOCATION OF OI	linton	90 001	Prince George's
5	RESIDENCE OF DECEDENT		400 CITY	TOWN OR LOCAT	TON		•	10d. INSIDE CITY
DIRECTOR	Maryland	George's			Ft.	Washington		LIMITS? 1 YES 2 XNO
FUNERAL	3916 Oaklawn 1	Road	Dad 101. ZIP CODE 20744				USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. White Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College [1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mo		16b. KIND OF BU	SINESS/INOUST	RY
7	12th	N/A	Machini	ist		Navv	Depart	ment
ON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden		
BE C	John Paul Rappo	olt, Sr.			He1	en Gertrud	e Ernes	st
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Route Number, City or Tow		
2	Peggy E. Rappo	olt	3916	Oaklaw	n Road F	t. Washing	ton, Mo	1 20744
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	20b.	PLACE OF DISPOSIT	TION (Name of ce	metery, cremetory or	20c. LO	CATION — City	or Town, State
	4 Donation S Other (Specify)		Lee Cre				inton.	Maryland
	21. SIGNATURE OF BUNERAL BERVICE LI	DENSEE		22. NAME A	ND ADDRESS OF FA	CILITY Lee Fu	neral H	lome, Inc.
	Voust 15	ret DAT		6633	Old Ale	xander Fer	ry Rd (Clinton, Md207
- 1	23. PART i. Enter the diseeses, or	complications that caused	the death. Do no	t sater the mo	de of dying, suc	h se cerdisc or resp	iratory arrest,	Approximate
	shock, or heart feilure. IMMEDIATE CAUSE (Finsi	List only one cause on ec	ech line.					Interval Between Onset and Death
	disease or condition rasulting in death)	DUE TO JOR AS A CONSCIUENCE OF:						minutes
NO	Sequentially list conditions,		CONSEQUENCE OF:	apic a	may &	ezib trac	akc	Seas
FICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events					& Senile 1	Dem Early a	mmas
CERTIFICATION	resulting in deeth) LAST	a. derenic			01 4	av-emia		numbs
AL	PART II. Other significent condition	The second second			V-YM	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC	Recurrent conq		10110 C			SEATING YES	z ∰NO	OF DEATH?
Σ	ochory poorts	swidism, un	enua d	Recu	Ment W	mar		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Episode d	VELLE HE	MINAS	LACE OF DEATH (C)	s ofters		
[[[EXAMINER?	HOSPITAL:		OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME	OF 28c, IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Netural 8 Pending	(Month, Day, Year)	INJU	RY W	ORK? YES 2 NO			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, str	reet, factory, offic	00	28f. LOCATION (Street	end Number or F	Rural Route Number,
Ä	4 Homicide determined	building, etc. (Spec	агу)			City or Town, State	,	
COMPLETED	29e. CERTIFIER (Check only one) 29 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29 (CHOCK only one) 2 (MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	in .			29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)
0	Peter w. 4	UNL M.D.			D 128	384.	> 5-	14/93
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				
	PETER U. Jim, M.D.	7900 old Bra	iach are.	Sait 1	ol. Oli	nton mar	grales	20735
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					
1	MAY 1 8 1993	Alia Davidson	Manaeas					

DHMH-15 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO	D.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
WILDA REIM	AN				May 11,	1993	YEAR	1:38 p
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIFTH		S. BIRTI	HPLACE (State or Foreign
215-36-4768	1 🗌 M 2 💢 F	82 YRS.	MONTHS DA	YS HOURS MIN.	07/09/11	910	Count	igers, NY
9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATION OF D			NTY OF D	
Doctors Community	Hoopital			ham				Georges
RESIDENCE OF DECEDENT	nospitai		Lan			1 1 1 1	nce	Georges
10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR L	OCATION		-		10d. INSIDE CITY LIMITS?
Maryland Prince	George's	1	Hyatts	ville				1 X YES 2 NO
10s. STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?
2014 Rittenhouse	Street			20782		Ιυ.	S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Y	es or No—	14. RACI	E — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	If ye	s, specify Cuban, Maxico YES 2 NO Specif	in, Puerlo Rican, atc.)		Spec	k, White, etc.
3 Widowed 4 📝 Divorced								White
15. DECEDENT'S EDUCA (Specify only highest grade of	(TION omoleted)	16a. DECEDENT'S		PATION g most of working	16b. KIND OF B	USINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT L	ise retired.)	g most or working	1			
12		Secret	ary		Marylar	nd Un	iver	sity
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maide	n Sumame)		
Frank Mayerhoffe	r Slaughter			Honol	ulu Scheib)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (St	reet and Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
Judy L. Atteberr	У	421 F	Belle 1	sle Avenue	e, Belleair	Bead	ch,	FL 34635
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov	ml from State	b. PLACE AND DATE	OF DISPOSITIO	N (Name of	OATE 20c. L	OCATION -	City or To	own, State
4 Donation 5 Other (Specify)	ar from state	etropoli	tan Cr	ematory 5	/13/93 Ale	xand	ria.	Virginia
21. SIGNATURE OF FUHERAL SERVICE LICE	NSEE	/	22. NAN	E AND ADDRESS OF FA	CILITY			
17/ D. 7	1	1. /						lome, P.A.
22 PADT i Enter the diseases on an	ee 10	asen	473	9 Baltimor	e Avenue	, Hya	ittsv	ille, MD
23. PART i. Enter tha diseases, or co shock, or haart fallure. Li	at only one cause on	ach iina.	not enter tha	mode of dying, suc	th as cardiac or res	piratory an	rest,	Approximata interval Between
IMMEDIATE CAUSE (Finel	4							Onset and Deati
disease or condition resulting in death) a.	A CUTE RE	SPIRATORY	(FATLE	UKG .				
			,.					
Sequentially list conditions, b.	ACCETT A DUE TO OR AS	SPIRATION	N PNEW	manch				
If any, leading to immediate cause. Enter UNDERLYING				\				
CAUSE (Disease or Injury C.	LONGLEST	A CONSEQUENCE O	RT PATO	UNE				
that initiated eventa resulting in death) LAST	OUE TO (OH AS	A CONSEQUENCE O	NF):	,				
d.								
PART II. Other significant conditions	contributing to death	but not resulting	In the under	lying cause given in	Pert I. 24a. WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
				TO SECURITION OF THE PARTY OF T	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 NO		OF DEATH?
					—			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF OEATH (Ch	eck only one)			
	Inpatient 2 ER/Out		4 - Nursing	Home 5 - Residence				
27. MANNER OF DEATN 1 ☑ Netural 5 ☐ Pending	(Month, Day, Year)	26b. TIR	JURY 280	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED	
2 Accident Investigation			M 1	YES 2 NO				
3 Suicide 6 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	streal, factory,	office	28f. LOCATION (Street City or Yown, State	and Number	or Rural F	Poute Number,
4 Homicide determined								
29a. CERTIFIER CHOCK only 1 CERTIFYING PHYSICI.	AN: To the best of my know	viedge, death occur	red at the time,	date and place, and due	to the cause(a) and me	onner aa atat	ed.	
	On the basis of examination							i) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			1111					
THE ISSUED OF TH	4	1		29c. LICENSE NUI		29d. DATI	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF C	EATH (ITEM AT) (T	Print ¹	0 1302	0 ,	7	13/9	23
HONG LTEE 3	415 Hamil	1200 St 1	ty 17 8	VINE MOZ	982		,	
MAY 1 9 1993	32. REGISTRAR'S SIGN	dson-Rand	æ	VILLE MO 2	Ú.			

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettiled at once.

31. DATE FLED

21993

						93	16921		
	1 - STATE	STATE OF MARYLAND /	DEPAF	RTMENT OF HEALTH AND I	MENTAL HYGIEN	E			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	(DURWARD THE		ICATE OF DEATH	REG. NO				
	Durward	Ruce	ODC	TRE RYCE)		o 93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign		
	577-20-9699	1×× 1 68	YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 09/09/192	Cor	ashington, DC		
n	9e. FACILITY NAME (If not institution, give a		_	9b. CITY, TOWN OR LOCATION OF DE	НТА	9c. COUNTY OF DEATH			
DIRECTOR	Greater-Laurel	1							
RE	10a. STATE 10b. COUNTY			Y, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?		
	Maryland Princ	e George's	Laı	nham-Seabrook			1 TES 2 X NO		
FUNERAL				10f. ZIP CODE		1000	F WHAT COUNTRY?		
INE	6308 93rd Place	12. WAS DECEDENT EVER IN U.S. ARI	MED	20706			S.A.		
	1 Never Married 2 Married	FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	O NED	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc.		
ВУ	3 Widowed 4 Divorced	IT TES, GIVE WAN ON DATES		1 TYES 2 X NO Specify	r:	Sp	White		
ED	15. DECEDENT'S EDU (Specify only highest grade		CEDENT'S	USUAL OCCUPATION work done during most of working se retired.)	16b. KIND OF BU	SINESS/INDUSTRY	1		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +)			. Can	~			
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	60	V t	Marketing Execut			ne Company		
	Daniel T. Ryce			9 = 193	ME (First, Middle, Meiden				
BE	19e. INFORMANT'S NAME (Type/Print)	198	MAILING	ADDRESS (Street and Number or Rural F	Wiseman				
5	Ethel M. Ryce	6		93rd Place, Lan					
	20e METHOD OF DISPOSITION 1 Method 2 Cremation 3 Rem	oval from State 20b. PLACEA	ND DATE	of DISPOSITION (Name of other place) Cemetery 5		CATION — City or			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIC		Linc	oln Cemetery 5	/20/93 Bre	entwood	, Maryland		
	Page Co I	Ball	,	22, NAME AND ADDRESS OF FA					
	23. PART I. Enter the diseases, or o	complications that caused the de-	oth Do	4739 Baltimor					
	shock, or heart failure.	List only one cause on each line.	oth. Do i	not enter the mode of dying, such	n es cardiac or reapi	iretory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	(soute (DA	ser / who	racy.	Elana	Onset and Death		
	resulting in death)	DUE TO JOH AS A CONSEQ	UENCE O	10 0	12	- 1	4		
Z	Sequentially list conditions,	arute	(10 mgalio	e Hear	of ta	elece		
13	if any, leading to immediate	DUE TO JOH AS A CONSEQ	UENCE O	17. O TO	211	1			
5	CAUSE (Disease or injury	DUE TO JOH AS A CONTROL	na	ances 100	14. 2	4			
CERTIFICATION	that initiated evente resulting in death) LAST	Dishelic	2	exhereally of	2 nece	egral	الحر		
S		00	20	haves de	Muse	Des	eche		
¥	PART II. Other significant condition	s contributing to death but not re	esutting	In the underlying cause given in	Part I. 24s. WAS AN	AUTOPSY 3	45. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
ă	Corveringe	tem !	M	regul	1 □ YES \$	XNO	OF DEATH?		
M	- Amuel	- yours			_ /		T TES 2 NO		
AN	25 MAS CASE DESCRIPTION TO MEDICAL	GARAGE	- i	3/1					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	- #	OTHER:	, , , ,				
HYS	27. MANNER OF DEATH	1 Inputient 2 ER/Outpetient 3	DOA 28b. TIM	4 Nursing Home 5 Residence E OF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	Millett occuped			
	1 Netural 5 Pending Investigation	(Month, Day, Your)		WORK?	K)/	14 OCCORED			
D BY	Suicide 6 Could not be	28e. PLACE OF INJURY — At horn building, atc. (Specify)	ne, ferme	street, factory, office	281. LOCATION (Street	and Number or Run	al Route Number,		
COMPLETED	4 Homicide determined	g. 244 (apasa))	10	1/1	City or Town," State)				
9		CIAN: To the best of my knowledge, des							
Š	one) MEDICAL EXAMINE	R: On the basis of examination end/or in	rvestigatio	n, in my opinion, death occured at the	time, data and place, an	d due to the ceus	e(s) and manner so stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1		290 LICENSE NUM	IBER	29d. DATE SIGN	ED (Month, Day, Year)		
10	/ Why May	w prop		(1)02	toxt	10	11773		
	30. NAME AND ADDRESS OF PERSON WHO	J COMPLETED CAUSE OF DEATH (ITEM	27) /T/na	Print)		7	1 /		

Se Ste

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

CHANDRA

M

Pellay

M.O.

32. REGISTHAR'S SIGNATURE Handall

5. SEX

1 M 2 T F

4. SOCIAL SECURITY NUMBER

218-13-5010

IF UNDER 1 YEAR

RICKS

6. AGE (in yrs. last birthday)
22 yrs.

DIVISION OF VITAL RECORDS.

9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN PRINCE GEORGE'S HOSPITAL CENTER DIRECTOR **CHEVERLY** RESIDENCE OF DECEDENT MARYLAND PRINCE GEORGES 10c. CITY, TOWN OR LOCATION **CHEVERLY** FUNERAL 10a, STREET AND NUMBER 10f. ZIP COOF 6519 LANDOVER RD. APT. #201 20785 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Guben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 1 X Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) NONE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname CHARLES RICKS Ħ B notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6519 LANDOVER RD. APT. #201, CHEVERLY, MD PATRICIA RICKS ag 20c. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Donation 5 Other (Specify) HARMONY CEMETERY MAY 22 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS DUBLEY FUNERAL HOME medical 23. PART I. Enter the diseases, or complications that caused the seath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition the BILATERAL BRONCHO PNEUMONIA event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CALCIFICATIONS OF MITRAL AND AORTIC VALVES traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause, Enter UNDERLYING BACTERIAL ENDOCARDITIS CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL signed by the any MYONIC tar lare shows Marbid chesita t of has be Dept. 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h the State d, or Item HOSFITAL: OTHER: 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) this cu 28c. INJURY AT WORK? marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO After 2 Accident DIRECTOR: A Pours after of Item 28 is 3 Suicide 28a. PLACE OF INJURY — At homa, tarm, street, factory, office building, etc. (Specify) 8 Could not be determined COMPLETED 4 🗌 Homicide 29e. CERTIFIER

(Chark only

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. FUNERAL | EXAMINER On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the ceuse(s) and menner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 20c. LICENSE NUMBER d D-18089 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

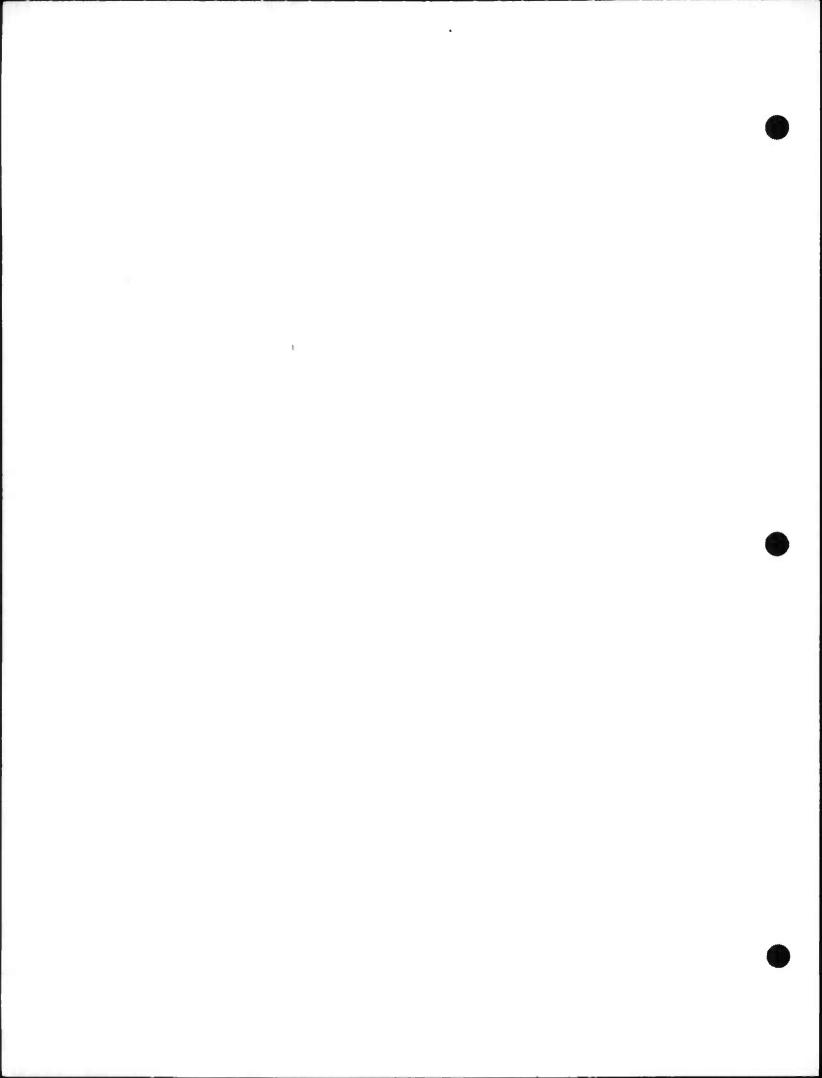
REG. NO 2. DATE OF DEATH 3. TIME OF DEATN VEAR 105H 7:45 18 93 PM IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign Month, Day, Year, 01 04 1971 VIRGINIA 9c. COUNTY OF DEATN PRINCE GEORGE'S 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, White, etc. **BLACK** 16b. KIND OF BUSINESS/INDUSTRY PATRICIA GREEN RICKS 20785 20c. LOCATION — City or Town, State 1993 LANDOVER, MD 3200 RHODE ISLAND AVE., MT. RAINIER, MD Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 NES 2 NO 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

29d. DATE SIGNEO (Month, Day, Year) 5/19/93

7521 Greenway CTR DRIVE Green belt MD

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	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	ERNES	TINE	Marie	RIST	ΓIG					05 27	AY (93	4:50 A M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. last	_	IF UNDER	1 YEAR	IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	579-60-354	2	1 🗆 M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Oct. 1,18	297	Countr	ryland
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE			INTY OF D	
8	PRINCE GEOR	GE'S H	OSPITAL	CENTER			`HFV	ERLY			PDIN	NCF C	GEORGE'S
5	RESIDENCE OF DEC	EDENT		OLITICIT							Likii	ACT G	SLONGL 3
DIRECTOR	10a. STATE	10b. COUNTY				Y, TOWN (TION					10d. INSIDE CITY
	Maryland 100, STREET AND NUMBER	Prince	e George	e's	Cn	ever							1 TYES 2 NO
M	Control of the contro	la conservation of	Desid				10	r. ZIP CODI	_		_		VHAT COUNTRY?
FUNERAL	560 4 Loc	kwood						207				.S.A	
	1 Never Married 2		FORCES?	T EVER IN U.S ARI	O		It yes, sp	pecify Cuba	n, Maxicar	IC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No-	14. RACE Black	E — American Indian, c, Whita, atc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE	WAR OR DATES			1 TYES	2 XNO	Specify			Speci	White
8	15. DEC	EDENT'S EDUC	ATION	16a. DEC	EDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BU	SINESS/INI	DUSTRY	mine
COMPLETED	Elementary/Secondary (0	highest grade (College (1-4 or 5		ne kind of v Do NOT us	work done se retired.)	during me	ost of working	ng				
P P	12		11111111	1	Home	emak	er			Own	Hom	ie	
Ö	17. FATHER'S NAME (First, M.									ME (First, Middle, Maiden			
BE	John The	eis Ott	0						Char	lotte Beck			
2	19a. INFORMANT'S NAME (7)									loute Number, City or Tox			
-	Jacqueline		eith	5	602	Lock	WOO	d Ro	1.,C	heverly,	Md.	2078!	5
	20g. METHOD OF DISPOSITI	n 3 🗌 Remo	vat from Stata	20b. PLACE A					_			City or To-	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL		- Indian	comeyery, cron	inco		_			/29/93 Br	entwo	ood,	Md.
	1/1	-		1		22.	Frar	NO ADDRES	ss of FAC Gasc	h's Sons	Fune	ral l	lome
	A Con	alan	ee 10	aser								-	Md.20781
	23. PART I. Enter the di	seasea, or co	omplications the	t coused the dea	ith. Do n	ot enter	the mo	de of dyl	ng, such	as cerdlec or resp	ratory er	rest,	Approximata
	IMMEDIATE CAUSE (Fin				_							+	Onset and Death
	disease or condition resulting in death)	+ .	S.e	bti	Ce	m	ic	γ.					740
ı			DUE TO	(OR AS A CONSEO	UENCE OF	F):							
Z	Sequentially list conditi	ons. b	Del	1401	101	10	2	,					
CERTIFICATION	If any, leading to immediates. Enter UNDERLYI	liate	/ . I	OR AS A CONSEO	UENCE OF):	_ \	110	4	on.			
윤	CAUSE (Disease or Inju- that initiated events		DUE TO	OR AS A CONSEC	UENCE OF	HL		110	1 /	,			
E	resulting in death) LAS	r () ,	Ex	1100	14	١.							j
		-			111	7							
MEDICAL	PART II. Other algnifica	nt conditions	contributing to	death but not re	aulting i	n the un	derlyln	g ceuse g	lven in F	Part I. 24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	longs	DU	he	W .	7		M	ry.		1 TES	X NO		COMPLETION OF CAUSE OF DEATH?
- 1	Ofthe	rehr	o Va	culo	11	76	Ci	des	1				1 - YES 2 - NO
ÿ	- uno	Sch	815.										
₫	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL!	HOSPITAL:	367		OTHER		LACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 YES 2 NO			ER/Outpetient 3		4 🗆 Nun	sing Hon		sidence (6 Other (Specify)			
		Pending	28s. DATE OF (Month, D		28b. TIMI	URY	WC	DRK?		28d, DESCRIBE HOW	NJURY OC	CURED	
B	2 Accident	nvestigation	20- 84-05-0	F M Marrie A. A.		M		YES 2	NO				
		Could not be letarmined	bullding,	F INJURY — At hon stc. (Specify)	na, tarm, s	Rreet, fact	ory, offic	:0		261, LOCATION (Street City or Town, State)		r or Runal R	loute Number,
	29a. CERTIFIER		2.00										
COMPLETED	(Check only									to the cause(a) and ma			
8			: On the beals of a	camination and/or in	rvestigatio	n, In my o	pinion, d	laath occur	ed at the t	lime, data and place, ar	d dua to th	ne cause(a)) and manner as stated.
BE	296 SIGNATURE AND TITLE	OF CERTURIER	10	YAM	10	1	Mr	29c. LICE	NSE NUM	BER CO	29d. DAT	E SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS OF	DEDOCTI UT	VIC	V 10	((1,	「トレ	L	20	108	P.S	1/2	7192
	Rakesh Aron						#27	22	Bow	io Md 3	715	11002	1, 5.
	Rakesh Aron						, # 2 4		DOW	ie, Md. 20	1/15-	4003	
			La dia A	m's signature avidson-Ran	pdall								
	MAY 2 8	1333	Turne	and freezen and									



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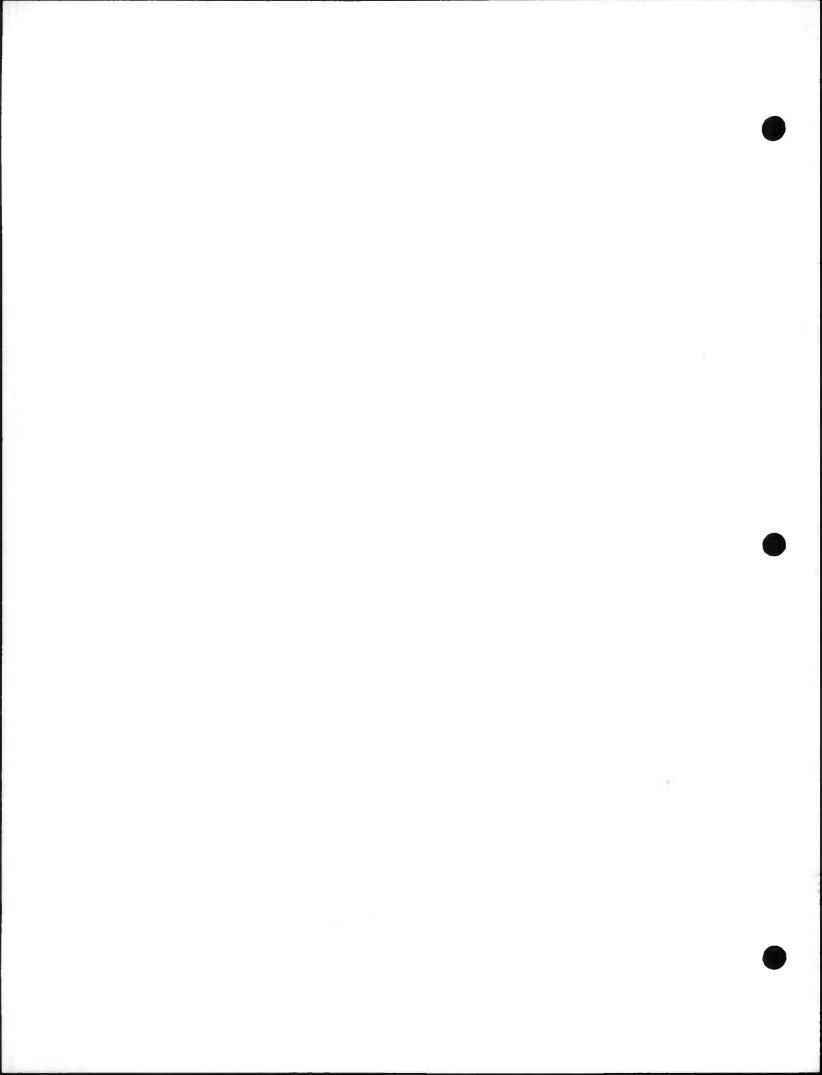
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the instending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trace filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ì	ROBERT JUNIOR	RATLL	FF	MAY 21	198	3. TIME OF DEATH
3	239-30-4268 1 DXM 2 □ F 6		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIFTTH (Morth, Day, Year) MAY 28, 19		BIRTHPLACE (State or Foreign Country) N. Carolina
œ	9s. FACILITY NAME (If not Institution, give street and number)	96.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	7104 Giddings Drive		Capital He	eight	P.G	•
IRE	10a. STATE 10b. COUNTY		WN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND P.G.	Cap:	tal Height			1 N YES 2 □ NO
FUNERAL	7104 Giddings Drive		20743			S . A .
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		. RACE — American Indian.
BY	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DA	TES	If yes, specify Cuben, Mexic 1 TYES 2 NO Speci	Specify: BLACK		
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUS	NESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+) 10th	Truck I	Oriver	Halls	Moto	r Transit
00	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden		
B	THOMAS RATLIFF 190. INFORMANT'S NAME (Type/Print)			E MARTIN		
6	HELEN SMITH		ness (Street and Number or Rural ata Street,	Clinton	, MD	20785
	A Burisi 2 □ Cremetion 3 □ Removal from State ceme	PLACE AND DATE OF DI etery, cremetory or other p	lece)	5 27 SU	CATION — City	y or Town, Stats
	21. BIGHATURE OF THEFTAL SERVICE LICENSEE	NCOLN MI	EMORTAL CEM 22. NAME AND ADDRESS OF FA	1932 1 SU	ITLAN 'S FII	D, MD
	· K. Kelm		225 Missouri	Ave., N	W WDC	20011
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ea	the death. Do not each line.	enter tha mode of dying, such	ch as cardiac or respi	ratory arrest	Approximata
- 1	IMMEDIATE CAUSE (Finel disease or condition		7 A 12 A 12 A 12 A 12 A 12 A 12 A 12 A 1			Onset and Death
- 1		O = V A C A I A				
			LAR ACCIDE	<i>w</i> 7		
NO	Sequentially list conditions, b. CHRONIC			707		
CATION	Sequentially list conditions, DuE TO (OR AS A	ANEMI CONSEQUENCE OF):	A	707		
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ANEMI CONSEQUENCE OF):	A	70.7		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ANEMI CONSEQUENCE OF):	A	70.7		
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but	CONSEQUENCE OF): HYPETE CONSEQUENCE OF):	A TENSION	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CHRONIC CHRONIC CHRONIC DUE TO (OR AS A C.)	CONSEQUENCE OF): HYPETE CONSEQUENCE OF):	A TENSION		MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but	CONSEQUENCE OF): HYPETE CONSEQUENCE OF):	A TENSION	Part I. 24a. WAS AN	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but CHRUMIC MAINUFACTION.	CONSEQUENCE OF): HYPETE CONSEQUENCE OF):	A TENSION e underlying cause given in	Part I. 24a. WAS AN PERFOR 1 UYES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
14	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but	CONSEQUENCE OF: HY PCTC CONSEQUENCE OF: ut not resulting in the	A TENSION	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but CHRUMIC MAINUTEUR. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 HOSPITAL: 1 Inpatient 2 ER/Outpa 27. MANNER OF DEATH 286. DATE OF INJURY (Month), Day, Year)	CONSEQUENCE OF: HY PCTC CONSEQUENCE OF: ut not resulting in the	TENSION e underlying cause given in 26. PLACE OF DEATH (CI	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but CHRUMIC MAINUFACTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Injury	CONSEQUENCE OF): HYDER CONSEQUENCE OF): At not resulting in the street of the street	26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 heck only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but the conditions contrib	CONSEQUENCE OF): HYDETC CONSEQUENCE OF): At not resulting in the street of the stree	Ze. PLACE OF DEATH (CI TENSION 26. PLACE OF DEATH (CI HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	Part I. 24a. WAS AN PERFOR 1 YES 2 Peck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	MED? NO JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but CHRUMIC MAINUACTION. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outpa 1 Impatient 2 ER/Outpa 1 Impatient 2 ER/Outpa 1 Impatient 2 ER/Outpa 1 Impatient 2 ER/Outpa 1 Impatient 2 ER/Outpa 1 ER/Outpa 2 Accident Investigation 3 Suicide 6 Could not be determined 298. PLACE OF INJURY - building, etc. (Specificant Country Investigation 298. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. PLACE OF INJURY - building, etc. (Specificant Country Investigation 299. P	CONSEQUENCE OF): HY DCTC CONSEQUENCE OF): It not resulting in the street of the str	26. PLACE OF DEATH (C) 26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	Part I. 24a. WAS AN PERFOR 1 YES 2 PROCK only one) 6 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	JURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but the conditions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions c	CONSEQUENCE OF): HY DCTC CONSEQUENCE OF): It not resulting in the street of the str	26. PLACE OF DEATH (CI HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	Part I. 24a. WAS AN PERFOR 1 YES 2 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MED? NO NURY OCCUR NO Number or i	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, ause(s) and manner as stated.
COMPLETED BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but the conditions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions c	CONSEQUENCE OF): HY DCTC CONSEQUENCE OF): It not resulting in the street of the str	26. PLACE OF DEATH (CI HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	Part I. 24a. WAS AN PERFOR 1 YES 2 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MED? NO NURY OCCUR NO Number or i	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, ause(s) and manner as stated.
BE COMPLETED BY PHYSICIAN:	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but CHRUMIC Malnutation. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONSEQUENCE OF): HY DETE CONSEQUENCE OF): It not resulting in the state of the st	26. PLACE OF DEATH (CITY AT WORK? M 1 YES 2 NO , factory, office The time, data and place, and during opinion, death occurred at the place of the time, data and place o	Part I. 24a. WAS AN PERFOR 1 YES 2 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 YES 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MED? NO NURY OCCUR NO Number or i	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, ause(s) and manner as stated.



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

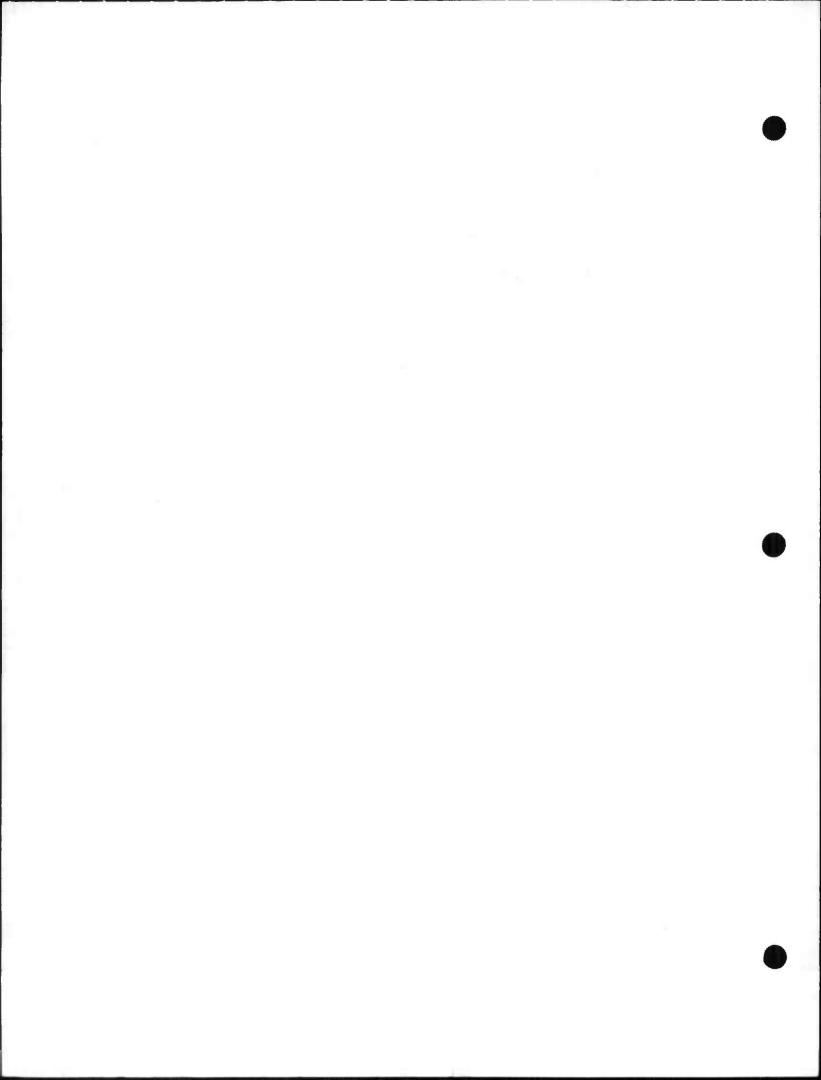
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Promit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	hedistran		CENTIF	ICATE U	DEATH	REG. NO		
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY	3. TIME OF DEATH
	200211211	RVILLA	REIDY			May 23	, 19	93 7:20 P M
3	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	045-24-0799	1 □ M 2 🗵 F 6]	YRS.		NOONS WIN.	Oct. 17,	1931	Connecticut
_	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUN	TY OF DEATH
2	10120 East Frankl	in Avenue		Glenn	Dale		Pri	nce George's
Di l	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	r	10c, CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY
H	Maryland Princ	e George's	Gle	enn Dale	3			LIMITS?
7	10e. STREET AND NUMBER				IOI, ZIP CODE		10a. CITIZ	EN OF WHAT COUNTRY?
FUNERAL DIRECTOR	10120 East Frankl	in Avenue			20769			S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	-	14. RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YE		If yes,	specify Cuben, Mexical S 2 [X] NO Specific	n, Puerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Wildowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during is se retired.)	TION nost of working	16b. KIND OF BUS	SINESS/INDL	JSTRY
۳ ا	Elementary/Secondary (8-12)	College (1-4 or 5+)					055	
ĕ	17. FATHER'S NAME (First, Middle, Linst)	2	Office	Manager	7	Doctor		ice
		irney			Winif	ME (First, Middle, Meiden red Tire:		
BE	19e. INFORMANT'S NAME (Type/Print)	irney	405 344 11 1940	10000000				
6	Edward J. Reidy					Aoute Number, City or Tow venue, Glei		
	20e. METHOD OF DISPOSITION		0b. PLACE AND DATE					Ity or Town, State
	1 🖾 Burlel 2 🗆 Cremetion 3 🗆 Remetion 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	emetary, crematory or o	ther place)	Com 5/	27/93 Cho	1 tonh	am, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	ID State	22. NAME	AND AOORESS OF FA	QILITY .	rteiiii	Home, P.A.
	DO A	17 .	/					
	23. PARY I. Enter the diseases, or o	Triend						11e, MD 20781
	imprediate Cause (Final disease or condition	List Only one cause on	aach iina.	4		in an entire of reap	natory arre	Approximata Interval Batween Onset and Death
	resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	17019				
-				. ,.				
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	F):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	F):				
5		d,						
ادّ	PART II. Other significant condition	s contributing to death	but not resulting	In the underlyi	ng cause given in			24b. WERE AUTOPSY FINDINGS
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH?
ż						_		
X.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF DEATH (Ch	eck only one)		
S	1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/O	utpatient 3 DOA	OTHER: 4 - Nursing Ho	me 5 Residence	8 Other (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year			JURY AT	28d. DESCRIBE HOW I	NJURY OCCI	URED
B	1 Natural 5 Pending 2 Accident investigation				YES 2 NO			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI	RY — At home, ferm, a pecify)	street, factory, off	Ice	281. LOCATION (Street & City or Town, Stete)	nd Number o	or Rural Route Number,
COMPLETED								
릴		CIAN: To the best of my kno						
Š I	one) 2 MEDICAL EXAMINE	R: On the beels of examinat	ion end/or investigation	on, in my opinion,	death occured at the	time, date end place, en	d due to the	cause(s) end manner es stated,
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER		11	1	29c. LICENSE NUN			SIGNEO (Month, Day, Year)
6	h	Juc Ry			126	382	▶ Ma	y 25, 1993
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
Ш								
	Dr. Marc Shepard,	M.D. 4700		ouse Ro	ad, #105,	College P	ark,	MD 20740
				ouse Ro	ad, #105,	College P	ark,	MD 20740

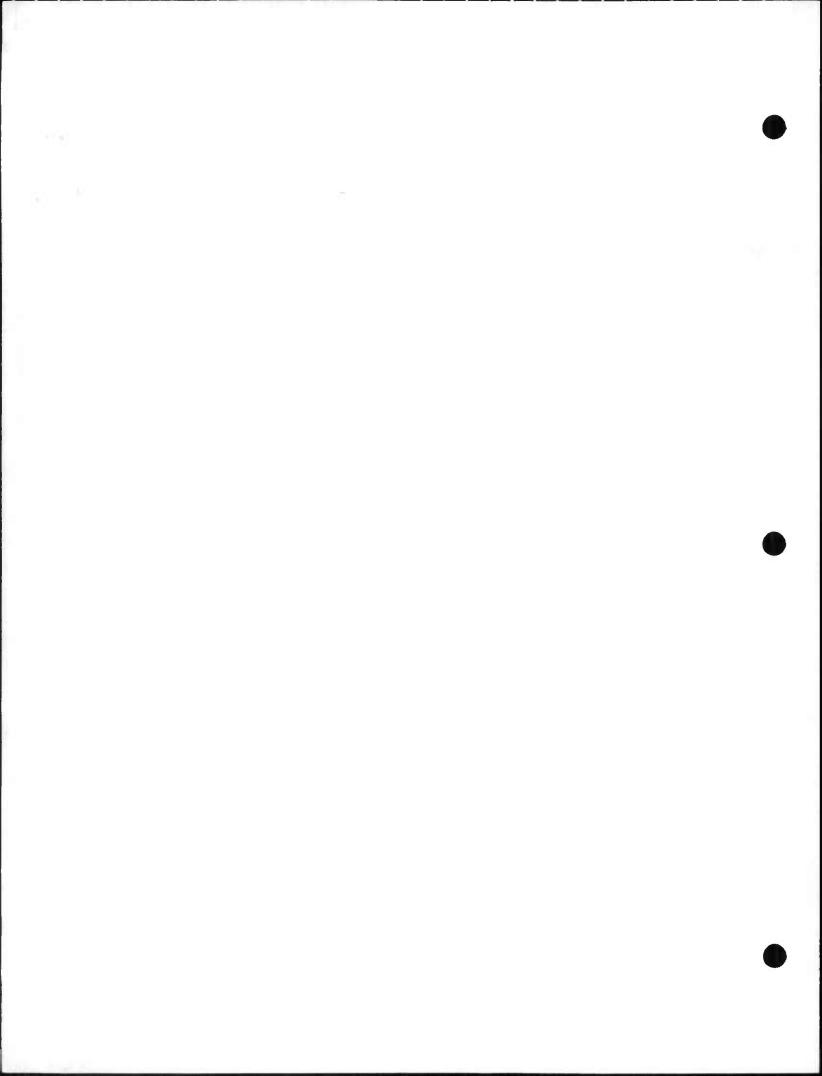


MAY 2 6 1993

32. REGISTRAR'S SIGNATURE

		1 - STATE REGISTRAR	STATE OF MARYL				F HEALTH OF DEAT		ITAL HYGI REG.	144	10720
	1	1. DECEDENT'S NAME (FIRST, MIGHIN, LOST) ARLENE MAE	RHODES					2.	DATE OF DEAT	Н	year 3. TIME OF DEATH 6:50p.m.
	1	4. SOCIAL SECURITY NUMBER 198–16–6537	1 □ M 2 🛛 F 7(IF UNDER 1 YEA		24 HRS. 7, 1	ATE OF BIRTH	ir)	BIRTHPLACE (State or Foreign Country) Pennsylvania
	TOR	9a. FACILITY NAME (If not institution, give str DOCTORS COMMUNIT	y HOSPITAL		4	NHAM-	SEABRO	ON OF DEATH		9c. COUNT	TY OF DEATH GEORGE'S CO.
	DIRECTOR	Maryland Princ	e George's		2.0	rdale	11,				10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
	FUNERAL	5307 67th Avenue					2073			U.S.	EN OF WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀		If yes		n, Mexican, Pu	RiGIN? (Specif erlo Rican, etc.		4. RACE — American Indian, Black, White, etc. Specify: White
	PLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU 16c. KIND OF BUSINESS/INDU							STRY	
i at once	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Russell Kidder							First, Middle, Ma le Holl		
e notifie	TO B	190. INFORMANT'S NAME (Type/Print) Sandra J. Fowler		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5504 38th Avenue, Hyattsville, MD 20782							
r must b	!	20e, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State cer			Disposition In Cen	netery	5/26			d, Maryland
examine		21, INGHATURE OF FUNERAL SERVICE UC	Fre	-	/	Fran	cis Ga		Sons I	uneral	Home, P.A. Lle, MD 20781
event, the medica		23. PART I. Enter the diseases, or conshock, or heart failure. Limited and the constant of the	omplications that cause list only one cause on e	each line	Dru	t enter the	mode of dy	ing, such as	Ren	espiratory arre	Approximate interval Betwee Onset and Dea
injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
shows any	N: MEDICAL	PART II. Other significant of editions	contributing to death b	wit nat	esulting in		n 114 -	given in Part	PEF	S AN ALTOPSY REFORMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or Item 23	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 ND	HOSPITAL:	patient 3		THER:		EATH (Check o	one) Other (Specify)		
is marked,	ву рну	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJUI	W.	INJURY AT WORK? YES 2		DESCRIBE H	OW INJURY OCCU	PRED
200	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — Al ho	me, ferm, str	eet, factory, o	office	281	LOCATION (Sh City or Town, S	reet and Number o	r Rural Route Number,
IMPORTANT: If Item	COMPLET		IAN: To the best of my know t: Dn the basis of examination								i. cause(s) and manner as stated,
IMPORTA	O BE C	206. SIGNATURE AND TITLE OF CERTIFIER	2. May	duri	1	MD	29c. LICE	THE	9.	29d. DATE	SIGNED (Month, Day, 1949)
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETES CAUSE OF DE	ATH (ITE	Water Chipm, P	nint)				7	

BALTIMORE, MARYLAND 21215-0020



A	9	9	ğ
	0	Ped-	d
BALTIMORE, MARYLAND 21215-0020	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit serving	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
0,	vithin 2	pletely f	rematio
3876	cuted v	moo pi	ourial, c
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	pe exe	ician ar	ior to t
O. B	rtificate	og phys	liene pi
<u>P</u> .	eath ce	rttendin	tal Hyg
SOS	the d	by the	nd Mer
COF	res tha	igned t	ealth a
RE	v requi	peen s	t. of H
TAL	The lav	ite has	ate Dep
>	ICIAN:	ertifica	the St
ō	PHYS	r this (th with
000	ENDING	R: Afte	ler deal
Ĭ	JA ATT	IRECTC	ours aft
	TAL C	AL D	42

		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H				1026
		1. DECEDENT'S NAME (First, Middle, Last)	A.K.A. Lena			DEATH	REG. NO		3. TIME OF DEATH
,		w			Pomic	16	MONTH	DAY 93	75A M
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
목		577-26-2981	1 M 2 F	/3 YRS.	MONTHS UNITS	HOURS MIN.	10-20		shington, DC
should	OC.	9e. FACILITY NAME (If not Inetitution, give s	Control of the contro		9b. CITY, TOWN C	OR LOCATION OF D	EATN	9c. COUNTY	OF DEATH
	18	RESIDENCE OF DECEDENT	bec Jtr	eer	145	elphi		PINC	e bearge's
	DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN OR LOCAT	TION			10d. INSIDE CITY
		VRI	NCE belong	0851	Adel	nhi			1X YES 2 NO
*	RA	2018 Quebe	ac throng	-	161	. ZIP CODE	2 7 2		OF WHAT COUNTRY?
physician. burial-transit	FUNERAL	11. MARITAL STATUS		N U.S. ARMED	13. WAS DEC	ZO ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	U.S.A	RACE — American Indian,
phys buria		1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		It yes, sp	ecity Cuben, Mexico	an, Puerto Rican, etc.)		Black, White, etc.
attending use as the	ED BY	3 🖾 Widowed 4 🗋 Divorced				1			eu4ite
	1	15. DECEDENT'S EDUC (Specify only highest grade	completed)		USUAL OCCUPATION Work done during mo		16b. KIND OF BU	JSINESS/INDUST	TRY
spital ned fo	ᆲ	Elementary/Secondary (0-12)	College (1-4 or 5+)	1.0	Operato	r	Paper	Industr	·v
be detached for u	COMPLET	17. FATNER'S NAME (First, Middle, Last)	-				ME (First, Middle, Maider		
\$ & &	BE (untow			Mary 1	Louise Kes	sler	
be retained to ge 5 should ne notified	5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
page t		Nancy L. Galarza	Lan		Quebec S		College Pa		20740
leath. Page 6 may be funeral director, page xaminer must be		1 N Buriel 2 Cremetion 3 Remo	oval trom State cent	natary, cremetory or o				OCATION City	Maryland
Page all dire		21. SIGNATURE OF FUNERAL SERVICE AIC		edai nii	22. NAME AN	D ADDRESS OF FA	CILITY		
		1 Vach X	Firema	/			s Sons Fu		
d in by the or removal.		23. PARY . Enter the diseases, or o	complications that caused	d the death. Do					e, MD 20781
DO DO E		IMMEDIATE CAUSE (Finel	List only one ceuse on a	ech line.					Interval Between Onset and Death
		disease or condition resulting in death)	· Adenoca	REWOMA	- U+ER	US Wit	2 Meta	1 tales	5
D 2 4			DUE TO (OR AS A	CONSEQUENCE O	F):				
8 ~ 9 E	RTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
physician ne prior to	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						ļ
nding physicia Hygiene prior or other trau	E	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
- 60 -	CER	C.	d.						
	CAL	PART II. Other significent condition	a contributing to death b	out not reculting	in the underlying	g ceuse given in	Pert I. 24a, WAS AF	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
	EDIC						1 YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires the been signed pt. of Health a	ME								1 YES 2 NO
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			00.00	105 05 BEITH 101			
SICIAN: The last certificate has the State Deg. 1, or item 23	SICIAN	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
PHYSICIA this certifi with the ted, or	РНҮ	27. MANNER OF OEATN	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. OESCRIBE NOW	INJURY OCCUR	EO
DING PHYS After this death with marked	BY I	1 Natural 5 Pending 2 Accident Investigation	NIA		M 1 🗆 Y	ES 2 NO			
TTENDIA TOR: At after de 28 is 1	ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term,	street, factory, office		28t. LOCATION (Street City or Town, State		lural Route Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma		20. OFFICIED							
4 4 2 m	OMPL	(Check only	CIAN: To the best of my knowl R: On the besis of examination						
HOSPITAL FUNERAL within 72	ပ	296, SIGNATURE AND TITLE OF CERTIFIER		Ch . et .	on, in my opinion, a				
TO THE HOSPIT TO THE FUNER De filed within 7	BE	R. Ohr Out	role of our	utyme	accar	29c. LICENSE NUI	WBER 2	29d. DATE SI	GNED (Month, Day, Year)
2 2 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	, Print)	2018	-	1,0	4
		PAVIA DEVO	QE MM) 40	403 QU	eensbun	4 Rd 1	LyATTS	ville	25-93 MD 2021
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE		,	/		
	1	MAY 2 6 1993 3	rola Navidson-Ma	Maria					

DALLIMORE, MANIEMIN 21213-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in, or removal.	e medical examiner must be notified at once.
DIVISION OF MICH ACCORDS, F.O. BOX 68100,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLA	ND / DEDAK	DTMENT	OE H	CAITH AND	MENTAL HVC	ENE	3	16928
	1 - STATE REGISTRAR	SINIE OF MARTIEN				DEATH	REG.			
H	1. DECEDENT'S NAME (First, Middle, Last)				41		2. DATE OF DEAT		3.	TIME OF DEATH
	Jamal Taylo	r Ross Jr					MONTH / 2	8 9	3 /	1:10 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLA Country)	CE (State or Foreign
	N/A	1 X M 2 □ F 0	YRS.	0 MONTHS	O O	HOURS MIN.	April 28	, 1993	Mary	
OR	PRINCE Georges	Hospitel			evei	OR LOCATION OF D	EATH		ty of DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CF	TY, TOWN O	R LOCAT	TION		7	100	d. INSIDE CITY
ā	Maryland Prince	Georges	Hy	yatts	vil]	Le			1)	YES 2 NO
AL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
ER	1001 Chillum Road	I Apt. 106				20782	2		USA	
FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC OR 1 X Naver Married 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECENDENT OF HISPANIC OR 17. WAS DECENDENT OF HISPANIC OR 18. WAS DECENDENT OF HISPANIC OR 19. WAS DECENDENT OF HISPANIC				an, Puarto Rican, etc		Black, W	American Indian, hits, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	169	'	∐ TES	2 NO Speci	ry:		Specify:	Black
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	S USUAL OC	CUPATIO	ON .	16b. KIND OF	BUSINESS/INDI	JSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	unng mo	st of working				
ם	0	0		N/A	A		_	1	I/A	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Me	iden Surname)		
BE C	Jamal Taylor Ros	ss				Anita	R. Willi	ams		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street a	and Number or Rural	Route Number, City o	Town, State, Zip	Code)	
5	Jamal T. Ross		1001	Chill:	um 1	Rd. Apt.	106, Hya	ttsvil	le.Md	. 20782
	20s. METHOD OF DISPOSITION 1 □ Burisl 2 💢 Cremation 3 □ Rame		PLACE AND DAT	TE OF DISPO	OSITION			LOCATION - C		
	4 Donation 5 Other (Specify)	For	emetary, cremator	oln Ci	rema	tory 5	-1-93 B1	entwood	l, Mai	cyland
	21. SIGNATURE OF FUNERAL SERVICE LIC		Same	22.1	NAME A	NO ADDRESS OF F	ACILITYFORT I	incoln	Fune	ral Home
	Sharmon	10 Ann	nire	3	401	B1adens	burg Road	Brent	wood,	Maryland
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do							Approximate
	immediate cause (Fine)	List only one cause on as		\mathcal{L}			/			Onset and Death
	disesse or condition	5X7	rem	le,	M	nmaz	Twity	22-	23	
	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE	OF):				- W	es.	
z							3			
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	0.								
Ē	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):						
F	resulting in death) LAST	ā								
2	PART II. Other aignificent condition	a contribution to death hi	rt met resulting	in the con	ما براد واد	I	Boot I at un	O ANI AUTOGORY	T	
₹	PART II. Other ingrinicent condition	a contributing to deeth bu	at not readming	, iii uia uii	uarrym	å canse divell il	PE PE	S AN AUTOPSY RFORMED?	AN	ERE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE
ă							1 U Y	S 2 NO		DEATH?
ž							I		11	YES 2 NO
ż										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		OTHER		LACE OF DEATH (C	theck only one)			
S	1 TES 2 X NO	Inpatient 2 - ER/Outpa	ntlant 3 🗆 DOA			ne 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDICAL										
BY	2 Accident investigation 28s. PLACE OF INJUSTY — At home farm street factory office. 28s. PLACE OF INJUSTY — At home farm street factory office.									
COMPLETED	4 Homicide 6 Could not be	building, atc. (Special	lfy)	,,	.,		City or Town,			110000
E	29a. CERTIFIER	CIAN: To the heat of my knowl	adaa daath ar		lma dec	and place and d	n to the assessful		and .	
MP	and _	CIAN: To the best of my knowle R: On the basis of examination								nd manner as stated
8				and any o	,					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 mit M	10			29c. LICENSE NU		29d. DAT	SIGNED (M	OF PO
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETE OFFICE	AN WASH CO.	0-1-11	_	D246	28		1/00	1/23
			ared street 27) /h/							

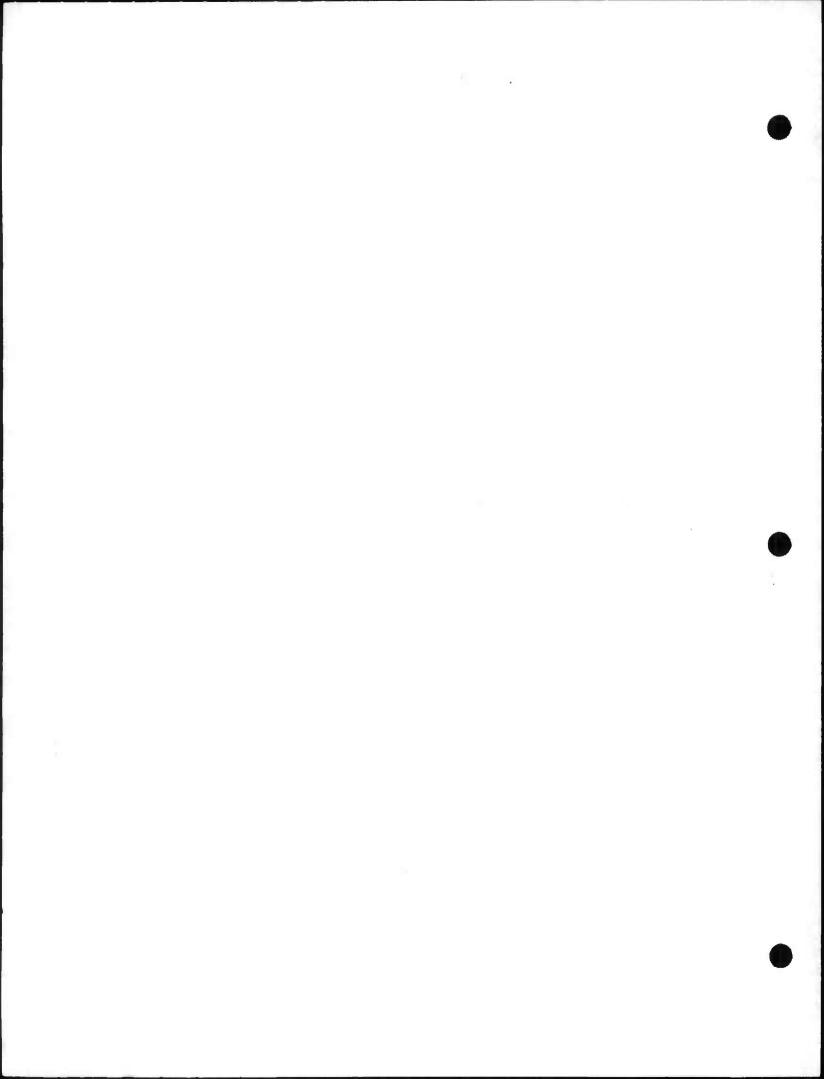
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) dyri

32. REGISTRAR'S SIGNATURE

MAY 1 0 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death certificate be assected within 24 hours and the following the state of the state bear signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removing the monthly of the state Dept. of the 23 shows any Injury, or other traumatic event, the medical association is note.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last).	n n.				2. DATE OF DEAT	1	YEAR 3. TIME OF DEATH
	James Talliki I	кореу	(In yrs. last birthday)	T		May 30,		7:52 A. M
	216-44-9494		(In yrs. lest birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Yea)	8. BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give str		J 1110.	96 CITY TOW	/N OR LOCATION OF D	4-20-19		MD TY OF DEATH
8						ZEATH		rles
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY							
DIRECTOR	MD CHAR			PLATA	CATION			10d, INSIDE CITY LIMITS? 1 (24 YES 2 NO
A P	10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	Rt. 225 One	Magnolia I	Drive		20646		U.	S.A.
15	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS	DECENDENT OF HISPA specify Cuben, Mexic	NIC ORIGIN? (Specify	Yea or No- 1	4. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES ZENO Speci			Specify: White
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	IISUAL OCCUB	ATION	405 VIND OF	BUSINESS/INDU:	
	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	most of working	IGE, KIND OF	BOSINESS/INDU	STHY
P	4	G0.10 (1 - 0, 5 +)	Pump O	perate	or	U.S.	Gover	nment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mai	den Sumeme)	
BE (Hubert Franklin	Robey			Agnes	Frankli:	n Robe	y
0	19e, INFORMANT'S NAME (Type/Print)				et end Number or Rural			
-	Belle Farrell		47 E1	der P	lace Ind			
	20a. METHOD OF DISPOSITION 1 Grantle 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Pisgah, MD 20b. PLACE AND DATE Of DISPOSITION (Name of Pisgah, MD) 20c. LOCATION - City or Town, State Pisgah, MD							
	AREHART-ECHOLS FUNERAL HOME, INC.							
Н	23 PART Exter the disease of complication that are the disease of complication that							
	ahock, or heart fellure. L	omplications that caused list only one cause on a	the death. Do i sch line.	not enter the	mode of dying, suc	ch aa cardiac or re	spiratory arres	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)							
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	EVENZ.				
z				,				j
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
[설	cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
8	d.							4/
A P	PART II. Other significent conditions	contributing to deeth b	ut not resulting	In the underly	ring ceuse given in	OCO.	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC							2 NO	COMPLETION OF CAUSE OF DEATH?
M								1 TES 2 NO
ä								
PHYSICIAN:		HOSPITAL:		OTHER:	PLACE OF DEATH (C)	heck only one)		
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY		4 - Nursing H	ome 5 - Residence			
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
ВУ	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY	— At home, farm			281 I OCATION (Sta	of and Mumber of	Rural Route Number,
COMPLETED	4 Homicide 8 Could not be	building, etc. (Spec	elfy)			City or Town, St	ate)	riurai rioute Number,
Ä	29e. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my know	ledge, death occum	od at the time of	de and place, and du	to the sever(s) and		
NO.		1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner ee stated.						
	296. SIGNATURE AND THE OF CERTIFIER	11.			29c. LICENSE NU			SIGNED (Month, Day, Year)
) BE	mun a la	ith)			D21031		1 5	130/92
욘	30. NAME AND ADDRESS OF PERSON WHO						,	7)
	Michael Leatherwoo	d, M.D., Wal	dorf Med	dical P	ark, POBo	x 249, Wa	ldorf.	Md. 20604
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE			,		
	JUN 0 1 '93 Suhia Davidson Fandale							



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If item 2:

BE

2

1993

FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ertificate has been signed by the attending physician an compile the State Dept. of Health and Mental Hygiene priorate Buna, cre	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL DR ATTENDING PHYSICI	FUNERAL DIRECTOR: After this cert within 72 hours after death with the	TANT: If item 28 is marked, o
HOSPITAL D	FUNERAL DI vithin 72 hox	TANT: If its

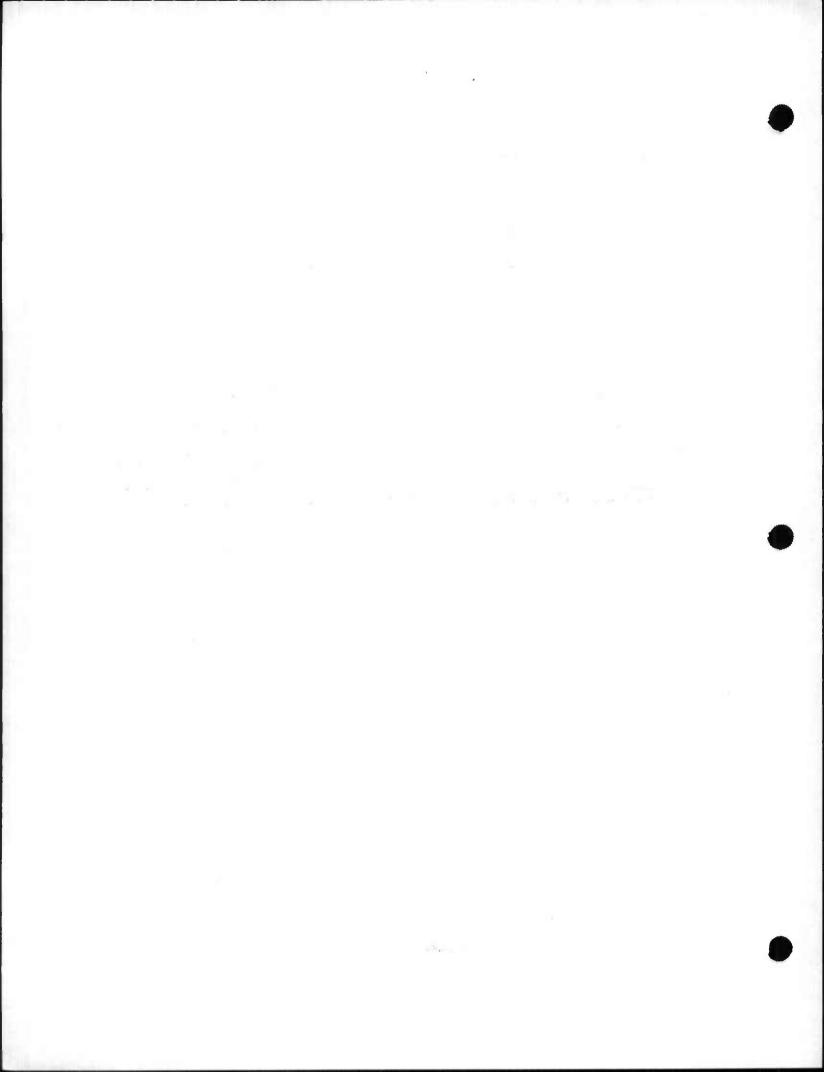
93 16930 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR Margaret May Roth 19 1993 4:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9-29-1906 1 - M 2000 215-42-8490 86 Maryland YRS. Se. FACILITY NAME /// not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR William Hill Health Care Center Cambridge Dorchester RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY IMITS? 1 TES 2 NO Maryland Caroline Federalsburg 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Federal Manor Apt. #1107 21632 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Ric BY YES ZY NO 3 XWidowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Simeon R. Pritchett Nettie A. Pritchett BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gary W. Roth 29457 Dutchman's Lane, Easton, MD 21601 20a METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Parkwood Cemetery 4 Donation 5 Other (Specify) . 5-20 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home, P.A. NH OF MERCERON CFSP 200 S. Harrison St. Easton 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart feliure. List only one cause on each line interval Batween Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA raing Home 5 - Rasidence & - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atrest, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide

TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the besis of as investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end 296. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Mont) a

31, DATE FILED (Month: Day Year)

Savidson Bondage



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death captificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.

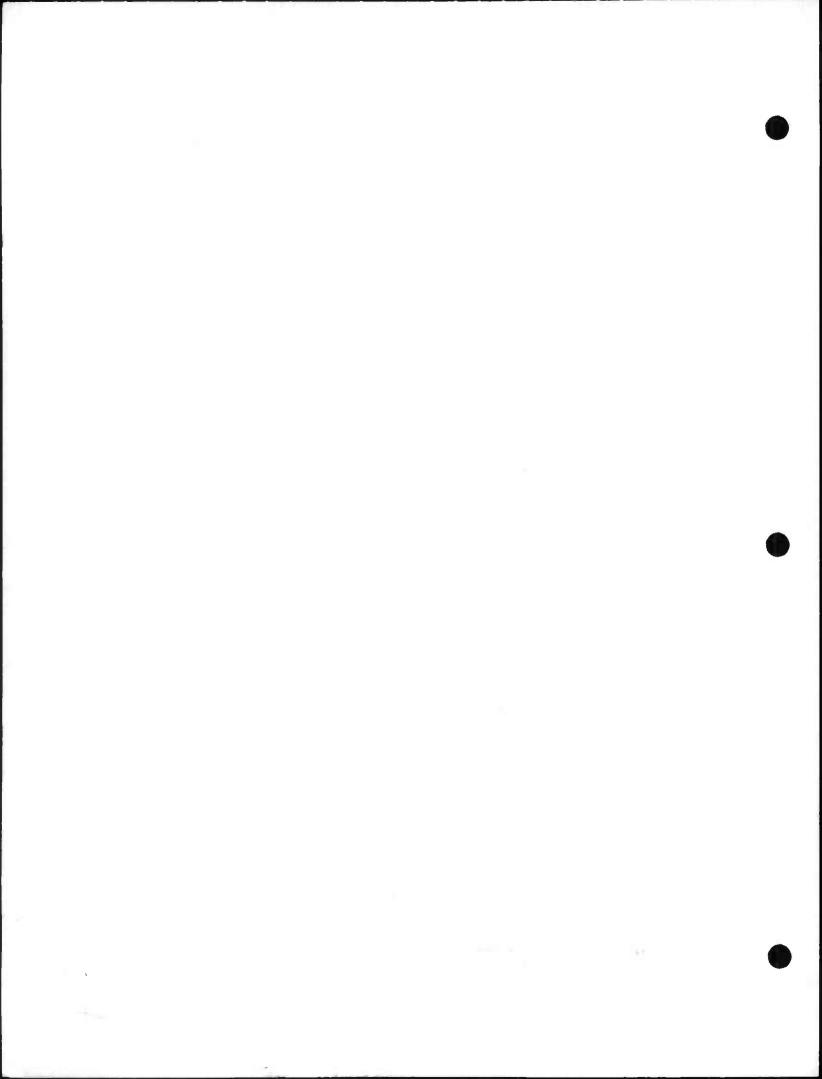
IMPORTANT: If Item 28 is marked, or Item 23 shows any Impry, or affectivementic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENT		_	3	16931	
	1. DECEDENT'S NAME (First, Middle, Last)		- CI	-NIII	ICATE	UF	DEATH	2. DA	REG. NO.			3. TIME OF DEATH	
	J	OSEPHINE	Ε.		RUT	LANI)	MO	AY 20.		993	9:30 P. M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER	1000	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	_	6. BIRTH	IPLACE (State or Foreign	
	042-03-1006	1 M 2 X F	92	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year) NE 4, 1	900	NEW	YORK	
	Se. FACELITY NAME (If not Institution, give street and number) KENSINGTON GARDENS NURSING HOME Se. COUNTY OF DEATH KENSINGTON Se. COUNTY OF DEATH MONTGOMERY												
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CD												
	100.0				TY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	MARYLAND MONTGOMERY KENSINGTON 100. STREET AND NUMBER 101, ZIP CODE								1 Q YES				
	4504 SAUL RO	AD				"	208	0.5		7.4			
	11. MARITAL STATUS	THE PROPERTY OF THE PROPERTY O			13.	WAS DEC	ENDENT OF HISPAI		GIN? (Specify Yes	or No-	USA 14. BACE	E — American Indian	
	1 Never Married 2 Married	FORCES? 1		ES 2 NO If yes, specify Cuban,					ican, Puerto Rican, etc.)			- 14. RACE — American Indian, Black, White, atc. Specify:	
	A	3 Widowed 4 Divorced					X				G G G G G G G G G G G G G G G G G G G	WHITE	
	15. DECEDENT'S EDUC (Specify only highest grade		(G/	CEDENT'S	vork done	CCUPATIO	N it of working	1	16b. KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		DO NOT US		CED							
	17. FATHER'S NAME (First, Middle, Last)		OFI	TOE	MANA	GEK	10 MOTHERIO NA	ME (5/					
	CHARLES	WEAVE	r.R				18. MOTHER'S NA						
	19a. INFORMANT'S NAME (Type/Print)		ELIZABETE 19b. MAILING ADDRESS (Street and Number or Rural Route										
	MARGARET RUTI	AND					ROAD,)	
	20s. METHOD OF DISPOSITION 1 Disposition 3 Removed Rem		20b. PLACE A	ND DATE	OF DISPOS	_				_	- City or To		
	4 Donation 3 Cremation 3 Hemo	oval from State	FAIRV			ETER	Y	5/2					
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090												
٦	23. PART I. Enter the diseases, or damplications that caused the death. Do not enter the mode of dying such as cerdiac or respiratory errest.												
	snock, or neert tallure. List only one ceuse on each lide.								Interval Between Onset and Death				
	diseese or condition resulting in death)	Septicen				Ma						3 12 2040	
Due TO (OR/AS A CONSEQUENCE OF):									O DAIL				
	Segmentially list conditions												
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
	CAUSE (Disease or Injury	DUE TO (C	R AS A CONSEC	LIENCE OF	3.								
	that initiated events resulting in death) LAST)	m AS A CONSEC	OENCE OF	·								
	PART II. Other aignificent conditions	contributing to d	eath but/hot re	sviti é g i	n the un	deriving	-ceuse given in	Part I.	24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
ı	Wellen tra (Wildern tarct type) PERFORMSO? AMAR								AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ł	CINERUSEL	eration	& lan	f-	Die	bes	1	_	1 TYES 2	No		OF DEATH?	
	1 YES 2									1 YES 2 NO			
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	CE OF DEATH (Ch	eck only	one)	_			
	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num		5 Residence	6 🗆 Ot	her (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation Pending									CURED				
	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	ne, farm, s	treet, facti	ory, office		281, LC	CATION (Street a ty or Town, State)	nd Numbe	er or Rural R	loute Number,	
	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the peals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
) and manner as stated,		
	296. SIGNATURE AND TITLE OF CONTINES	1	1	-			29c. LICENSE NUR		, 1	-		(Mong), Day, War)	
	/ Veural:	Laru	essh	1)			DIZ	5	40	Þ .	5/2	1/97	

30. NAME AND ADDRESS ON PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. SEGETRALS SIGNATURE TOMORES

31. DATE FILED (Month, Day, Year)
MAY 2 4 1993



Pages 1, 2, 3 should permit. use as the burial-transit 6 may be retained by the hospital or attending physician. Por detached page 5 should be Ħ

WITAR U

Robert C. Macon, M.D.

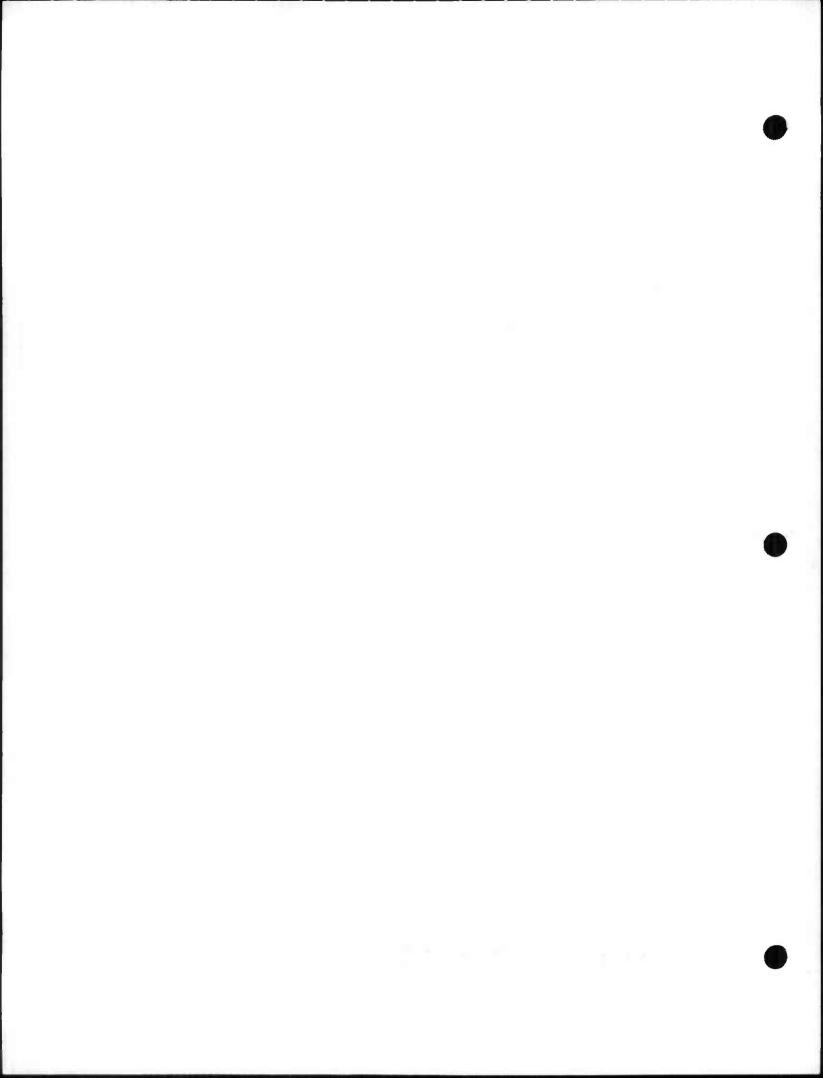
MAY 24 1993

31. DATE FILED (Month, Day, Year)

Julia Davidson-Randall

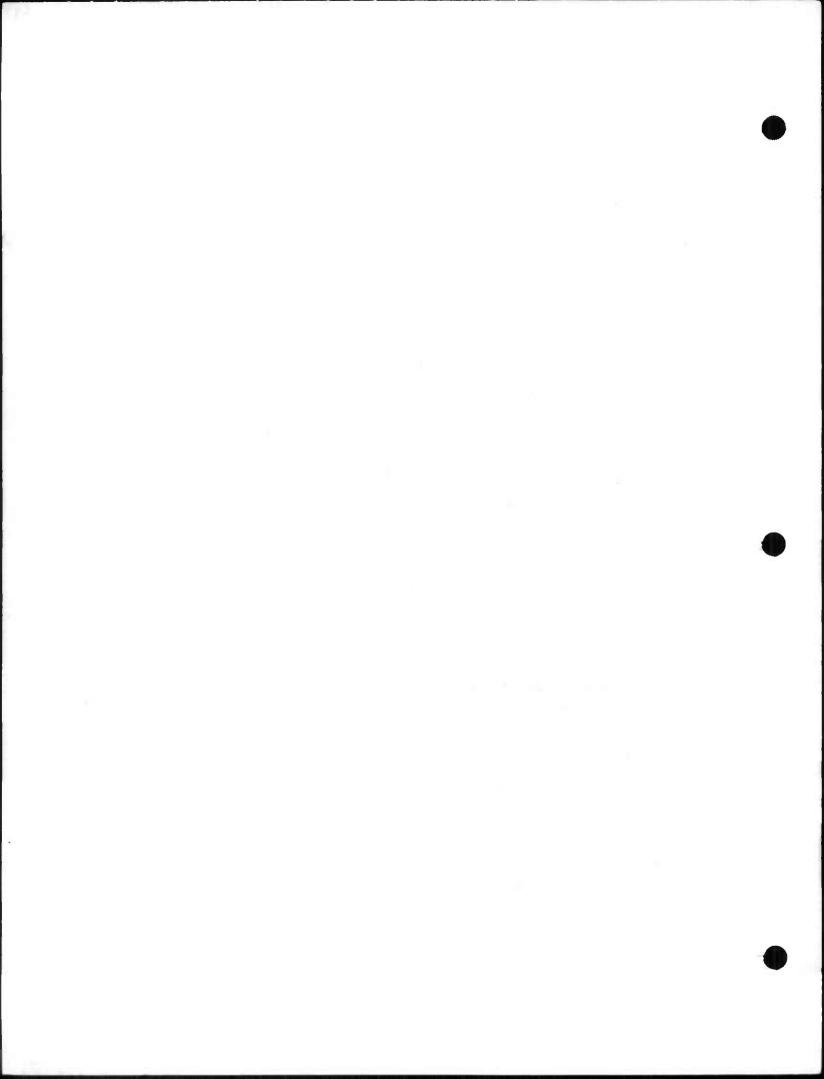
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH Worthington T. Ricketts 20, 1993 1:05 A .. May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Jan 6, 1905 Maryland HOURS 1 🛛 M 2 🗌 F YRS. 88 579-18-7503 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Potomac Valley Nursing Center DIRECTOR Montgomery Rockville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Montgomery Dickerson Maryland TYPES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 19600 Peachtree Road 20842 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 TES STANO Specify BY SpecifyBlack 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Dry Cleaner once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ George Ricketts Katie Johnson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20871 Katie Harper (Daughter) 12704 Running Brook Dr., Clarksburg, 2 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Must Jerusalem Church Cem. 4/26 4 Donation 6 Other (Specify) Poolesville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset and Death IMMEDIATE CAUSE (Final Adenocarcinoma of the the disease or condition_ resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 in uny PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24m. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? any 1 TYES 2 THO OF DEATH? shows a 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Route Number City or Town, State) 3 Suicide COMPLETED 6 Could not be 28 4 Homicide 29a. CERTIFIER 1 ___ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Macon 1706945 5/20/93 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

809 Viers Mill Rd., Rockville, MD 20850



ler death. Page 5 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSIDAN. The are majored to the completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours are death with the base Dept. of Heath and Mental Hydrer provide removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E 93	16933
	1. DECEDENT'S NAME (First, Middle, Last)	ESTEBAN	RUIZ, SR.	1		2. DATE OF DEATH	100	TEAR 1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IMEIER I YEAR	IF UMDER 24 HIVE.	2/20	1	DS TO MON
	267-29-1634		- Section -	The second second second second	HOURS MIN.	(Month, Day, Year) APRIL 28,		BIRTHPLACE (State or Foreign Country) SPAIN
	9a. FACILITY NAME (If not institution, give st			CITY, TOWN OR	LOCATION OF DE			Y OF DEATH
DIRECTOR	the second secon	SPITAL		SILVER	SPRING			GOMERY
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ſ	10c. CITY, TO	WN OR LOCATIO	DN			10d. INSIDE CITY
	MARYLAND MON'	TGOMERY	ROCK	VILLE				LIMITS?
1AL	10e. STREET AND NUMBER			10f, Z	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL		LACE			2085		CUE	3A
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	It yee, speci	Ify Cuban, Mexicer	IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14	I. RACE — American Indian, Black, White, etc.
B	3 🛚 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 X YES 2 CUB	NO Specify		- 1	Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION		16b. KIND OF BUS	INESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	lred.)	_			
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)		GROCER (S			FOOD GR		
	CESARIO	RUIZ			SIMONA	NE (First, Middle, Meiden	AINZ	
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD			oute Number, City or Town		ode)
2	ESTEBAN RUIZ,	JR.	4513 FA	ROE PLA	CE, ROCI	KVILLE, MD	20853	3
	20e, METHOD OF DISPOSITION 1 \(\text{Description} \) Buriel 2 \(\text{Description} \) Seems (a)		PLACE AND DATE OF DI		e of	OATE 20c. LO	CATION - CIT	y or Town, State
	4 Donation 5 Other (Specify)	G.	ATE OF HEA	VEN CEM	ETERY	5/25 SILV	ER SPF	RING, MD
1	MAMA	79 / 1		FRANCIS	J. COL	LINS FUNER	AL HOM	ME. INC.
	NIMOVELLO (7.1011		500 UNI	VERSITY	BLVD., W.	, SIL.	SP., MD 20901
		List only one cause on e	d the death. Do not e each line.	nter the mode	of dying, such	as cardisc or reapl	ratory erreat	interval Between
	iMMEDIATE CAUSE (Final disease or condition	Variete	Cordeopu	100400	- Arm			Onset and Death
	reaulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):					
Z	Sequentially list conditions,		e dreftm					
ATIC	If any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):	. 1160	4 /	1014		
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	, ,,,,,,				
CERTIFICATION	resulting in death) LAST	CHF						
AL C	PART ii. Other aignificant conditions	a contributing to death t	out not reaulting in th	e underlying o	cause given in f	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	ande Re	al Farling	as w			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	Aren i	L.	7				2(OF DEATH?
PHYSICIAN: MEDIC								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 X Inpatient 2 ☐ ER/Outp	ОТ	28. PLAC	CE OF DEATH (Che	ck only one)		
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 N Inpatient 2 ER/Outs 28s. DATE OF INJURY	28b, TIME OF			28d. OESCRIBE HOW IN		
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK	(7 ⁽¹ S 2 □ NO	204. OESCRIBE HOW IF	IJORY OCCOR	EO
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office		26t. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
ETE	4 Homicide determined		NIA			City or lown, State)		
COMPLETED		CIAN: To the best of my know						
S	2 MEDICAL EXAMINER		n end/or investigation, in	my opinion, deal	th occured at the t	ime, date end place, end	due to the c	ause(e) end menner ee stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	40		2	P9c. LICENSE NUM	129	29d. DATE S	IGNED (Month, pay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)		Ru SS		
				lolesi	ville.	Kd SS	Mid	20910
	31. DATE FILEO (Month, Day, Year) MAY 2.5 1993	32. JECHSTRABIE SIGN	on fandale					



YEAR

993

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

12:30 A M

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

2.2

MAY

IF UNDER 24 HRS.

CHARLES

4. SOCIAL SECURITY NUMBER

224-05-1609

IF UNDER 1 YEAR

RUDY

6. AGE (In yrs. last birthday)

78 YRS.

ARTHUR

1 M 2 - F

5. SEX

MARYLAND 21215-0020

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	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft	VERAL DIRECTOR. After this certificate has been signed by the attendion physician and completely filled to by
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Nov.21,1914 West Virginia 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT College Park Prince George's 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. P.G. College Park 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7510 20740 Girard Ave. U.S.A. be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 ND 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced W.W.ll & Korean Conflict. White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Minister Clergy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John notified at Beatrice BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia P. Rudy 7510 Girard Ave. College Park, 20740 Md. 200 8 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Burial 200 Cremation 3 - Rer must etery, crematory or other place)
Chambers Crematory 4 Donation 5 Other (Specify) Riverdale. Md. examiner 22. NAME AND ADDRESS OF FACILITY W.W.Chambers Co. Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 670 amlers romas 5801 Cleveland Ave. Riverdale, Md. 20737 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe ŏ **IMMEDIATE CAUSE (Final** Onset and Death # cremation, disease or condition_ a. MYOCARDIAL INFARCTION

JOUE TO (OR AS A CONSEQUENCE OF): A chief tills cellificate in soors signing by the antening properties in an extraperacy for a state begin of Health and Mental hygiere prior to burish, crema is marked, or item 23 shows any injury, or other traumatic event, resulting in death) CORONARY HEART DISEASE

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DUE TO (DR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 M NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 1 YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 X Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 2 Accident 5 Pending Investigation M ВУ 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be be filed within 72 hours after IMPORTANT: If item 28 Is 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, ccured at the time, date and place, and due to the cause(e) and manner ee stated. FUNERA Within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 표를 May 22,1993 MD 299 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JMBERCER MD #205 7720 Wisconsin ave, Bethe sold MD 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURES 26 1993 DHMH-16 Rev 1/89

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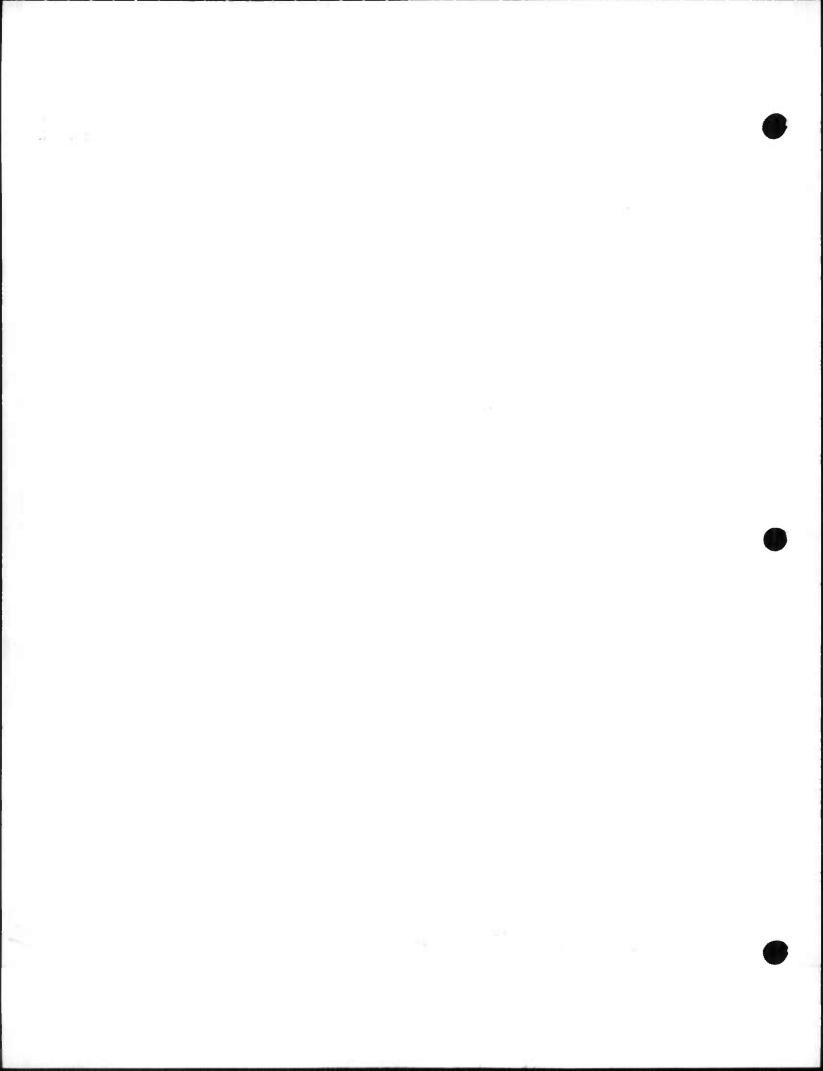
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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

signed by the attending physician and realth and Mental Hygiene prior to burn HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be r this certificate ha L DIRECTOR: After the bours after death w FUNERAL (within 72 h 분 분은

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TILLIE 05 3 _ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign APRIL 15,1903 1 M 2 TF 579-44-7354 90 PÉNNSYLVANIA 9a: FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR HEBREW HOME OF GREATER WASHINGTON ROCKVILLE mer RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND. MONTGOMERY ROCKVILLE 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or II yes, specify Cuban, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, atc. PRCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TES 2XXNO BY Specify: 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY lary (0-12) College (1-4 or 5+) 12 OWNER GROCERY BUSINESS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at DAVID "UNKNOWN" KUSHIN SARAH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 DR. MARVIN ROSENBLATT 11501 GAUGUIN LANE - POTOMAC, MARYLAND 20854 be 20a. METHOD OF ORPOSITION 1 X Burlal 2 L Commetton 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must KESHER ISRAEL CEMETERY ☐ Donation 5/28 WASHINGTON, D.C. examiner 21. SIGNATUR 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 IMMEDIATE CAUSE (If in disease, or complications that caused the december of point failure. List only one cause on each line. dical filcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw **Onset and Death** 별 disease or condition 10 hemi YEARS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): OXARY Iraumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 s has been signed by the attent to Dept. of Health and Mental H m 23 shows any Injury, or PART ii. Other algolificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 THO 1 Inpetient 2 ER/Outpetient 3 DOA 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 99 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 28 4 Homicide tem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner os stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE_SIGNED (Month, Day, Year) ttendin 1 Sia an 1808 2 26 5 3 2 20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print MON ROS 31. DATE FILED (Month, Day, Year) 1993 2



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3. TIME OF DEATH

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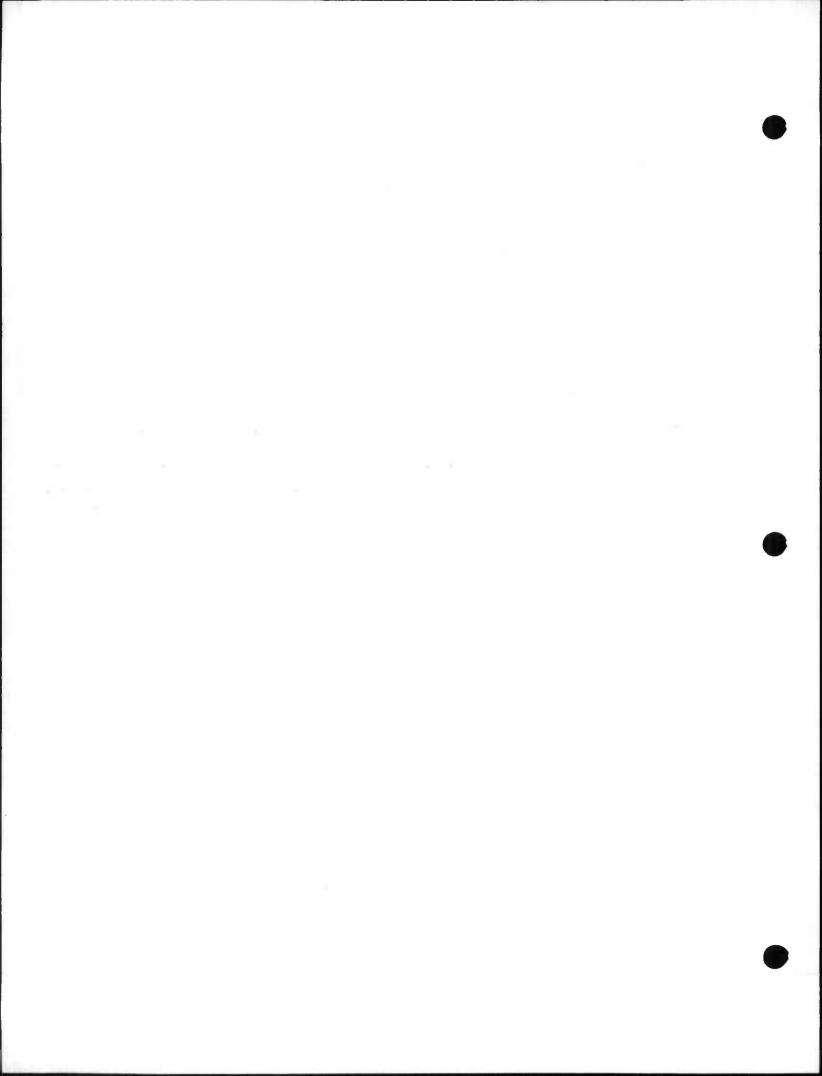
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Second part of the period of	5	EXAMINER?	MEDICAL.	HOSPITAL:				6. PLACE O	OF DEATH (Che	ck only one)				
Second part of the period of	ΥS			Inpatient 2		nt 3 🗆 DOA		Homa 5	Residence (0ther (Specify)			
2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. LOCATION (Street and Number or Rural Route Num		A .	Pending				URY	WORK?		28d. DESC	PIBE HOW IN	JURY OCC	URED	
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SUBJECT AND SIGNATURE 31. DATE FILED (Month, Day, Year) 32. RESISTANCE SIGNATURE MAY 28 1993 33. RESISTANCE SIGNATURE MAY 28 1993		2 Accident	nvestigation	26a BLACE O	E IN HIRTY	At home does			2 NO					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANKAT SUBURBAN SIDNATURE 31. DATE FILED (Month, Day, Year) NAY 28 1993 32. REDISTRANS SIGNATURE MAY 28 1993				building,	etc. (Specify)	At nome, ram,	street, factory,	Office		261. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Route	Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANKAT SUBURBAN SIDNATURE 31. DATE FILED (Month, Day, Year) NAY 28 1993 32. REDISTRANS SIGNATURE MAY 28 1993	9	29a. CERTIFIER	EVALO PUVOL											
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANKAT SUBURBAN SIDNATURE 31. DATE FILED (Month, Day, Year) NAY 28 1993 32. REDISTRANS SIGNATURE MAY 28 1993	MP	(Check only	CAL EXAMINE	R: On the best of	my knowledg	e, death occurr	ed at the time,	dats and pl	lace, and due t	to the cause	(a) and man	ner as stat	ed.	
29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANKAT LAS SUBJUMBAN STOSPITM, BETTLED A 31. DATE FILED (Month, Day, Year) MAY 28 1993 32. RESISTANT'S DIGNATURE MAY 28 1993						A HIVERIGATIO	n, in my opinic				nd place, and			
PANKAT LA SUBURBAN STOSPITA, BETHLEDA 31. DATE FILED (Month, Day, Year) MAY 28 1993 Junior Andello MAY 28 1993		THE GRANT ONE AND THE	OF CERTIFIER	andro	200 C	0		29c. 1	LICENSE NUM	BER 167	1	29d. DATE	SIGNEO (Mo	onth, Day, Year)
PANKAT LAL SUBURBAN STOSPITA, BATHLEDA 31. DATE FILED (MONTH), Day, Year) MAY 28 1993 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April 122 MAY 28 1994 Julia Brindson-April	임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	Print)		1001	0 /	(2	. 21	75
		PAT	1	1.0	te	S	20-1100	4 1	81	0:0.	TA		BA	HESNA
		31. DATE FILED (Month, Day,		32. REDISTRA	R'S SIGNATU	RE S	- FJU 101	21910	4)(0341) (()			
DHMH-18 Rev 1/86		MAY 2	8 199	3 Julia	Davidson	n-Handel	Z-							MO
														DHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified be executed within 24 m	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the annual converted must considerly filled	atio	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or bite and an area of the market, the n
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DIVISION OF VITAL RECORDS, P. P. BOX 68760,	OR	e H	P	ter
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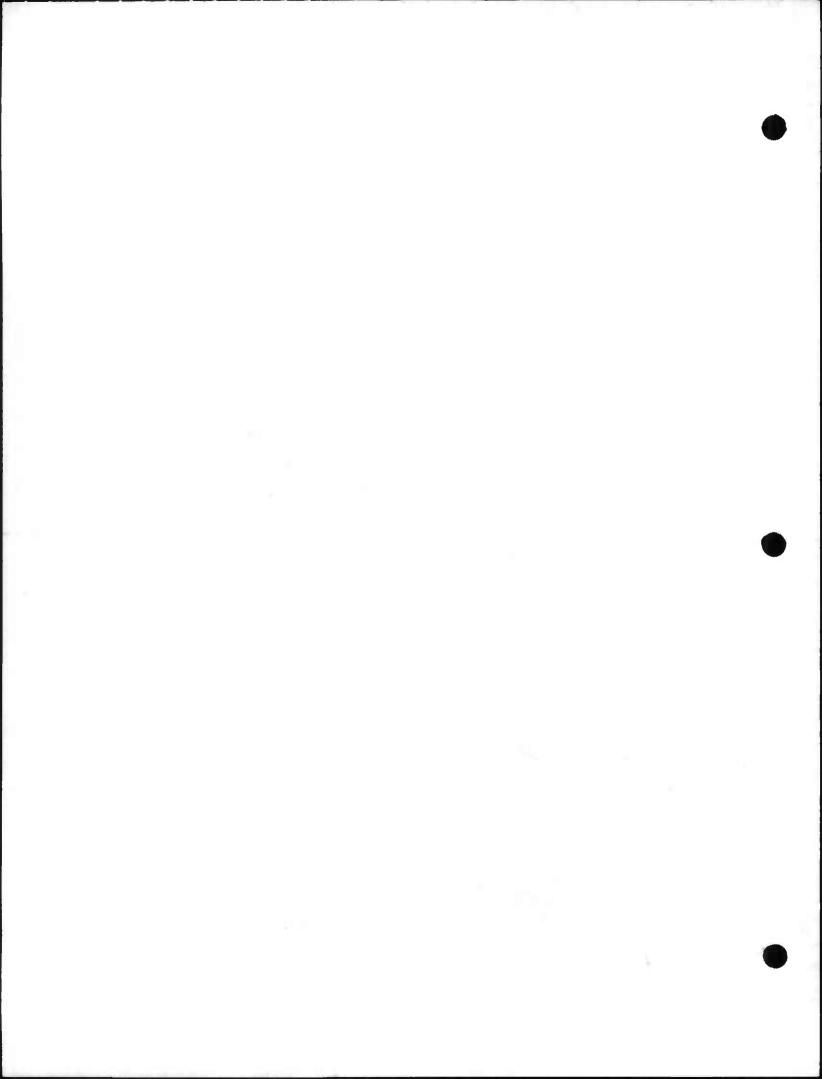
	1 - STATE OF MARYL REGISTRAR	AND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 10931
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	JULIA V 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE	RICE		MOV5 MY 9	93 07:35 AM M
	214-24-1592 1 N 2 XF 92	(In yrs. last birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 10-03-1900	a. BIRTHPLACE (State or Foreign Country) Marryland
œ	9a. FACILITY NAME (If not institution, give street and number)		TOWN OR LOCATION OF D	EATH 9	c. COUNTY OF DEATH
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSO		GLEN BURNIE		A.A. COUNTY
JIRE	Maryland Anne Arundel	10c. CITY, TOWN C	Severna Pa	rle	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE		1 TYES XX NO
JER/	378 South Drive		21146		U.S.A.
BY FUNERAL	11. MARITAL STATUS 1. Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D		WAS DECENDENT OF HISPA It yes, specify Cuban, Mexico I YES 22 NO Specifi		Black, White, etc. Specify:
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OF	CCUPATION	16b. KIND OF BUSINE	Caucasian
COMPLETED	Elementary/Secondary (0-12) 1 2+ College (1-4 or 5+)	(Give kind of work done of life. Do NOT use retired.)	aunng most of working		
ΜŽ	17. FATHER'S NAME (First, Middle, Last)	Homemaker		Home	
ŭ	Jessie Rice			ME (First, Middle, Malden Surri	name)
) BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS		Route Number, City or Town, St	tete, Zip Code)
5	Mr. J. Martin Rice	378 Sout	h Drive Se	verna Park,	Maryland 21146
	149 Buriel 2 U Cremation 3 U Removal from State	PLACE AND DATE OF DISPOS	emetery		ON - City or Town, State Burnie, Maryland
	4 Donation Chiter (Specify)		NAME AND ADDRESS OF FA		Darnie, Maryland
	Comment 1120	Ba 40	rranco & Soi	as Funeral Howy. Severna	ome Park, MD 21146
	ART I) Enter the disease, pr complications that caused ahock, pr heart failure. Last only one ceuse pn e immediate CAUSE (Final disease or condition nutiting in death)	I the deeth. Do not enter ach line.	the mode of dying, suc		interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):	orande	Jailan . Ma	repr
Ë	resulting in deeth) LAST				
PHYSICIAN: MEDICAL (PART II. Other aignificant conditions contributing to death b	ut not resulting in the un	derlying ceuse given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	O? AWAILABLE PRIOR TO COMPLETION OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)	
IXSI	1 YES 2 NO 1 Inpetient 2 ER/Outp	patient 3 DOA 4 Num	ing Home 5 - Residence		
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJUI	RY OCCURED
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	— At home, term, atreet, tactority)	ory, office	261. LOCATION (Street and It City or Town, State)	Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINET: On the best of my know one)	ledge, death occurred at the line and/or investigation, in my o	pinion, death occured at the	to the cause(a) and manner time, data end place, and du	as stated,
BE	296. SIGNATURE AND TITUS OF CENTURER	\sim	29s. LICENSE NU	TOP 29	d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DECHARLES WU, M.D./1600 CRAI	N HIGHWAY, S	.W./GLEN BUI	RNIE, MARYLAI	ND 21061
	31. DATE FILED (MONTH, Day, Year) MAY 2 5 1993 July Deviden	ATLIRE			

	_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
• /		1. DECEDENT'S NAME (First, Middle, Lust) MARIE HARRIET	T REITH				2. DATE OF DEATH DO NONTH DAY 29, 19	9°93 "	3. TIME OF DEATH 4:47 PM M
15		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
3		212-03-3835	1 □ M 2 🖾 F 81	YRS.	MONTHS DAYS	HOURS MIN.	June 7,19	11	Maryland
3 should	H.	9a. FACILITY NAME (If not Institution, give to Lorien Nursing H			Belcar	OR LOCATION OF DI	EATH	9c. COUNTY	of DEATH
1, 2,	5	RESIDENCE OF DECEDENT							
nit. Pages	DIRECTOR	Maryland Ha	rford		hurchvi.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
020 physician. burlal-transit permit. Pages 1,	FUNERAL	10s. STREET AND NUMBER 2013 Rhineforte Dr	rive		10	21028		10g. CITIZEN USZ	OF WHAT COUNTRY?
9 8 8	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, ap		NIC ORIGIN? (Specify Ver in, Puerto Rican, etc.)	s or No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White
r attendi	G	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUS	
Spital or hed for u	ONCE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Legal	work done during more retired.) Secreta	ry		Law	
Z & 2 '	20 III	17. FATHER'S NAME (First, Middle, Lest) GEORGE H.	Howard			18. MOTHER'S NA Beatric	ME (First, Middle, Maiden	sumame) League	
MARYL retained by 5 should be	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural I	Route Number, City or Tow	m, State, Zip Co	de)
E, De re		-	Reith				l, Aberdeer	ı, Md.	21001
LTIMORE ath. Page 6 may ineral director, pag	must be	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	coval from State	PLACE AND DATE (netery, crematory or o A. Fer			5-30-93		ester, Pa.
BALTIMORE, I after death. Page 6 may be by the funeral director, page moval.	medical examiner	21. SIGNATURE OF FUNERAL SERVICE LI	Me Com	10111	- Howai		Comas III H		l Home, P.A.
hours ed in t		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that caused List only one cause on e	ach line.	not enter the mo	ode of dying, suc	h as cardiac or reapi	iratory arrest	Approximate Interval Between Onset and Death
8760, lilited within 24 completely fille infal, cremation,	event, the	resulting in death)	a. OUE TO (DR AS A	CONSEQUENCE OF	haly C	west			
X Indian	NOIT	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE OF	F):				
CI	FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (DR AS A	CONSEQUENCE OF	n:				
	CERTIFICATION	resulting in death) LAST	d						
DS, F the death	9	PART ii. Other significant condition	a contributing to death b	ut not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
O se ge 1	snows any inju-						PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
L se se	S Z							-	
OF VITAL REPRINGED IN THE SAME PROPERTY IN CONTRICATE HAS been swith the State Dept. of H	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
Cuy	5 ≥	1 YES 2 NO 27. MANNER OF CEATH	1 ☐ Inpatient 2 ☐ ER/Outp 28e. DATE OF INJURY	26b. TIM	E OF 28c, IN,	Ne 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	FD
	BY Pt	1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	ORK? YES 2 ND			
TISI TITEN TITEN after	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	cify)			261. LOCATION (Street a City or Town, State)		Route Number,
	티	2 MEDICAL EXAMINE	ICIAN: To the best of my knowler. On the beale of examination						nuse(e) and manner as stated.
TO THE F De filed w	TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIES CHULUS 1	ECK TU	mo		29c. LICENSE NUN	17/2	29d. DATE SI	IGNEO (Month, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	SELF!	LAUE AUE	AB.	SIRDER	U, IL	W) 22001
		31. DATE FILED (MONTH, Day, Year)	32. REGISTBAR'S SIGN.	-Mandala				-	



DNMN-18 Rev 1/89

	,	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT (OF HE	ALTH AND I	MENTAL	HYGIENE REG. NO.				
V		1. DECEDENT'S NAME (First, Middle, Last) OLGA E. REIN	KE		-			2. DATE O	30, 19	193		:12 /	
pin		4. SOCIAL SECURITY NUMBER 217-58-7914	1 🗆 M 2 💢 🧷 7	yrs. lest birthday) 1 YRS.	777	DAYS H	IF UNDER 24 HRS.	7. DATE ((Month) 5/9			ERMA	ACE (State	or Foreign
1, 2. 3 should	СТОВ	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKI RESIDENCE OF DECEDENT					E CITY	EATH		BALTI			Υ
permit. Pages	DIRE	10a. STATE 10b. COUNTY	CECIL		Y, TOWN OR RISIN	NG S	SUN				- (LIMITS?	
ist	FUNERAL	648 RIDGE RO					219			USA	N OF WH	AT COUNTR	177
21215-0020 al or attending physician. for use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (1)(0	If y	es, speci	IDENT OF HISPAN Ity Cuban, Mexica NO Specifi	n. Puerto R	(Specify Yes ican, etc.)		Specify:	- American Whita, atc.	Indian,
21. al or for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us HOMEM	work done dun se retired.)	UPATION ing most o	of working	16b.	KIND OF BUS	INESS/INDU:	STRY		
by the hospital or be detached for u	COMPL	17. FATHER'S NAME (First, Middle, Last) GUSTAV THIEL	F	ПОПЕП	MICEN	1	OLGA	_		,			
MAR: retained 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) CLAUDIA REINKE		196. MAILING			Number or Rural I	Poute Numbe	or, City or Town,		,	.60	
ALTIMORE, beath. Page 6 may be funeral director, page		20s. METHOD OF DISPOSITION 1 Burlal 2 X Cremetion 3 Remo 4 Donation 5 Other (Specify)	IYo	PLACE AND DATE OF tery, cremetory or o	OF DISPOSITION (C. R. F. C. R. F.	ON (Name	ORY 5/	31/9	20c. LOC	ORK,		, Stata	
~ 27		21. SIGNATURE OF FUNERAL SERVICE LICE			HAR	KIN	IS F.H.	Inc	., DE	LTA,	ΡΑ.,	1731	<u> </u>
S, P.O. BOX 68760, death certificate be executed within 24 hours after a statending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removing, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, prosenock, or heart fellure. Limited in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	FAILURE CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	5 26 hern	to	seveni i Isli	5 Ao		SUBTE		94 7-7	kimate al Between and Death ArS ArS
FCORDS, P rquires that the death them signed by the attent of Health and Mental II hows any injury, o	MEDICAL	PART II. Other aignificant conditions	contributing to death bu	it not reaulting i	n the unde	rlying c	cause given in		24s. WAS AN A PERFORM 1 YES 2	NEO?	CC	ERE AUTOPS MILABLE PR OMPLETION F DEATH?	OF CAUSE
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	flent 3 DOA	OTHER:		E OF DEATN (Che						
NG PHYB. ther this ceath with marked, or	ВУ РНУ	27. MANNEB OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26 URY M	ic. INJUR WORK 1 YES	Y AT		RIBE HOW IN	JURY OCCU	RED		
DIVISION OR ATTENDING P DIRECTOR: After the hours after death to hour after death them 28 is mark	ETED	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY building, stc. (Specific	— At home, farm, s	street, factory	, offica	Ü		TION (Street an Town, State)	d Number or	Rural Rout	e Number,	
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC Be filed within 72 hours IMPORTANT: If Item	COMPLET	2 MEDICAL EXAMINER	HAN: To the best of my knowle									nd manner	na stated.
TO THE H TO THE F Se filed w	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Juth	~		21	9c. LICENSE NUM			29d. DATE S	IGNEO (M	onth, Day, Y	bar)
	2	30. NAME AND ADDRESS OF PERSON WHO \mathcal{D}_{\sim} .	JOHN H	- Lupau	Print)				PKINS	(4	DSD:	TH	
		31. DATE FILED (MONTH, Dey, Year) 5 11 0 4 93	32. REGISTRAR'S SIGNA	- Pandell									



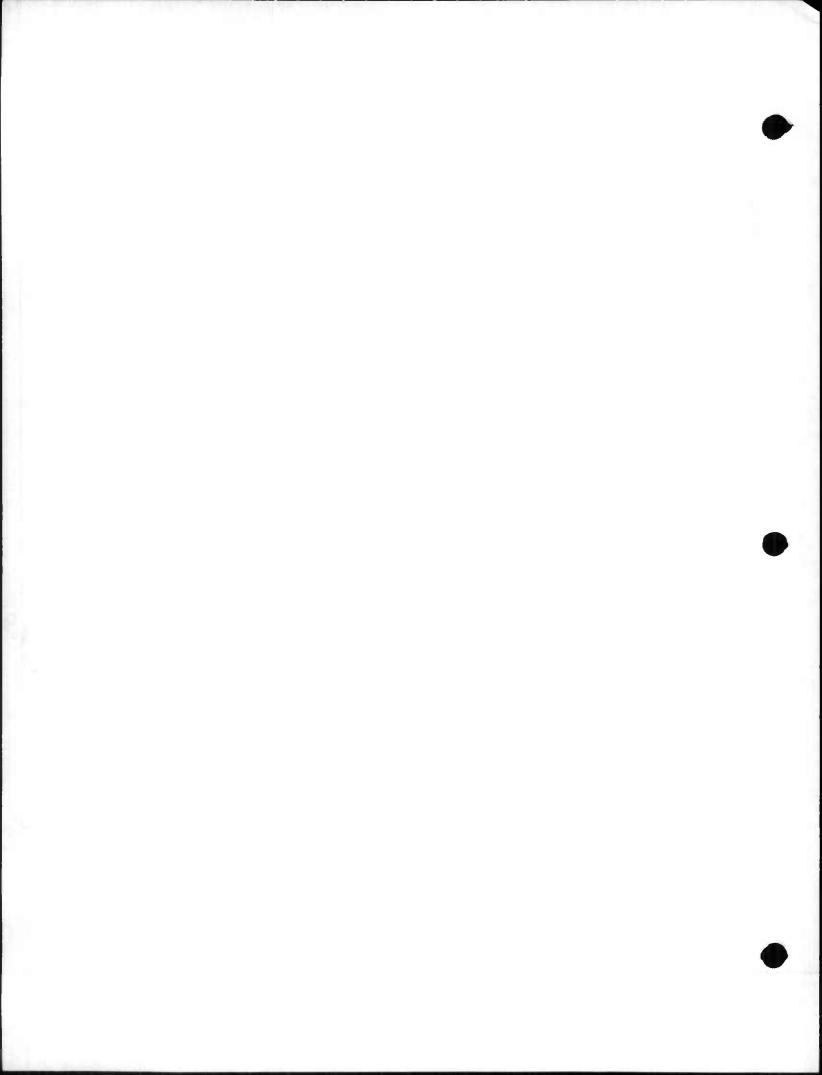
1 - STATE REGISTRAR	
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	1 - STATE REGISTRAR	STATE OF I		CERTIF	ICAT	E OF	DEAT	AND I	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
- 3	Diane P. Risel	1							MONT			YEAR	6:35 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	-11 28 OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	214 52 3152	1 M 2 XX	42	2 yrs.	MONTHS	DAYS	HOURS	MIN.	Apr	11 4 1	951	Was	hington D.C.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y. TOWN C	R LOCATI	ON OF DE	-			INTY OF D	
Œ	Crofton Convale	scent Ce	nter			ofto							undel
5	RESIDENCE OF DECEDENT	.bccnc oc	11001		01	OICO					*******	- 111	ander
Ä	10a. STATE 10b. COUNT	ſΥ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland Pr	ince Geo	rge's		Bow	rie							1×1×YES 2 □ NO
FUNERAL	10e, STREET AND NUMBER					101	. ZIP COD	Ę			10g. CIT	IZEN OF V	WHAT COUNTRY?
E	2911 Tallow Lar	1e					20	715			Uni	ted	States
S	11. MARITAL STATUS	12. WAS DECEDEN			13.					N7 (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Doporced	IF YES, GIVE V	YES 2	□NO			ecify Cube 2 🖔 NO		v	Rican, etc.)		Spec	
	15. DECEDENT'S ED		18e.	. DECEDENT'S					161	b. KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working	ng				T-PLF	
7		4		Superv	isor					Hosp	ital		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First.	Middle, Maiden			
	Samuel K. Mur	•phv					INC. NO.			umbach			
B	19e. INFORMANT'S NAME (Type/Print)	PJ		19b. MAILING	ADDRES	S /Street s	nd Number			nber, City or Tow		in Code)	
2	Samuel K. Murphy	7					Lane			Mary1		207	15
- }	20a_METHOD OF DISPOSITION \$425 Burlal 2 Cremation 3 Rer		20b. PLA	CE AND DATE					DAT			City or To	
	XX Burial 2 Cremation 3 Rer	noval from State	cemetery.	dar Hi	ther place	emet	erv		1			and	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22	NAME AL	ID ADORE	SS OF FA	CILITY				
	Columb 6	8	D			Beal	1-Ev	ans	Fune	eral Ho	-		
	mount C.	Cours		2						Rd. Bo			20715
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one cau	it caused the	deeth. Do i	not enter	r the mo	de of dy	ing, suc	h aa car	diac or reapi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death)	BILA DUE TO	TER	AL	P	NE	- 0	MO	NI	A			LODAYS
Z	Sequentially list conditions,	a HUN	TING	TON		1	Hd	RE	A				15 YEARS
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CON	ISEQUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
쁘	that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	ISEQUENCE O	F):								
H	resulting in death) Exst	d	_										
	PART ii. Other significent conditio	ns contributing to	death but no	ot resulting	in the u	nderivin	Ceuse I	liven in	Part I	24e. WAS AN	AITTOREV	245	WERE AUTOPSY FINDINGS
র							, 00000	g: V (11 111		PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YE\$ 2	□ NO		OF DEATH?
Σ				-					_				1 YES 2 NO
PHYSICIAN: MEDICAL													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE DF D	EATH (Ch	eck only o	ne)			
YS	1 TYES 2 NO	1 Inpetient 2			4 X Nu	rsing Hom		sidence	6 🗌 Othe	er (Specify)			
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, E		26b. TIN	IURY		RK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
B	2 Accident Investigation				М		rES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE C building,	OF INJURY — All atc. (Specify)	t home, ferm,	street, fac	tory, offic	•		28f. LOC City	CATION (Street of Town, State)	and Numbe	r or Rural I	Route Number,
	4 Homicide determined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge	, death occurr	ed at the	time, data	and place	, and due	to the ca	use(a) and mar	iner as sta	ned.	
2	onel												a) and manner ea stated.
	29b. SIGNATURE, AND TITLE OF CERTIFIE	en .					29c 1 IC	ENSE NUR	WRED		204 DA	LE GIONEL	(Month, Day, Year)
BE	ale lus	MA PL	11					104			D L	I_1	V _ O 3
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CALL	SE OF DEATH	ITEM 271 (X	Prine		VO	104	6			-	77-0
	JOHN GO	SMA, A	1.0	4000		CHE	LVI	LLE	RÓ.	B00	TIE	. 14	0.20716
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR	ne nd oo									
	MAY 1 4 1993	guna way	ason-Man	nacac									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

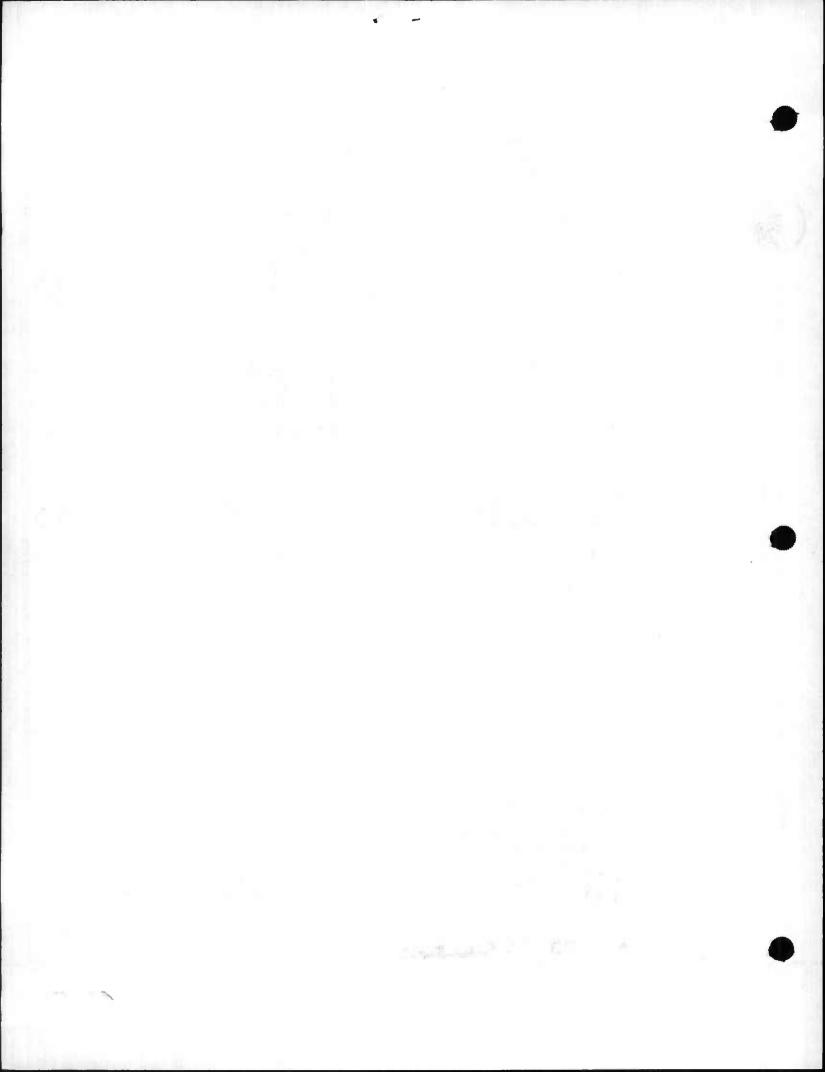
BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF M			TMENT (HYGIEN REG. NO.		J	16941
	1. DECEDENT'S NAME (First, Middle, Last) Ethel Jane	STILE	S						2. DATE OF MONTH May	D	993	EAR 3	5:40 A M
	4. SOCIAL SECURITY NUMBER 216-74-9376	1 □ M 2 🛂 F	6. AGE (In yrs. le:	st birthday) YRS.		MY8		WIN.	7. DATE OF (Month, I	BIRTH Day, Year)	1940 1	Country) Mary	
TOR	Dennett Road Mar RESIDENCE OF DECEDENT		ng Home		9b. CITY, TO		land		ATH		9c. COUNTY	of DEA	
FUNERAL DIRECTOR	MD 100. STATE 100. COUNTY	Garrett		10c. CITY	Oakla		ON						Dd. INSIDE CITY LIMITS? TES 2 \(\overline{\text{N}} \) NO
RAL	100. STREET AND NUMBER Star Rt. 2, Box	150				10f. 2	ZIP CODE	0.15					AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		II ye	es, spec		Mexican,	C ORIGIN? (- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	live kind of w . Do NOT us	usual occu ork done duri o retired.)	JPATION ing most	of working		16b. K	None	INESS/INDUS	TRY	
NO	17. FATHER'S NAME (First, Middle, Last)				abica	Т	18. MOTHE	R'S NAM	E (First, Mid				
BE C	William Bent	on St	iles					isy	_	Della		Bowm	an
5	19a. INFORMANT'S NAME (Type/Print) Thomas W. Stiles										n, State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION		20b. PLACE		BOX 16	_		ups	, MD	2079	CATION — CITY	or Town	Stele
	♦ Nonation 5 Other (Specify)	oval from State	Garre	ett Co	o. Men	n. (Garde	ns	1		land,		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Dewor			22. NA	Ste		Fun	um neral	Home	kland,		
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Friedre	e on each line	taxia	1	e mode	e of dyln	g, such	as cardle	c or reapi	ratory arrest	t,	Approximate interval Between Onset and Death Years
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSEC								-10+		
PHYSICIAN: MEDICAL	PART II. Other algorificant condition diabetes mellit		eeth but not r	resulting is	the unde	rlying	cause giv	ven in P		e, WAS AN PERFOR	MEO?	CC	PRE AUTOPSY FINDINGS ANLABLE PRIOR TO DMPLETION OF CAUSE F DEATN? YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLA	CE OF DEA	TN (Chec	ck only one)				
IXSI	1 TES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I		DOA	OTHER:	_	70.00						
	1 Natural 5 Pending	28e, DATE OF II (Month, Day	(Year)	28b. TIME INJU	IRY	WORI	K?		28d. DEŞCR	IBE NOW I	IJURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, et	INJURY — At ho	ma, farm, si				_	28f. LOCATI City or	ON (Street a Town, State)	nd Number or	Rural Rout	te Number;
COMPLETED	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSII 2 🗌 MEDICAL EXAMINE											auso(s) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTURES	~				1	29c. LICEN	SE NUMB	33Z		29d. DATE SI	IGNED (M	onthy Day, Year)
임	Dr. Thomas Johns		311 N.				001-1	and	Max	,1 and	2155	0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	_	cii st	. ,	Uakl	anu,	mary	y Land	2133	-	
	JUN - 1 1993		ridon 1/Bu	delle									



13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
). BOX	ertificate be e	ng physician giene prior to
3, P.C	e death o	he attendi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	t been signed by the
VITAL	CIAN: The la	artificate has he State Deg
	PHYSI	or this ca
OF		E 43

	1 - FOR STATE OF MARYLAND C		MENT OF H		MENTAL HYGIEN		0 10342	
	1. DECEDENT'S NAME (First, Middle, Last) GENEVA M. SHE	PPARD			05 2	3 9 T	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-18-8993 5. SEX 1 M 2 F 68		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year) 03/22/2	2.5	BIRTHPLACE (State or Foreign Country) Maryland	
OR	9a. FACILITY NAME (if not institution, give street and number) Howard County General Hospital		96. CITY, TOWN O	R LOCATION OF DE	ATH /	9c. COUNTY OF DEATH HOWARD		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
PIG	Maryland Howard	E1	licott	City		1 YES 2 NO		
FUNERAL	3621 Hollow Fields Court			21043		10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, spi		IC ORIGIN? (Specify Yen, Puerlo Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	(Specify only highest grade completed) (Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w le. Do NOT use	usual occupation ork done during mode oretired.)	SINESS/INDUST	TRY			
ME	17. FATHER'S NAME (First, Middle, Last)	rerebu	one ope		ME (First, Middle, Maider	Surname)		
ECC	Earl S. Breeden, Sr.			Ada	wa i not, motoro, motor	, Garrano)		
TO BE	19e. INFORMANT'S NAME (Type/Print) Vicki Palermo				Route Number, City or Tox			
			HOLLOW			ott C11	ty, Md.21043	
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) LOUID	on Pa	rk	netery, crematory or		alto.,		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D AODRESS OF FA				
	Harry H. Witake						City, Md. 21043	
	23. PART I. Enter the disease, or complications that caused the cahock, or hear failure. List only one cause on each lir	death. Do n	ot anter the mo	da of dying, suci	h an cardiac or resp	olratory arrest	, Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ACUTE MUR DUE TO (OR AS A COMS Sequentially list conditions, if any, leading to immediate	DUGFA	leal I	Enfarci	HON		Hours	
z	COYONAYU O	rter	u d	SPUSE			zsem	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	EOUENCE OF	04					
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DIA betes DUE TO (OR AS A CONS	EOUENCE OF	1 tes				gens	
HT	resulting in death) LAST		•					
	PART II. Other eignificent conditions contributing to death but not	t resulting i	n the underlying	o ceuse given in	Part I. 24a, WAS A	N ALITOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Hypertension				PERFO	PAMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PI	ACE OF DEATH (Ch	ock only one			
/SIC	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA	Nursing Hor	HOSP:	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26b. TIMI	URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	DED	
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	home, farm, s	street, factory, offic	4	281. LOCATION (Street City or Town, State	treet and Number or Rural Route Number, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/o							
BE	296. SIGNATURE AND LITTLE OF CERTIFIER	2.		29c. LICENSE NUI	MBER Z	29d. DATE S	IGNEO (Month, Day, Year)	
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TO	TEM 27) (Type,	Frint) Ellice	H M	7 /	nd.	7.1047	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		~ /// 6	11 00	7)	10112	-1-16-	
	MAY 26 93 Julia Davidson-Randa	le.						

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	IANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
WILLIAM IZ INDUS ALIER URBAILL WILL LINE STATE DEPT. OF TREATED METHOD IN STATE OF THE WILLIAM STATES OF THE STATE	medical	
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negu in	shows	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
5	23	Z
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III WILL	arked	Y P
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ditte	28	TED
MOUIS	tem	H
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MUNIT	ANT: If Ite	00

	1. DECEDENT'S NAME (First		2. DATE OF DEATH DAY YEAR 3. TIME OF DEA											
			OTHY SIM	MS						May 26,	1993		2:46	Рм
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las				R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State Country)			reign	
	578-01-4837		1 M 2 X F	75	YRS.	MONTHS	DATE	HOURS	were.	8-03-191	7		hington,	D.C
-	9e. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH	9c. CO	UNTY OF	DEATH	
DIRECTOR	1050 Church					Lu	Lusby Calvert						t	
EC	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY	,	
5	Maryland	Calve	rt		L	usby							1 YES 2 📆	NO
AL	10e, STREET AND NUMBER						10	f. ZIP COD	DE		10g. CI	TIZEN OF	WHAT COUNTRY?	
ER	1050 Church	Road						2065	7		υ.	S.A.		
FUNERAL	ti. MARITAL STATUS	MED					IC ORIGIN? (Specify Y		14. RAC	E - American Indi-	en,			
ВУ Б	1 Never Merried 2 Married FORCES? 1 YES 2 YNO If yes, specify Cuben, 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X ND											Spec	city:	
												Whi	te	
COMPLETED	(Specify onl	EDENT'S EDU	completed)	/(G	CEDENT'S	work done	durina me	ON ost of work	ing	16b. KIND OF B	USINESS/IN	IDUSTRY		
H	Elementary/Secondary (6	Do NOT u												
MP	Grade 8	Hous	ewif	e			Home							
										ME (First, Middle, Maide	n Surname)			
BE	Arthur Everett Morrissette 190. INFORMANT'S NAME (Type/Print) 190. MAJLING ADDRESS (Street and Nu									Kline				
2	- TAN Y - S ASSESS							(ip Code)						
	Deborah Nic		gnter)	Law succe						, MD 206				
	1 X Buriel 2 - Crematic	on 3 🗆 Rem	oval from State	20b. PLACE other po	(ace)								own, State	
	4 Donetton 5 Other (Specify) Arlington National Ceme									ry 6/2 Ar:	lingt	on,	<u>Virginia</u>	
11							L Home, 44	405 B	room	es Isl.	Rd.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying													
CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
IN	reaulting in death) LAST													
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.											b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE	
Μ	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE DF	DEATH (Che	ock only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpetient :	DOA	OTHE 4 □ Nu		me 5 🗆 f	Residence	8. Other (Specify)				
Y PHYSICIAN:		Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. Till IN.	IE OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW	INJURY O	CCURED	47	
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	DF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	tory, offi	ce		28f. LOCATION (Street City or Town, State	t and Numb	er or Rural	Route Number,	
COMPLETED	condent only									to the cause(a) end m			(a) and manner as s	stated.
EC	296. SIGNATURE AND TITLE	E OF CERTIFIE	R /					29c. LR	CENSE NUM	IBER	29d. D/	ATE SIGNE	D (Month, Day, Year)	
8		1.0	. Sha	he s	Wi.	D.		9	-22	634			28, 1993	
5	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Type	, Print)				-		1		
	Mahesh P. Sh		.D., 110	Hospita	1 Rd	., PI	rinc	e Fr	ederi	ck, MD 20	678			
	31. DATE FILED (Month, Day,	1993	John Davy	AR'S SIGNATURE	ODE-									



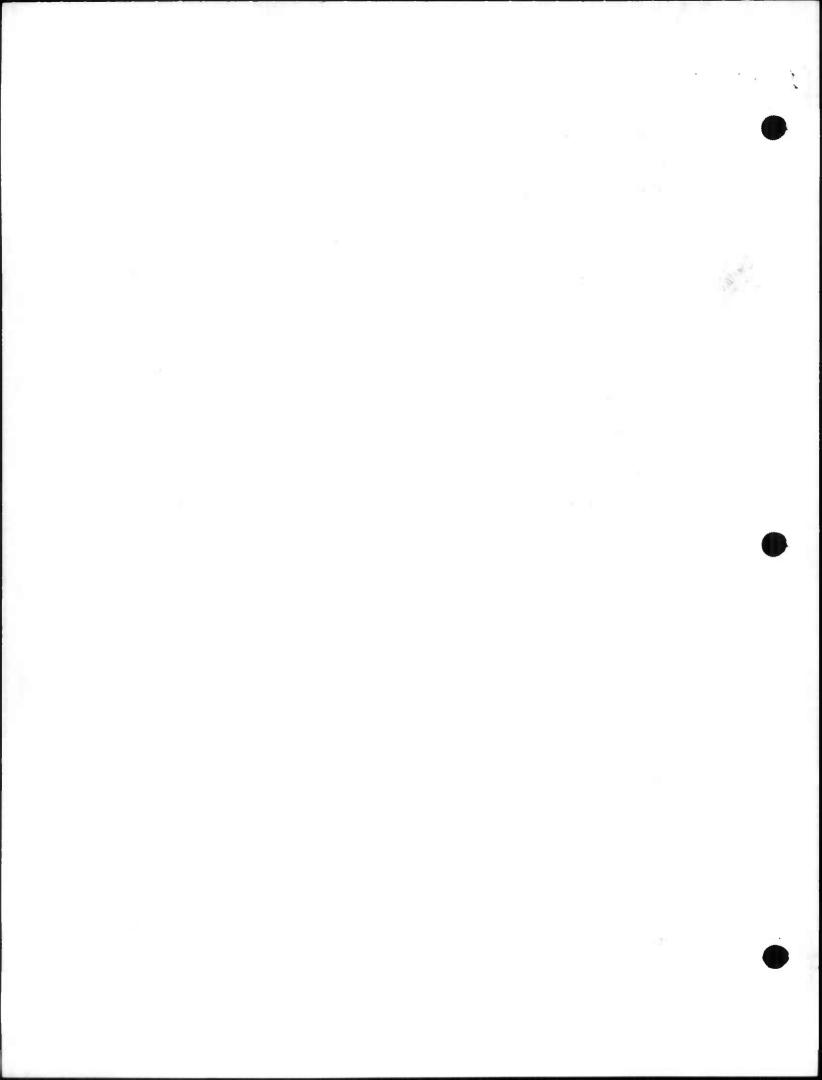
TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

57. REGISTRAR'S SIGNATURE

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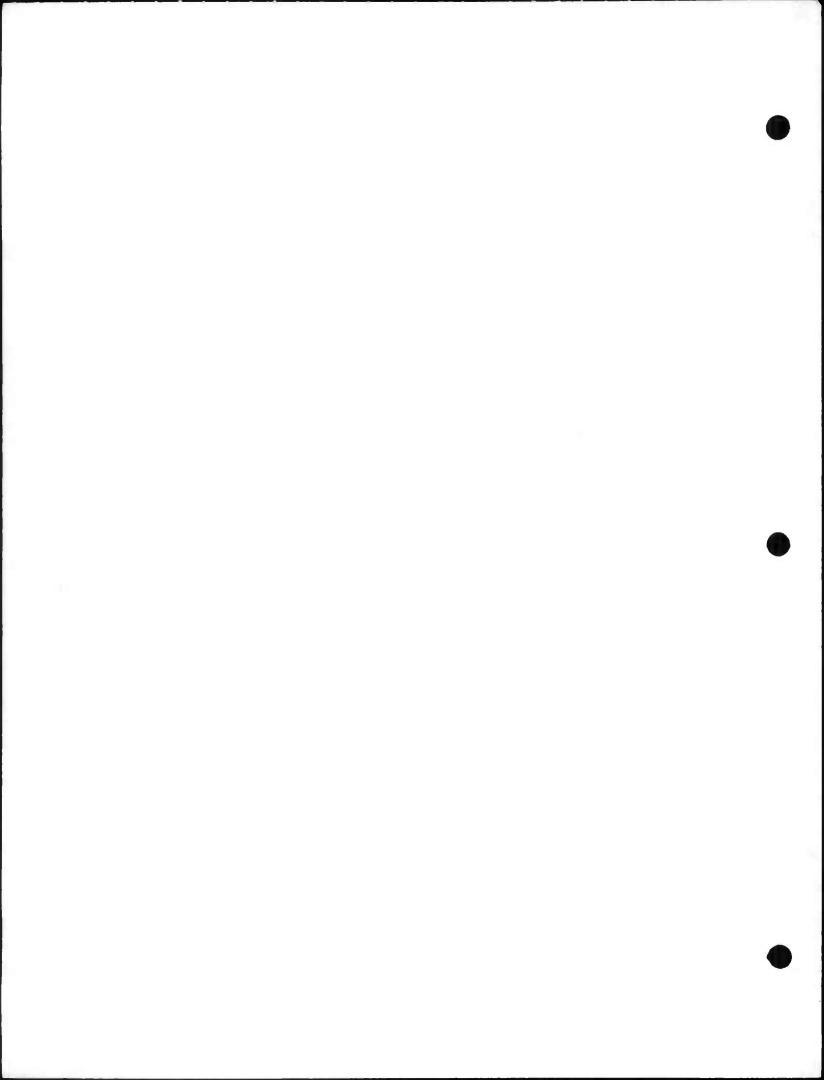
						93	16944							
	1 - FOR STATE REGISTRAR			NT OF HEALTH AND	MENTAL HYGIEN REG. NO	E	. 0) ү -							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH							
	Mary Louise Shay		S	HAY	MAY 24	1993	0954 M							
			MONT	HOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign untry)							
	020 11 01/3	□ M 2 x F 92	YRS.	THE DAYS HOURS WIN.	8/18/190		Md/							
DIRECTOR	So. FACILITY NAME (If not institution, give street PENINSULA REGIONAL	MEDICAL CENT	ER 96. C	SALISBURY	PEATH	9c. COUNTY OF								
띱	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		Tara maine anni											
E I	Md. Some	erset		W OR LOCATION	1		10d. INSIDE CITY							
	10e. STREET AND NUMBER	:LBEC	PLIN	cess Anne, Mo	1.	10a CITIZEN O	1 YES 2 X NO							
FUNERAL	Manokin Manor Nu	ursing Home		21853										
S		. WAS DECEDENT EVER IN U.S	. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	U.S.	ACE — American Indian,							
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	Bi	ack, White, stc.							
ВУ	3 Wildowed 4 Divorced	White												
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
		College (1-4 or 5+)	life. Do NOT use retire	one during most of worlding ad.)										
M M	7		Restauran	t Owner		Food, Ser	rvice							
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	AME (First, Middle, Maiden									
BE	Soloman Ward				tha Brimer									
2	19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rural										
-1	Adalene Shay		1210 MA	rket St., Apt	. B3, Poco	moke, Mo	3. 21851							
	20a. METNOD OF DISPOSITION 1 X Burial 2 Offendation 3 Removal	from State 20b. PLA	CE AND DATE OF DIS	POSITION (Name of	OATE 20c. LO	CATION — City or	Town, State							
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	- 9	Springhil	1 Cemetery	Gi	rdletre	- Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE //	0/	22. NAME AND ADDRESS OF FA	ACILITY									
	Dennis Funeral HOme, Snow Hill, Md. 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate													
	interval Between													
	IMMEDIATE CAUSE (Singl													
	disease or condition resulting in death) s. Acute Cereprover culor Accide													
	DUE TO (OR AS A CONSEQUENCE OF):													
TIFICATION	disease or condition resulting in death) s. Acute Cerebrovas cular Accident DUE TO (OR AS A CONSEQUENCE OF): Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
A	of the conditions, if any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS A CON	SEQUENCE OF):											
	resulting in death) LAST		•				j							
CE	d													
¥	PART II. Other significant conditions co	ontributing to death but n	ot resulting in the	underlying cause given in	Part i. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO							
MEDICAL					1 _ YES 2		COMPLETION OF CAUSE OF DEATH?							
M							1 YES 2 NO							
ä						1								
CE	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	OSPITAL:	1 0=1	26. PLACE OF DEATH (C)	neck only one)									
PHYSICIAN:		☐ Inpatient 2 ☐ ER/Outpatien	1 3 DOA 4 D	IER: Nursing Nome 5 - Residence	6 Other (Specify)									
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE NOW II	NJURY OCCURED								
BY	1 Netural 5 Pending 2 Accident Investigation			1 1ES 2 NO										
	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY — A building, stc. (Specify)	t home, farm, street,	factory, offica	261. LOCATION (Street a City or Town, State)	nd Number or Run	il Route Number,							
E														
COMPLETED				ne time, data and placa, and due										
Ö	one) 2 MEDICAL EXAMINER: O	n the basis of examination and	l/or investigation, in m	ny opinion, death occured at the	time, date and place, an	d dua to the caus	e(a) and manner as stated.							
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE OF	ED (Month, Day, Year)							
8	Charles Com	- M	1/	\$ 370	670	1 5/2	4/97							
유	30, HAME AND ADDRESS OF PERSON WHO CO	MIDI ETED CAUSE OF OCATH	TEM OT CO.	- //:		4 N A								



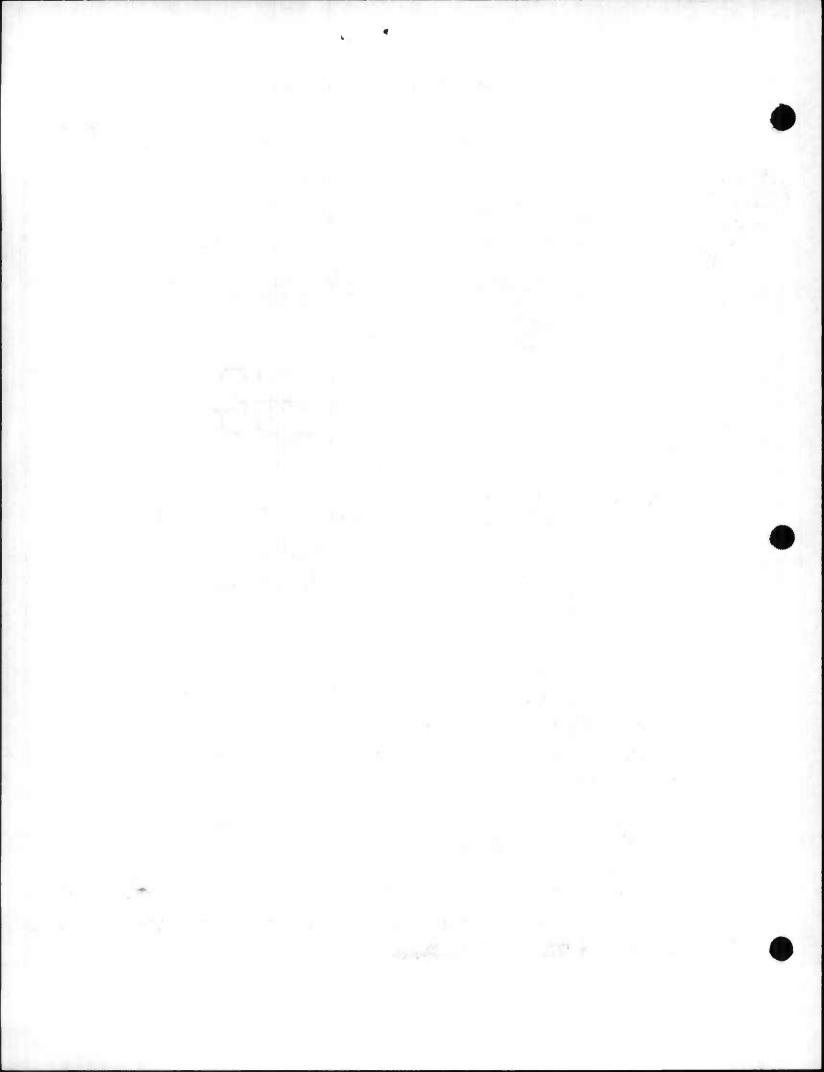
NO PROPERTY.		once.
3		1
2000		otified
) R		De 1
		must
		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	emoval	dicai e
	7	9
	jon. (the
	cremal	vent,
	ounal,	er traumatic event
	10	ELIN
	buid 6	or tra
	ygien	oth
	Ŧ	0
	Menta	njury,
	J and	any
	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows
	Dept.	23
	State	Item
	the	. 0
	WITH	rked
	death	E 3
	after	28
	hours	Hem

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENI REG. NO.	E	100	70			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. TIME OF DE	EATH			
	Grace V.	Slaughter				монтн 5	16	93	10:44	рм			
		S. SEX 6. AGE (H		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH	0. B	IRTHPLACE (Stelle or	Foreign			
		☐ M 2 1X F	77 YRS.	INTHS DAYS	HOURS MIN.	Oct.	30, 1	.915 M	aryland				
~	9e. FACILITY NAME (If not institution, give street	t and number)	91	. CITY, TOWN C	R LOCATION DF DE	ATH		9c. COUNTY	OF DEATH				
õ	Memorial Hosp	oital		Ea	ston			Ta:	lbot				
S	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d, INSIDE C	TV			
FIG	Maryland C	Caroline			Dento	n			LIMITS?				
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY				
FUNERAL DIRECTOR	904B Gay Street				21629			U.S	.A.				
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No.— 14. F	RACE — American in	dien,			
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR DR DA		1 Tyes, spe	city Cuben, Mexica 2 ND Specify		en, etc.)		Black, White, etc. Specify:				
COMPLETED	(Specify only highest grade con	mpleted)	(Give kind of work life. Do NOT use re	done during mos		16b. KI	IND OF BUS	INESS/INDUSTF	łγ				
7		College (1-4 or 5+)	Homem	aker			U	ome					
O	17. FATHER'S NAME (First, Middle, Last)	ОПС	Homen	axer	18. MOTHER'S NAI	ME (First, Mide		71110					
BE C	John Wesley Harr	is				retia		Porte	r				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F				_				
F	Eleanor J. Davis		117 Sh	arp Roa	ad, Dento	on, Ma	rylar	nd 216	29				
	20s. METHOD OF DISPOSITION 1 Striel 2 Cremetion 3 Removal	from State came	PLACE AND DATE OF D	ISPOSITION (Ne	me of	DATE		ATION — City of					
	4 Donation 5 Other (Specify)	De	nton Ceme nton Ceme			5/20	Dent	con, Ma	ryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENT	2 Maste		MOCK	D ADDRESS OF FACE	A.		. /	4				
_	· Kanageni	~/ No -							140216	,29			
1	23. PART I. Enter the diseases, or com ahock, or heart fellure. List	plicatione that caused	the death. Do not	enter the mod	da of dying, such	h as cardia	or reapir	atory arrest,	Approxi				
	IMMEDIATE CAUSE (Final		on mie.							Between nd Death			
	disease or condition resulting in death)	Se	DSIS						3-	4 da			
		DUE TO (OR AS A	NSEDUENCE OF):	1		200	· D			W)			
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (DR AS A	CONSEDUENCE OF:	mp 1	une e	->0	pho	agu	5 5-	1 de			
¥	If any, leading to immediate cause. Enter UNDERLYING	333 10 (311 74)	oonsepoence or j.	1			7	0		9			
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE DF):										
FI	reaulting in deeth) LAST									- 1			
	PART II. Other significent conditions of	ontributing to death bu	t not regulting in t	he underlyles	egues abusa la l	Book I. Lou							
SAL	dialoto) 1 501	7 W & 0	A -	cause given in		R. WAS AN A	MED?	24b. WERE AUTOPSY AMAILABLE PRICE	e to			
ED	laistus or	1 CHE	DMT			_ 1	YES 2	NO	OF DEATH?	CAUSE			
Σ.	00.0000	Cell	0.5			-			1 TYES 2	ND			
¥.	25. WAS CASE REFERRED TO MEDICAL	MOSS	al seas	26. PL	ACE OF DEATH (Che	ock only one)							
SIC	t YES 2 NO	OSPITAL:		THER:	5 🗆 Residence		manife.)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJU	IRY AT			JURY OCCURE)				
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		ES 2 NO								
	4 Homicide determined					Oily or 7	Own, State)			- 1			
PL	29e. CERTIFIER (Check only	N: To the best of my knowle	dge, death occurred at	the time, date	and place, end due	to the cause(s) end mann	ner es stated.					
COMPLETED	one) 2 MEDICAL EXAMINER: D								se(s) end manner es	stated.			
BEC	296. SIGNATURE AND TITLE OF CERTIFIED	\\\.	().		29c. LICENSE NUM	BER		29d. DATE SIG	NED (Month, Day, Yea	7)			
TO B	Marles E.	DI vet	oli' w	S.	D3	899	0	▶ 5-	17-9	3			
-	30. NAME AND ADDRESS OF PERSON WHO CO		TH (ITEM 27) (Type, Prin	FA	STOK) n	17	21	(0)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	011	3101	1	1	111	001				
	MAY 1 9 '93	Picha Davidson	Randell										



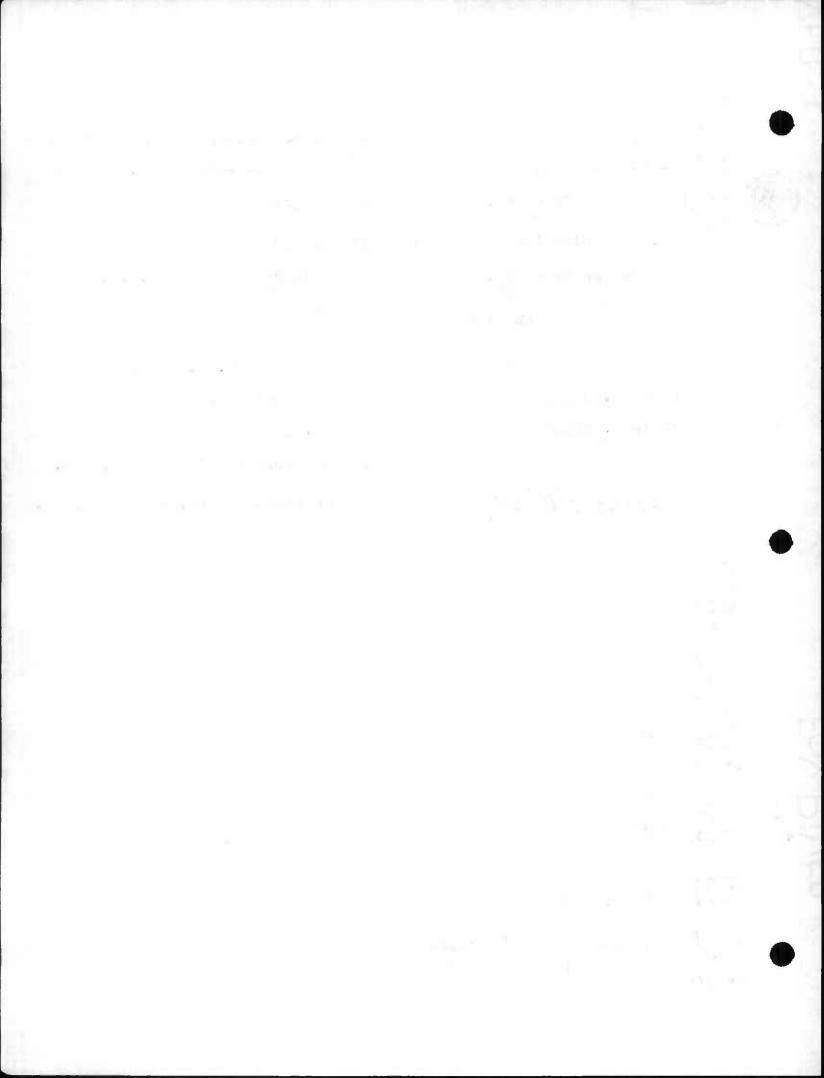
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 16946						
	1. DECEDENT'S NAME (First, Middle, Lest) Benjamin F	ranklin SAVA	GE		2. DATE OF DEATH MONTH DAY	93 5:50 PM						
	4. SOCIAL SECURITY NUMBER 212-24-1863	5. SEX 6. AGE (In	yrs. lest birthday)#	UNDER 1 YEAR OF UNDER 24 HRS. NTHS DAYS HOURS SHN.	7. DATE OF BIRTH (Month, Dey, Year) 2/25/1902	e. BIRTHPLACE (State or Foreign Country) Maryland						
TOR	90. FACILITY NAME (If not institution, give a GOODWILL MENNONIT RESIDENCE OF DECEDENT			caty, town on Location of C Grantsville								
DIRECTOR	106. STATE 106. COUNT Maryland Garre			tsville	LIMI							
FUNERAL		y Hotel Road		101. ZIP CODE 21536	US.	g. CITIZEN OF WHAT COUNTRY?						
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	NO— 14. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+j	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working lired.)	166. KIND OF BUSINES	SS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Last)		Mechanic		AME (First, Middle, Meiden Surn	oved Repair Shop						
TO BE	ISAAC SAVACE 190. INFORMANT'S NAME (Type/Print)			Anna Fi DRESS (Street and Number or Rural	Route Number, City or Town, Sta							
	Kermit B. Savage 20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	coval from State 20b.1	PLACE AND DATE OF D tery, crematory or other K Grove C	Box 259: McHen Isposition (Name of Diace)	OATE 20c, LOCATIO	ON — City or Town, State						
	21. SIGNATURE OF PUNETIAL SERVICE UN	Neuman)	K Grove C	22. NAME AND ADDRESS OF FA	AGUTY 1 Homes, P.A.	nry,Maryland						
	23. PART i. Enter the diseases, or shock or heart fallure	7	tha death. Do not	Grantsville, enter the mode of dying, such	Manyland 215 ch as cerdiec or respirato	ry arrest, Approximata						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congression of the control o											
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
A.	PART II. Other algorificent condition Status Port	a contributing to deeth bu										
PHYSICIAN: MEDIC	Mitral Valve	stenosis.		ermakeu insi	-HON 1 - YES 2X	OMPLETION OF CAUSE OF DEATH?						
CICIAN	STATUS POST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO	HOSPITAL:	or or	26. PLACE OF GEATH (C)								
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Outpat 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED						
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	At home, farm, stree	t, factory, office	28t, LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,						
COMPLETED				the time, data and place, and due my opinion, death occured at the		as steted. e to the cause(sj and manner as stated.						
TO BE C	296. BIGNATURE AND TULE OF CENTRIES	- Ret	-		MBER 290 →	d. DATE SIGNED (Month, Day, Year)						
۴	38. NAME AND ADDRESS OF PERSON WH	E Beitz	cel mp	meyerso	lab Pa+ G	Frontville mo						
2	MAY 1 9 195	32. REGISTRAR'S SIGNAT	- Roydell	0								



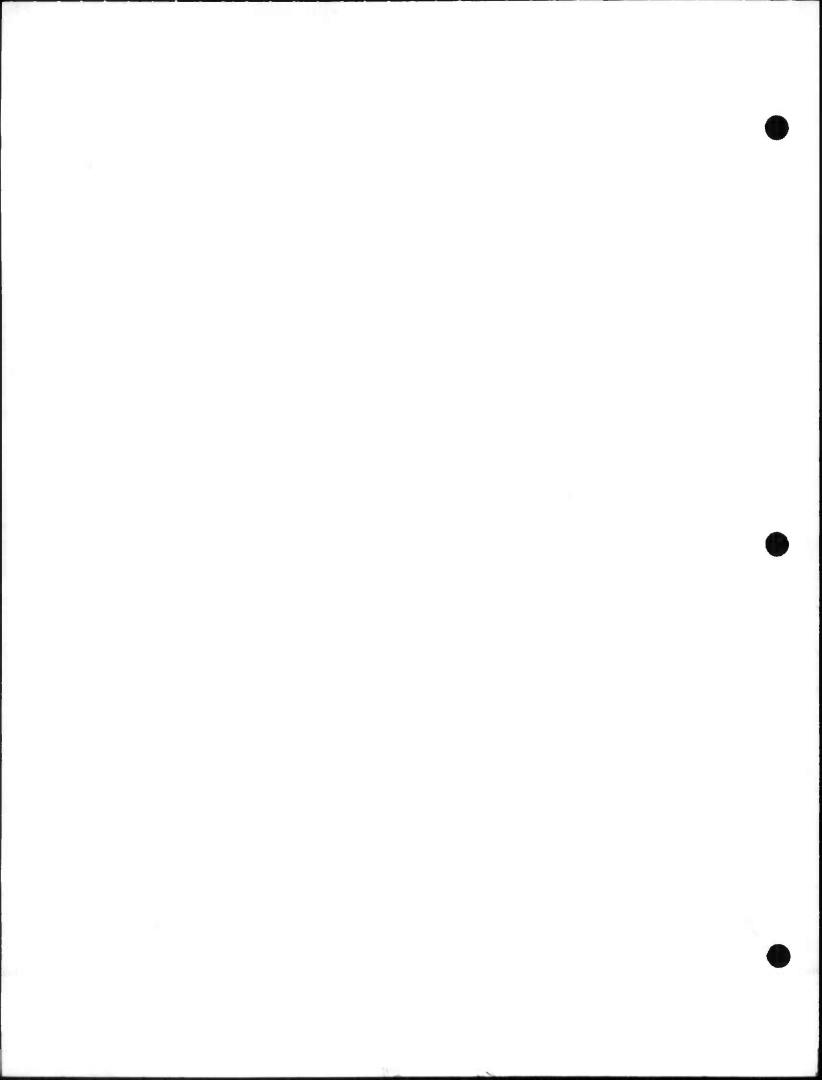
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	E J	0 1094	1				
	1. DECEDENT'S NAME (First, Middle, Last)	m.	500	ac	SP	2. DATE OF DEATH	il ich	3. TIME OF DEATH	4 "				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF MITTH	7) 10	BIRTHPLACE (State or Foreign	n				
. 7/1	212-30-4540	1-2 M 2 □ F 8	O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-6-1912	1	Country) Carolin	2				
	9a. FACILITY NAME (if not institution, give			9b. CITY, TOWN	OR LOCATION OF DI		9c, COUNTY						
OR	9765 Barren Ci	reek Rd.		Mardel	a Sprin	ngs	Wico	omico					
ᇤ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY					
DIRECTOR	Md. Wice	omico		The state of the s	prings			LIMITS?	,				
	10e. STREET AND NUMBER	7.1K. Z. C. C	Tra.		I, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
FUNERAL	9765 Barren Cı	ceek Rd.			21837		TT	S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 X YES	N U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, atc.					
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WIRTOR D	ATES		2 NO Specif			Specify: White					
	15. DECEDENT'S EDU	WW II Na		USUAL OCCUPAT	ON	16b. KINO OF BUS	SINESS/INDI IS		_				
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of a	work done during m	ost of working	ISB. KING OF BO.	31142337114203						
7	Comments y contractly (C-12)	4	Person	nne1		II. S.	Govt						
Ö	17. FATHER'S NAME (First, Middle, Last)	- W			16. MOTHER'S NA	ME (First, Middle, Maiden		· · · · · · · · · · · · · · · · · · ·					
BE (Arthur N. Sugo	s			Bess	sie Yount							
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Co	ode)					
	Virgie H. Sugo		b. PLACE AND DAT	ame as		OATE 20c. LO	CATION CIT	y or Town, Stata	_				
	1 Donation 5 Settler (Specify)	noval from State of	cemetary, crematory	or other place)				own, sum					
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE	/		ND ADDRESS OF FA		orger	OWD, Del.					
- 0	heald	1 Sugar	1	Bour	ds Fune	eral Home	. Sal	isbury, Mo	a				
	23. DART I. Enter the diseases, or							t, Approximate	,				
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	. I sche	mic	Hear	- Di	sease		240	00				
		DUE TO (OR AS	A CONSEQUENCE O	OF):									
CERTIFICATION	Sequentially flat conditions,	b DUE TO (OR AS	A CONSEQUENCE O	IF):									
CAT	if any, leading to immediate cause. Enter UNDERLYING	•											
IF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):									
ER	resulting in death) LAST	d											
CAL C	PART II. Other algnificant condition	na contributing to deeth i	but not resulting	in the underlyi	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO					
	Carc	inoma	OFP	rosto	ite	1 TES		COMPLETION OF CAUS					
MEDI	with bon	e mera	s fa se	25	<u></u>			1 TES 2 NO					
								<u> </u>					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)							
YSI	1 TES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing Ho		6 Other (Specify)							
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJUHY OCCU	HED					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUR	Y — At home, farm,			261. LOCATION (Street	and Number or	Rural Route Number,					
9	4 Homicide 6 Could not be detarmined	building, etc. (Spe				City or Town, State)						
COMPLET	29a. CERTIFIER 1 DERTIFYING PHY	SICIAN: To the best of my know	wledge, death occur	red at the time, da	a and place, and du	to the cause(a) and ma	nner as stated						
OME	onel —	IER: On the basis of examination							ed.				
ECC	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)					
(2)	walu 5	Ello	MD		20-	2119	15	14-93					
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Typ)	e, Print)									
	Wilber	M 1-1116	s Md										
10	31. DATE FILED (Month, Dey, Year)	Gelia Davidson-Rom	nature										

alra

DHMH-16 Rev 1/89



	REGISTRAR	CERTI	FICATE	OF DEATH		REG. NO.	_						
	1. DECEDENT'S NAME (First, Middle, Last) Lula Jax				2. DATE OF	F DEATH D	W.	YEAR	3. TIME OF DEATN	-			
	LULA SHIRLEY				05	16	9	3	MA8	М			
		AGE (In yrs. last birthday		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE Of	BIRTH Day, Year)		8. BIRTN Country	PLACE (State or Foreign				
	356-09-8455 1□ № 2 📈 🕫	79 YRS.	MONTHS	DAYS HOURS MIN.			14		rqia				
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY,	TOWN OR LOCATION OF	DEATH			NTY OF D	EATN	_			
OR	PRINCE GEORGES HOSPITAL	CENTER		CHEVERLY			P	RINC	E GEORGES				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
DIRECTOR	A STATE OF THE PARTY OF THE PAR	10c. C	TY, TOWN OR						10d. INSIDE CITY LIMITS?				
	District of Columbia		Wash	ington					1 X YES 2 NO				
RA	501L7561L7 1601L6791L690			10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?				
I I	5040 New Hampshire Avenue,	N. W.;		20011			uni	ited	States				
FUNERAL	11. MARITAL STATUS Separated 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. W	AS DECENDENT OF HISP, yea, specify Cuben, Mexic	ANIC ORIGIN?	Specity Yes	or No-	14. RACE Black	- American Indian, White, etc.				
B	3 Widowed 4 Divorced IF YES, GIVE WAR O	R DATES		YES 2 NO Spec		ani, 410.j	- 1	Specif	٧.				
	15. DECEDENT'S EDUCATION								Black				
	(Specify only highest grade completed)	16a. DECEDENT	work done du	CUPATION Iring most of working	16b. K	IND OF BUS	SINESS/IND	USTRY					
12	Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade							LI 1.	11				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	License	u rra	ctical Nur				tn's	Hospital				
		0:11		18. MOTHER'S N	- 1	idia, Maiden	Surname)		, , ,				
BE	Henry 190. INFORMANT'S NAME (Type/Print)	Gillespi		Susi					(unknown)				
입				Street and Number or Rura									
	Sheila C. Day (niece)			ey Court, I		-				_			
		20b. PLACE AND DATE comptery, crematory, or	OF DISPOSIT other place)	ION (Name of	OATE	20c. LO			. 131.50				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cedar Hi		Temetery Suitland, Mar									
			22. N	AME AND ADDRESS OF F	ACILITY	atnev	's Fi	inera	1 Home				
	De h Latney	7	38	31 Georgia									
	23. PART I. Enter the diseases, or complications that cau	sed the death. Do	not anter ti	he mode of dying, su	ch as cardia	c or respi	ratory arr	eat,	Approximate				
	ahock, or heart failure. List only one cause o IMMEDIATE CAUSE (Final	n each lina.	4	4		•	•	•	Interval Betwee				
	disesse or condition	otic	cho	005					Onset and De	MCFT			
	resulting in death) a. — Se Puc Shock OUE TO (OR AS A CONSEQUENCE OF):												
z	F C1	show	· My	ostor	Ly	12	-/ ()	CP	İ				
CERTIFICATION	Sequentially list conditions, If any, leading to immediata	AS A CONSEQUENCE	Phi D	Inc.			2666			_			
3	cause, Enter UNDERLYING	ma	Do	100 /	nol	111	w	,					
Ē	trial militates events	AS A CONSEQUENCE	P)	1	1	-	1						
E	resulting In dasth) LAST	107111	10/2	1 Walsa	Das	A	50	ace					
ᄀ	PART II. Other eignificant conditions contributing to dest					0	-						
DICAL	The street agrinicant conditions contributing to deal	n but not reauting	in the und	erlying cause given is	n Part I. 2	ta. WAS AN PERFOR			WERE AUTOPSY FINDING AVAILABLE PRIOR TO				
ă					1	TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	:			
ME					1				1 - YES 2 - NO				
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	28. PLACE OF OEATH (C	heck only one)								
YS	1 VES 2 NO 1 Propertient 2 ER/			ng Home 5 - Residence	6 🗆 Other (S	Specify)							
표	27. MANNER OF DEATN 28e. OATE OF INJU (Month, Day, Ve.		ME OF 2	8c. INJURY AT WORK?	28d. DESCF	NBE HOW IN	JURY OCC	CURED					
B	2 Accident Investigation		М	1 YES 2 NO									
	building, etc. (URY — At home, farm, Specify)	street, tector	y, office	28f. LOCATI	ON (Street e Town, State)	nd Number	or Rural Ad	oute Number,				
	4 Nomicide determined												
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my lo	nowledge, death occur	red at the tim	e, date end place, end du	e to the cause	(e) end men	ner ee atate	ed,					
S I	one) 2 MEDICAL EXAMINER: On the basis of exemin								end menner ee stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU					'Month, Day, Year)				
H	V ellall	1/	M.	N D3	42	741	▶ <	SIGNEO	6-97	>			
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Tro	a, Print)		161	-(-)							
	Essam Tellawi, M.D.;4000 M			oad,Suite A	A-1; Βα	owie.	Mary	/land	20716				
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S S	Javidson-Ran			,	- ,		3	==,,,				
	MAY 1 9 1993 Schiar	xurdson-Man	معمد										



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYL				T OF H			MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Midd	le, Last)							<u> </u>	.,	2. DATE	OF DEATH			3. TIME OF DEATH
Michae	1		Steve	en.		Sau	ær			мон	TH DA		YEAR 93	7:00 AM
4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (in yrs. laat	birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	-		LACE (State or Foreign
220-66-8349	1	M 2 □ F	3	7	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Country)	
9a. FACILITY NAME (If not institution	on, give street	and number)				9b. CIT	TY, TOWN O	ATH						
13830 Park	Avenu	ie.				Br	randy	vine						orge's
RESIDENCE OF DECEDE	INT											LITIC	e	orge s
THE RESERVE THE PARTY OF THE PA	COUNTY	George	1 ~				r, rown or location Candywine							IOd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Lanc	-						1 TYES 2XXNO					
13830 Park	Ave.						101. ZIP CODE 109. CITIZEN OF WHAT 20613 U.S.A.						AT COUNTRY?	
11. MARITAL STATUS		. WAS DECEDEN				13	. WAS DECE	NDENT OF	F HISPAN	IIC ORIGI	N? (Specify Yea	or No-	14. RACE -	- American Indian, White, etc.
1 Never Married 2 Marrie 3 Wildowed 4 Divorced	ed	FORCES? 1)		If yes, spe	cify Cuban	i, Maxica	n, Puerto	Ricen, etc.)		Black, \ Specify:	
	T'S EDUCATI	011		44. 550									white	
15. DECEDEN' (Specify only higher Elementary/Secondary (0-12)	est grade com	pleted)		(Gha	EDENT'S e kind of v Do NOT us	vorik done	OCCUPATIO during mos	N t of working	g	160	. KIND OF BUS	INESS/INDU	ISTRY	
12		ollege (1-4 or 5 -	•)	bric							constr	uctio	n	
17. FATHER'S NAME (First, Middle, I	Last)				:-			18. MOTH	ER'S NA	ME (First,	Middle, Maiden S	Surname)		
John Calvin Sa	uer,	Sr.						Ma	irga	ret	Elizab	eth H	aggei	nmaker
19a. INFORMANT'S NAME (Type/Pri									or Rural F	loute Num	ber, City or Town	, State, Zip (Code)	
John C. Sauer,	Sr.			8	same	as	10 a-	-f						
20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3	☐ Removal	from State	20b.	PLACE AN	ND DATE C	per place	SITION (Name	ne of		DAT		ATION — C		
4 Donation 5 Other (Speci		ee	FT	. Li	ncol		emete				93 Br			
DEB5	3	PEE				6	633 (Clint	old A	lex MD	ande 2073	Lee Fu r Fe r r 5	neral y Rd.	HOM	e, Inc.
23. PART I. Enter the disees	es, or com	pilcations the	ceused	the dee	th. Do n	ot ente	r the mod	e of dyin	ng, suct	h as cen	diac or reapir	atory arre	st,	Approximate
shock, or heart f	ellure. List	only one ceu	se on ee	ch ilne.										interval Between Onset and Death
disease or condition resulting in death)		ENO DUE TO	5	100	21	1/4	+ ha	513	0	EC	inen			SYRS
resouting in death)					JENCE OF):	, ,,,,	3 6 5			, , , ,			
Sequentially list conditions,	b.	BLCO												11 YRS
if any, leading to immediate		DUE TO	(OR AS A	CONSEQU	JENCE OF):								
CAUSE (Disease or injury	c	DISE TO	(OD 40 4											
that initiated events resulting in death) LAST		DOE 10	(OR AS A	CONSEQU	JENCE OF):								1
	d													-
PART ii. Other significent co			deeth bu	ut not re	suiting i	n the u	ınderlying	ceuse gi	iven In	Pert i.	24a. WAS AN			/ERE AUTOPSY FINDINGS
YPPR L-I by	lee DI	16	5	2/2	URL	0	BURL	rer			PERFORI		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
Hepp1,713	(1 1 123 2	XIII		F DEATH?
DOMONTI	A.									_			1	L (LS 2 NO
25. WAS CASE REFERRED TO MED							28. PL/	CE OF DE	ATH (Che	ick only o	ne)			
EXAMINER?		OSPITAL:	ER/Outpo	rtlent 3	DDA	OTHE	R: Irsing Home	5. A Rea	idence	8 Othe	r (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY		28b. TIME		28c. INJU	RY AT			SCRIBE HOW IN	JURY OCCU	JRED	
1 Natural 5 Pendir		(WORRI, D	ily, rear)		INJ	M	1 U Y	S 2 _	NO					1
3 Suicide 8 Could		28e. PLACE O	F INJURY	- At hom	e, farm, s	treet, fa	ctory, offica				ATION (Street at	nd Number o	r Aural Rou	ite Number,
4 Homicide datarm	nined		erec (Opoca	97						City	or Town, State)			
29a. CERTIFIER 1 CERTIFYING	G PHYSICIAN	: To the best of	my knowk	edge, deat	h occurre	d at the	time, data a	ind placa,	and dua	to the ca	use(a) and man	ner sa state	d.	
														ind menner as stated.
29b. SIGNATURE AND TITLE OF CI							1	29c. LICEN						Aonth, Day, Year)
JURPH	PI	ARUS	U K	0				1)-	18	013				4, 1993
30. NAME AND ADDRESS OF PERS	SON WHO CO	MPLETED CAUS	E OF DEA	TH (ITEM	27) (Туре,	Print)			10	1			-1	-,
Dr. Joseph P.				scata			C1:	intor	ı, I	Marv	land	20735	,	
31. DATE FILED (Month, Day, Year)		32. REGISTRA			4				•	- 1				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAY 1 8 1993

Savidson-Randell

BALTIMORE, MARYLAND 21215-0020

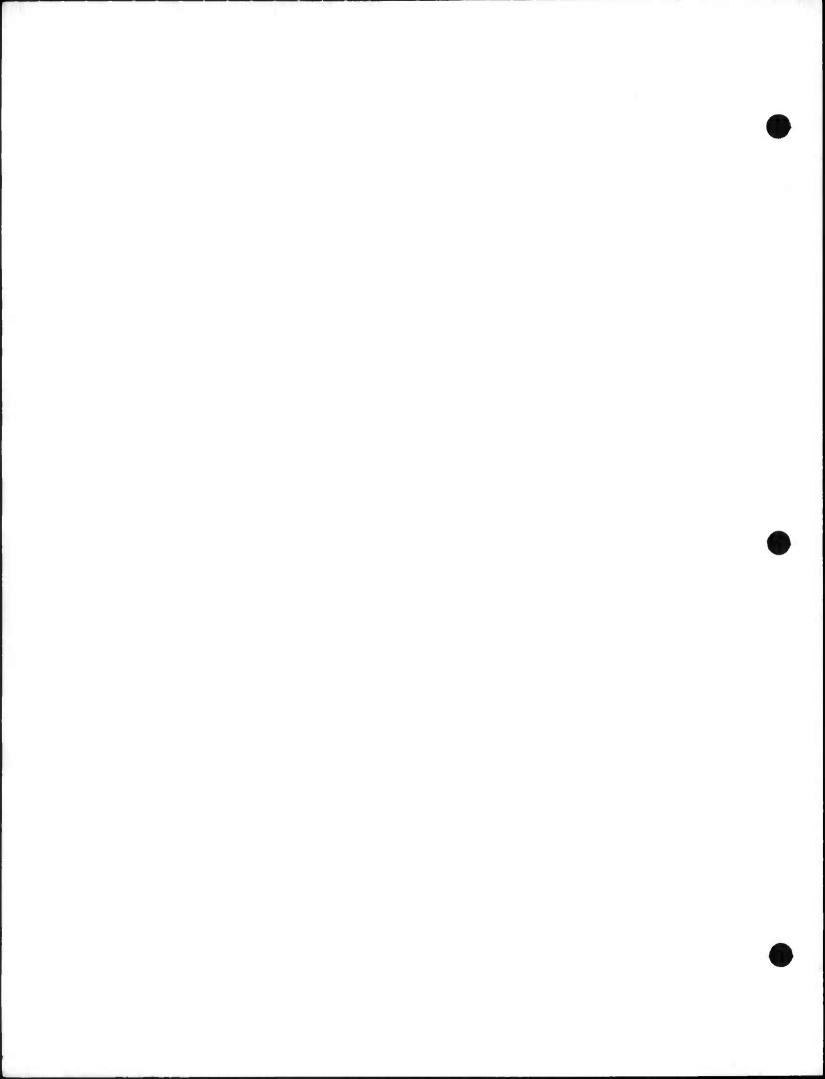
DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has find within 72 hours after death with the State harm of Machin Hamilton Actions poor in hunting in companies.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	/LAND / DEPARTMENT (CERTIFICATE	OF DEATH		REG. NO.
(BETTY	MARGARETTE	STERNIK	2. DATE O MONTH	F DEATH DAY

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last					3. TIME OF DEATH A			
	4. SOCIAL SECURITY NUMBER 579-26-6744	1 □ M 2 □XF	(In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR IF UNI MONTHS DAYS HOURS	S MIN.	DATE OF BIRTH (Morth, Day, Year))4/04/192	Gour	Sh, Virginia	
TOR	9a. FACILITY NAME (If not institution, give street and number) Washington Adventist Hospital RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH Takoma Park			Montgomery		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR L							10d. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER			attsville 101. ZIP CODE			10g. CITIZEN OF	1X YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	4303 Oglethorpe	orpe Street 12. WAS DECEDENT EVER IN U.S. ARMED			20781		U.S.A. or No.— 14, RACE — American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	If yes, specify Cu	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yes, specify Cuban, Maxican, Puerto Rican, etc.) T YES 2 NO Specify:		Black, White, atc. Specify: White			
ETEC	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)		USUAL OCCUPATION work done during most of world retired.)	orking	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLETED	7	College (1-4 or 5+)	Waitre			Foo d			
BE CO	17. FATHER'S NAME (First, Middle, Last) Harry Tucker F	itzgerald				First, Middle, Maiden: Elizabeth		ov	
10 B	19a. INFORMANT'S NAME (Type/Print) Evelyn V. Reed			ADORESS (Street and Numb	ber or Rural Route	Number, City or Town	, State, Zip Code)		
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rev	movel from State	PLACE AND DATE	OF DISPOSITION (Name of	Juleet,		CATION — City or 1		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	P	arklawn 2	Cemetery	05/18		ckville,	Maryland	
	▶ Clearles	I. Bell	11/					Home, P.A. ville, MD	
	23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that ceused b. List only one cause on e	the death. Do rech line.	not enter the mode of o	dying, such as	cardiac or reapir	retory arreat,	Approximate interval Between Onset and Death	
NO	DUE TO (ON AS A CONSEQUENCE OFF. Sequentially list conditions b.								
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Of vov	CONSEQUÊNCE OF	bstruc	frie	pulme	newy		
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	r):		a	iceh	e	
A	PART II. Other algnificant condition	ons contributing to deeth b	ut not resulting	n the underlying ceuse	e given in Pari	t I. 24e. WAS AN / PERFORI	AUTOPSY 24 MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC						1 YES 2	KNO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
IYSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Nursing Home 5					
ВУ РЬ	27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED								
TED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Livating MrluyMD 29c. LICENSE NUMBER 3 29d. DATE SIGNED (Mynth. Day, Your) 5/14/93								
REVATHY MURTHY 6130, LANDOVER RD, LANDOVE								VDOUER,	
	MAY 1 9 199	32. REGISTRAR'S SIGNA	dson-Randa	22					
		Ü						DHMH-16 Rev 1/89	



			CER	TIFICA	NT OF H	EALTH AND DEATH	MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							TE OF DEATH			3. TIME OF DEATH
Audrey Hamm	nock Sla	ade					Mar		19	93	1:25 PM M
4. SOCIAL SECURITY NUMB	ER 5	. SEX 6. A	GE (In yrs. last birt	thday) IF UN	IDER 1 YEAR	IF UNDER 24 HRS.	7 DAT	F OF BIRTH			LACE (State or Foreign
228 28 2574	4 1	□ M 2 □XX	65	YRS. MONT	HS DAYS	HOURS MIN.	Au	g. 18 1	927	Country) Dany	ille Va.
9e. FACILITY NAME (If not in:	stitution, give stree	t and number)		9b. C	SITY, TOWN O	R LOCATION OF		0	9c. COUNT		
Crofton Cor		ent Cente	r		Croft	on			Anne	Arı	undel
RESIDENCE OF DEC	10b. COUNTY		10	Bc. CITY. TOW	/N OR LOCAT	ON				10.	10d. INSIDE CITY
Maryland	Prince	Georges		Lando							LIMITS?
10a. STREET AND NUMBER		0001800		Band		ZIP CODE	_		10g. CITIZE		1 KNES 2 NO
2201 East	Spring	Place				20785			Unit	ed S	States
11. MARITAL STATUS		2. WAS DECEDENT EVE FORCES? 1 Y				ENDENT OF HISPA			or No-	RACE -	- American Indian, White, etc.
1 Never Married 223 3 Widowed 4 Divo		IF YES, GIVE WAR O	R DATES			cify Cuben, Maxic				Specify:	111111111111111111111111111111111111111
15. DEC	EDENT'S EDUCAT	ION	160 DECED	ENT'S HELIA	L OCCUPATIO			No			White
(Specify only Elementary/Secondary (0	highest grade cor	npleted)	(Give ki	ind of work do	one during mos	t of working	1	8b. KINO OF BUSI	INESS/INDUS	STRY	
12	-12)	College (1-4 or 5+)	Hot	memake	er			Own	Home		
17. FATHER'S NAME (First, Mi	ddle, Last)					18. MOTHER'S N	AME (First	, Middle, Meiden S			
John L. Har	mmock							e Smile	,		
19e. INFORMANT'S NAME (7)	/pe/Print)		19b. M/	AILING ADDR	E\$\$ (Street er	d Number or Rura			2	ode)	
Susan Lea M	cDonald		37	16 Ni	le Roa	d Dav	idso	nville	Mary1	and	21035
20a. METHOD OF DISPOSITION 1 □ Burlel 2 反 Cremello		from State	20b. PLACE AND I	DATEOFDISE	POSITION (Na	ne of	DA	TE 20c. LOC	ATION - Ch	y or Towi	n, State
4 Donation 5 Other	(Specify)		Metropo					A1	exand	ria	Virginia
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE		, !		-Evans		ral Hom	e P	Δ	
nover	te	Cvan	a tr	700.	16000	Annapo	lis	Rd. Bow	ie Md	. 20	715
23. PART I. Enter the dis	seasea, or con	picetiona that ceut only one ceuse o	sed the death.	. Do not en	ter the mod	la of dying, su	ch as ca	rdiac or reapin	atory errea	t,	Approximate
IMMEDIATE CAUSE (Fin		A .	n eech mie.								interval Between Onset and Death
disease or condition	→		P								
1		17	1110	non	P	new	MY	114.			5-2-1-2-1-27
		DUE TO (OR	S A CONSEQUEN	NCE OF):	P	new	יוטיי	714.			
Sequentially list condition		De	men	オな	, 1	new	יוני מוכני	niu.			
Sequentially list condition if any, leading to immediate. Enter UNDERLYII	liate	De	S A CONSEQUENT S A CONSEQUENT S	オな	L	new	m)r	niu.			
if any, leading to immed	diate NG	DUE TO (OR A	men	MCE OF):	, L	neu. Depre	wi	niu.			
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injur	liate NG ry c	DUE TO (OR A	S A CONSEQUENT	MCE OF):	L	new	wr	niu.			
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in deeth) LAST	diate NG ry c d	DUE TO (OR A	S A CONSEQUEN	NCE OF):	L						
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events	diate NG ry c d	DUE TO (OR A	S A CONSEQUEN	NCE OF):	underlying			24a. WAS AN A PERFORM		A	VERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in deeth) LAST	diate NG ry c d	DUE TO (OR A	S A CONSEQUEN	NCE OF):	underlying			24a. WAS AN A	MED?	A	
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in deeth) LAST	diate NG ry c d	DUE TO (OR A	S A CONSEQUEN	NCE OF):	underlying			24a. WAS AN A PERFORM	MED?	O D	WAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST	diate NG c c d d	DUE TO (OR A	S A CONSEQUEN	NCE OF):		ceuse given in	Part I.	24a. WAS AN A PERFORM	MED?	O D	WAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in deeth) LAST	ont conditions of MEOICAL	DUE TO (OR A	AS A CONSEQUENT SA CONSEQUENT	NCE OF):	26. PL	ceuse given in	Part I.	24s. WAS AN A PERFORM 1 YES 2	MED?	O D	WAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
if any, leading to immec cause. Enter UNDERLYII CAUSE (Disease or injurithat initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER?	ont conditions of MEOICAL	DUE TO (OR A	S A CONSEQUENT S A CO	NCE OF): Iting in the	26. PLIER: Nursing Home 28c. INJU	Ceuse given in	Part I.	24s. WAS AN A PERFORM 1 YES 2	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
if any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 5	diate NG ry d nt conditions c	DUE TO (OR A	S A CONSEQUENT S A CO	NCE OF): iting in the	26. PLIER: Nursing Home 28c. INJU	Ceuse given in	Part I.	24a. WAS AN A PERFORM 1 YES 2 [MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
if any, leading to immec cause. Enter UNDERLYII CAUSE (Disease or injut that initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 F	ont conditions c	DUE TO (OR A DU	S A CONSEQUENT S A CO	NCE OF): Iting in the OOA 4 1 1 OB. TIME OF INJURY	26. PLIER: Nursing Home 28c. INJL 4 I Y	Ceuse given in ACE OF DEATH (C. 5 Residence RY AT INC.	Part I.	24a. WAS AN A PERFORM 1 YES 2 DONE) DEF (Specify) ESCRIBE HOW IN.	MED?	A C C D D 1	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
if any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuit that initiated events resulting in deeth) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 F Accident 3 Suicide 8 C	ddddddd	DUE TO (OR A DUE TO (OR A CONTRIBUTING to deet OSPITAL: Inpetent 2 = ER/C 28e. OATE OF INJUI (Month, Day, Yes	S A CONSEQUENT S A CO	NCE OF): Iting in the OOA 4 1 1 OB. TIME OF INJURY	26. PLIER: Nursing Home 28c. INJL 4 I Y	Ceuse given in ACE OF DEATH (C. 5 Residence RY AT INC.	Part I.	24a. WAS AN A PERFORM 1 YES 2 [DOTE] THER (Specify) ESCRIBE HOW IN.	MED?	A C C D D 1	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
if any, leading to immec cause. Enter UNDERLYII CAUSE (Disease or injurithat initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 F 2 Accident 3 Suicide 8 C	ont conditions of the conditio	DUE TO (OR A DU	Dutpetient 3 Dutpe	NCE OF): Iting in the OOA 4 1 1 Ib. TIME OF INJURY Merry, street, 1	26. PLIER: Nursing Home 28c. INJI WOF 1 Y	Ceuse given in MCE OF DEATH (C. 5	s Ott	24a. WAS AN A PERFORM 1 YES 2 One) Per (Specify) ESCRIBE HOW IN. CATION (Street an y or Yown, State)	JURY OCCUP	A C C D D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
if any, leading to immec cause. Enter UNDERLYII CAUSE (Disease or injurithat initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5	ont conditions of the conditio	DUE TO (OR A DU	Dutpetient 3 DRY At home, 1	NCE OF): Iting in the OOA 4 I I Ib. TIME OF INJURY M form, street, 1	26. PLIER: Nursing Home 28c. INJL WOF 1 Y	Ceuse given in MCE OF DEATH (C. 5	Part I. beck only of the Color	24a. WAS AN A PERFORM 1 YES 2 one) ner (Specify) ESCRIBE HOW IN. PCATION (Street an y or Town, State) suse(e) end mann	MED? NO NO NO NO NO NO NO NO NO N	A C C D D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in deeth) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 PROJECT OF STANDER OF OEATH 2 Accident 3 Suicide 8 Check only One) 2 MEDIC	ont conditions of the conditio	DUE TO (OR A DU	Dutpetient 3 DRY At home, 1	NCE OF): Iting in the OOA 4 I I Ib. TIME OF INJURY M form, street, 1	26. PLIER: Nursing Home 28c. INJL WOF 1 Y	Ceuse given in NCE OF DEATH (C. 5	Part I. B Ott 28d. Di 28f. LO Cit. I time, dat MBER	24a. WAS AN A PERFORM 1 YES 2 Ther (Specify) ESCRIBE HOW IN. PORTION (Street an y or Town, State) Buse(e) end mannite end place, end	JURY OCCUR do Number or	Rural Roc	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. The filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

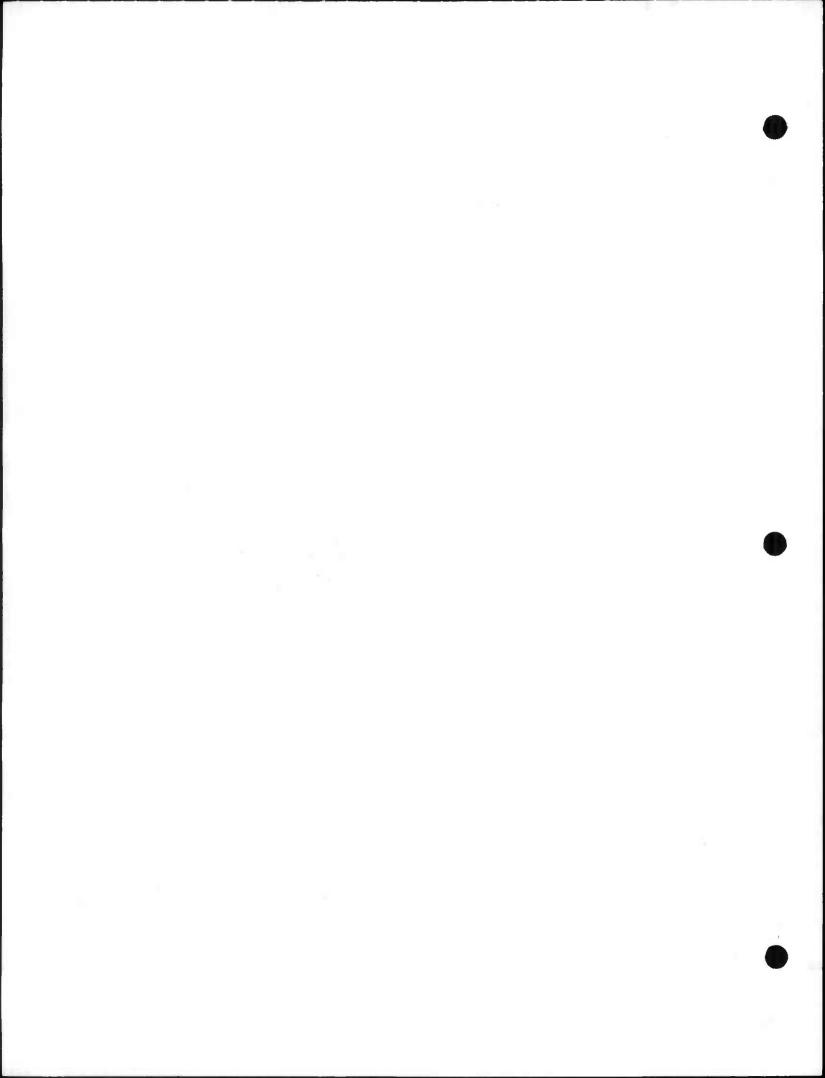
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAY 2 1 1993

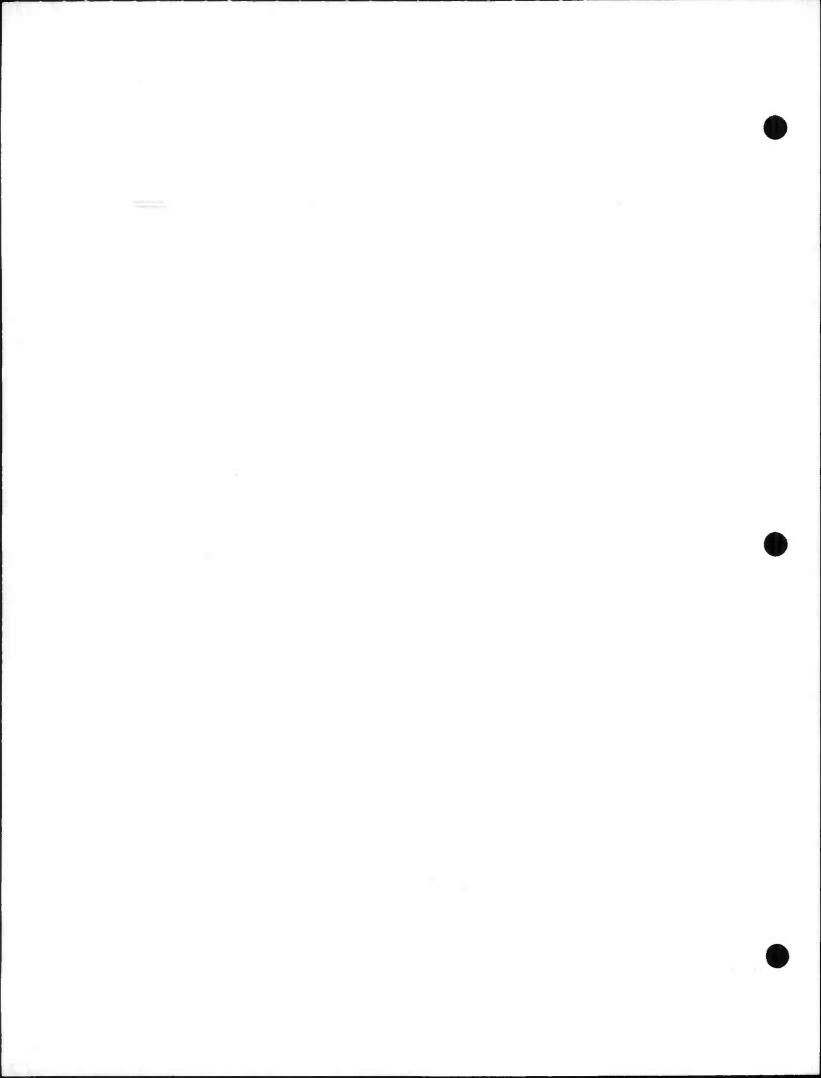
DHMH-18 Rev 1/89



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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 05/15/93 William Michael Shea 8:20 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year June 7 IF UNDER 1 YEAR IF UNDER 24 HRS. 8, BIRTHPLACE (State or Foreign 579 44 8327 DAYS 57 HOURS 1 M 2 D F YRS. 1935 Washington D.C. 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 304 Columbia Lane Kent QUEEN ANNE CO. Stevensville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Stevensville 1 YES 2XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 by the funeral director, page 5 should be detached for use as the burial-transit p removal. 304 Columbia Lane 21666 United States after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 KMarrie Il yes, specify Cuban, Mexican, Pu 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced No White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2 Director of Store Operations Hi-Gear Auto Parts 17. FATHER'S NAME (First Middle Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notified at William M. Shea, Sr. BE Anne M. Monica 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Claire Louise Shea 304 Columbia Lane Stevensville, Md. 21666 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Metropolitan Crematory Alexandria Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. over 16000 Annapolis Rd. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cerdisc or reepiratory strest, filled in by Approximate 24 hours shock, or heart fellure. List only one cause on each line. 0 interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the attending physician and completely file Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) Me 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. TO (OR AS A CONSEQUENCE OF) traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF: if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO JOH AS A CONSEQUENCE OF that initiated events reaulting in death) LAST 6 been signed by the atter or. of Health and Mental I 3 shows any Injury, o PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying ceues given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO has be Dept. r this certificate has h with the State De arked, or item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN marked, 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending Investigation L DIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Nomicide 1) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. ID THE FUNERAL C filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED Month, Day, 出 BE 29€ LICENSE NUMBER rue 203 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day. Year) 32. REGISTRAR'S FIGNATURE Pandall 1993

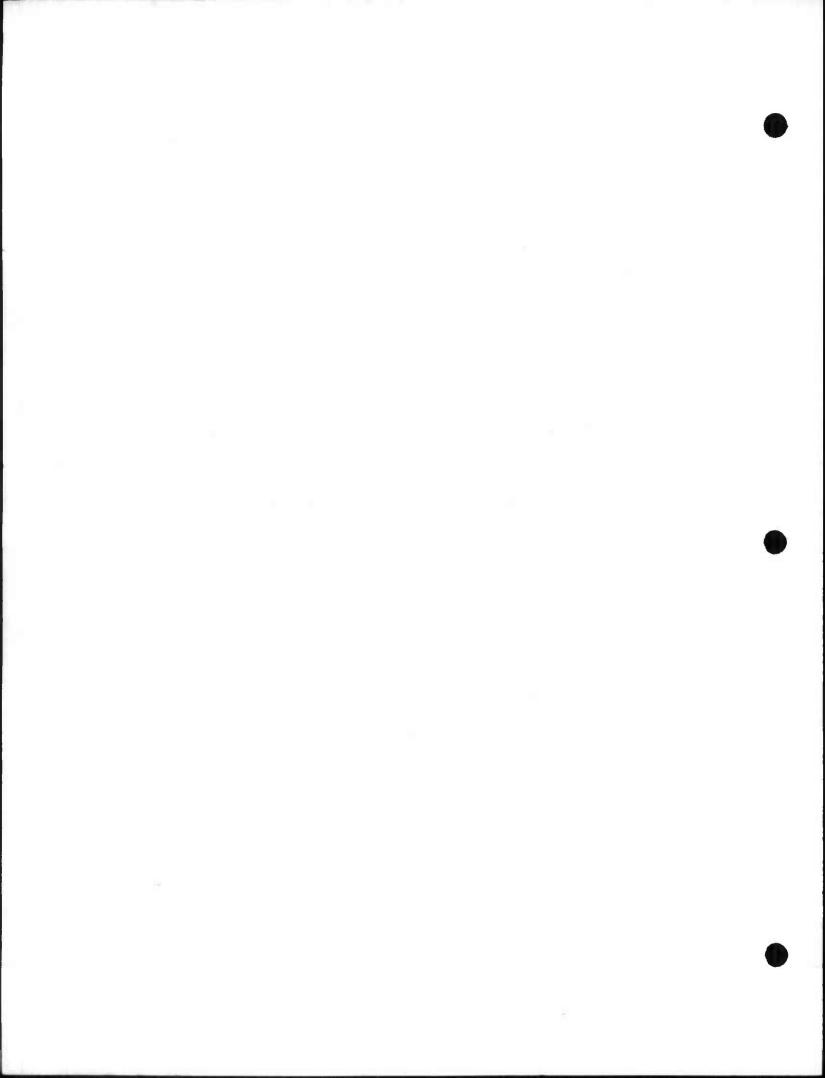


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CER	TIFICA	ALE OF	DEATH	F	IEG. NO.			10200
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			1	3. TIME OF DEATH
	Nicholas		Smedile				May	18	1993	YEAR	3:30 PM w
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birti	thelev) E i	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	_	1993		
	570 12 7201	1, M 2 □ F		res. MON		HOURS MIN.	(Month, De	y, Year)		Country	
	579 12 7291		85 Y				Apri	T 16	1907		ssachusetts
00	9a. FACILITY NAME (If not institution, give str	eet and number)		9b.	CITY, TOWN	OR LOCATION OF	DEATH		9c. COUI	NTY OF D	EATH
Ö	4012 Croydon Lane				Bowi	e			Prin	ce G	George's
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR					WN OR LOCA	TION				- 1	10d. INSIDE CITY LIMITS?
Ω.		e George's	<u> </u>	Bow	rie						1 XXES 2 NO
M	10e. STREET AND NUMBER				10	1. ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	4012 Croydon Land	e				20715			Un	ited	States
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED			CENDENT OF HISPA				14. RACE	- American Indian.
	1 Never Married 2 Harried	FORCES? 1				ecify Cuban, Maxic		n, etc.)		Black	, White, etc.
BY	3 Widowed 4 Divorced		No		,	Z X NO Spec	No			Specif	White
	15. DECEDENT'S EDUC	ATION	16a. DECEDE	ENT'S USU	AL OCCUPATION	ON	16b. KIN	D OF BUS	INESS/IND	USTRY	
Ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kii ille. Do f	ind of work o NOT use reti	done during mo red.)	ost of working	- 1				
립		2	Procu	reme	nt Off	icer	1 11	9 (over	nmon	+
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N				mmen	
0	Joseph Smedile						ta Bas	.,	Jul Harrier)		
BE	19e. INFORMANT'S NAME (Type/Print)		105 844	AU INC. ADD	DECC (Church	and Number or Rura					
2	Frances E. Smedile										
	20a, METHOD OF DISPOSITION					Lane B					
	©©Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	cemetery, cremator	DATE OF DIS ry_gr other p	SPOSITION (No lece)	eme of	OATE	20c. LO	CATION -	City or To	wn, State
- 1	4 Donation S Other (Specify)		Sacred	Hear	t Chui	rch Ceme	tery 5	21/9	3 B	owie	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE				ND ADORESS OF F 1-Evans		Uon	no D	A	
	No best	> ISamo	4.			O Annapo					0715
	23. PART I Enter the diseases, or co	omplications that ca	used the deeth.	Do not e	nter the mo	ode of dving, au	ch as cardiac	or respl	Te M	u. Z	Approximate
	/ snock, or neart fellure. L	ist only one cause of	on each line.	1		- 0	. 1				interval Between
- 4	IMMEDIATE CAUSE (Final										
- 1	disease or condition	(-00	A co	10	0017	10	. 0,.	1 -			Onset and Death
		Conge	tive	h	2ast	Sa	elu	1e	,		Onset and Death
	disease or condition	DUE TO (OR	AS A CONSEQUEN	ICE OF):	Cast	Sa	elu	1e	,		Onset and Death
NO	disease or condition			,	east	Sa	elu	1e	,		Onset and Death
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate		AS A CONSEQUEN	,	east	Sa	elu	1e			Onset and Death
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUEN	ICE OF):	east	- Ja	elu	1e	,		Onset and Death
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUEN	ICE OF):	east	- Aa	ılı	1e	,		Onset and Death
L CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUEN	ICE OF):	Call Call Call Call Call Call Call Call	g cause given in	elle	1e	MITTIPREY	246	
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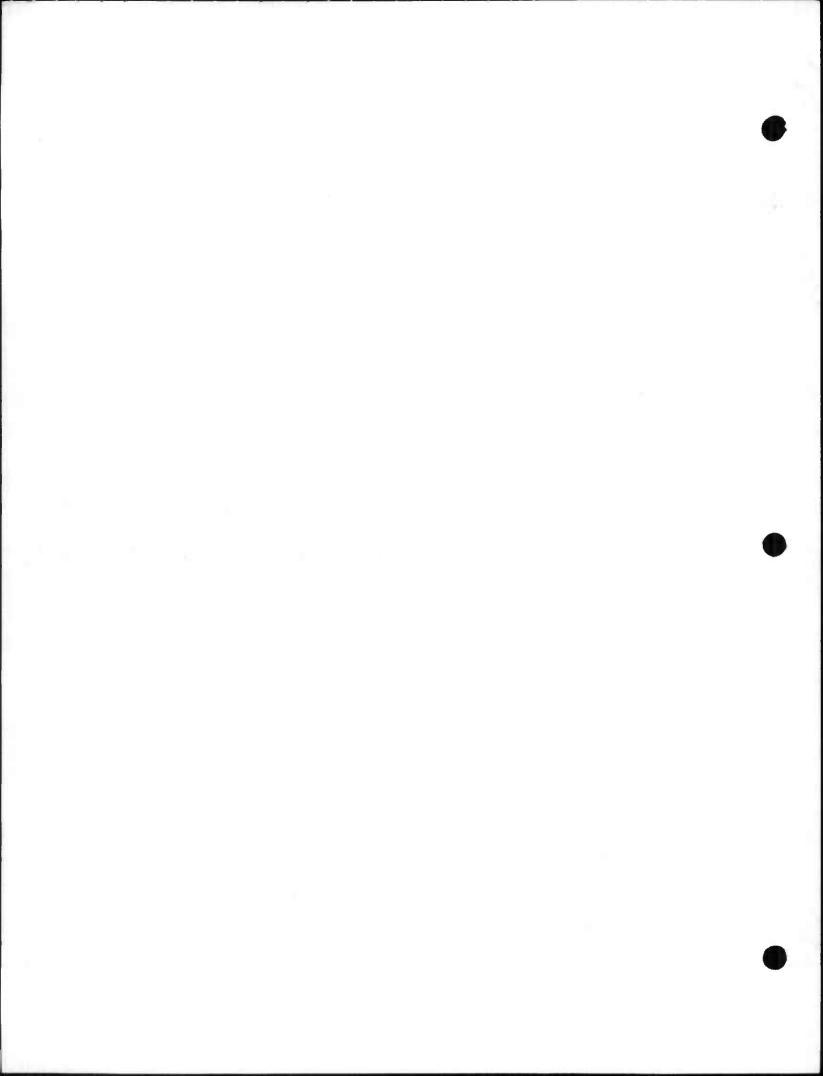
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - STATE REGISTRAR	CE	ERTIF					WENTAL F	EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Charles	Ξ.	Cm-	:				2. DATE OF MONTH May	DEATH OM	199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In vrs. les	Sm:	IF UNDER	1 VEAD	IF UNDER	94 Limit	7. DATE OF		199		11:00 P. M
- 9	214-92-1859 1X M 2 🗆 F	14	YRS.	MONTHS	DAYS	HOURS	BRIN.	May 30	", "bar" 9	78	Mary	land
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE				INTY OF DE	
DIRECTOR	245 Waysons Court			Lo	othi	an				Ann	e Aru	ındel
EC	10a. STATE 10b. COUNTY	_	10c. CIT	r, TOWN O	R LOCAT	ION					T	10d, INSIDE CITY
5	Maryland Anne Arundel		I	othi	an							LIMITS?
FUNERAL	10a. STREET AND NUMBER				101	2071						THAT COUNTRY?
NE I	245 Waysons Court 11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AR	MEO	13. 1	MAS DEC			IIC ORIGIN? (S	nacify Yes		.S.A.	— American Indian,
ВУ	1 Never Married 2 Merried FORCES? 1 3 Wildowed 4 Divorced FYES, GIVE W	☐ YES 2)(3)	4 Ω	l h	f yes, spi			n, Puerto Rica			Black	White
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S	vork done o	CUPATIO	ON st of workin	9	18b. KIN	ID OF BUS	SINESS/INI		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5)	Stude						N/A			
NO.	17. FATHER'S NAME (First, Middle, Last)		Dead	-11 C		18. MOTH	ER'S NA	ME (First, Midd		Sumame)		
BEC	Charles W. Smith							cia K				
5	19a. INFORMANT'S NAME (Type/Print)							Route Number, (77.7
	Patricia Smith 20g, METHOD OF DISPOSITION	20b. PLACE		-			, LO.	thian,			City or Toy	
	1 🖟 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Mary I	matory or of and	her place) eter	ans	Cem.	. 5					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	00	22.1	NAME AN	O ADDRES	S OF FA	as Fun				. act y Land
	Houge XI Xax	100	,	61	160	Oxon	Hil:	1 Rd.	Oxon	Hil:	1. Mc	1.20745
	23. PART i. Enter the diseases, or complications the shock, of heart failure. List only one cer IMMEDIATE CAUSE (Final disease or condition resulting in death)	se on each line										Approximate interval Between Onset and Death
Z		(OR AS A CONSEC										
CATIC	oue to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEC	QUENCE OF	j:								
CERTIFICATION	that initiated events DUE TO reaulting in death) LAST	(OR AS A CONSEC	QUENCE OF	7):								
	PART ii. Other significent conditions contributing to	deeth but not r	esulting I	n the un	derlying	g cause g	iven in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
								10	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
ME								_				1 NES 2 NQ
AN	25. WAS CASE REFERRED TO MEDICAL				20 04	ACE OF A	EATH OOL	ick only one)	_			
SICI	EXAMINER? 1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	1.			6 Other (Sp	nec(fy)			
Y PHYSICIAN: MEDICAL	27. MANNER OF OEATH 1 X Natural 5 Pending (Month, D	INJURY ny, Your)	285. TIMI INJ		28c. INJ WO			28d. DESCRI		NJURY OC	CUREO	
TED BY	3 Suicide 26a. PLACE O	F INJURY — At ho	me, ferm, s	treet, facto	ory, office			261. LOCATIO City or To	N (Street e	and Numbe	r or Aural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, de	ath occurre	d at the ti	me, date	end place,	and due	to the cause(s) end man	mer ee sta	rted.	
SON	MEDICAL EXAMINER: On the basis of e	camination end/or i	investigatio	n, in my o	pinion, d	eath occun	ed at the	time, date and	place, an	d due to I	he cause(s)	and manner as stated.
BE	The productions and time of destructed					29c. LICE	NSE NUM	IBER	/	29d. DA1	E SIGNED	(Month, Day, Year)
	1/110 100				- 1	4	2 -	300			7/4	4/92
0	30 HAMA NO ADDRESS OF PERSON WHO COMPLETED CAU					44	3.	300			12	1/92
	Henry Stacy Nicholson,	M.D. 11			ın A	ve.,	V.W.	,Washi	ngto	n, D	.C.20	0010
	Henry Stacy Nicholson, 31. DATE FILED (Month, Day, Year) 32. REGISTRA				ın A	ve.,N	V.W.	,Washi	ngto	n, D	.C.20	0010

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



STATE OF MARYLAND / DEPARTMENT OF MEALTH

	1 - STATE REGISTRAR	OINIL OI II	CE	RTIF	ICATE OF	DEAT	AND I	WENTAL HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	Michael Cha	arles	Samu	els				MONTH DA	-	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS	May 19	. 19		9:03PM
` ;	200-46-5645	1 (XM 2 □ F	38	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give stree							1/27/19			nsylvania
Œ	124 ElCamino V				9b. CITY, TOWN C					NTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT	vay			Ft. V	vasn	ing.	ton	Prı	nces	Georges
E	10s. STATE 10b. COUNTY			10c CIT	Y, TOWN OR LOCAT	TON					
E	Maryland Princ	ce Geor	raes		. Washi		On				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		1900	1 0							14 YES 2 NO
HA!	124 El Camino	Ta7 > 3 2			101	. ZIP CODE					HAT COUNTRY?
FUNERAL		-					074			USA	
5	11. MARITAL STATUS 1 X Never Married 2 Merried	2. WAS DECEDEN' FORCES? 1	TEVER IN U.S. ARA	MED O	13. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 TYES		Specify				Black
	15. DECEDENT'S EDUCAT		force								DIACK
	(Specify only highest grade cor	mpleted)	(Gh	w kind of a	USUAL OCCUPATIO	N st of workin	g	16b. KIND OF BUS	INESS/IND	USTRY	
اچ	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)		e retired.)						
COMPLETED				tai	f Sarge	ent		Air Fo			
8	17. FATHER'S NAME (First, Middle, Last) Joseph Samuels							WE (First, Middle, Malden S			
BE		5						e Sanders			
2	19s. INFORMANT'S NAME (Type/Frint)							loute Number, City or Town			
7	Rose V. Reed		7	54	Shermar	1 St	. Jo	ohnstown,	Pa.	159	01
	20a METHOD OF DISPOSITION 1X Burtal 2 ☐ Cremation 3 ☐ Remove	d from Statu			F DISPOSITION (Na	me of		OATE 20c. LOC	ATION -	City or Tow	n, State
	4 Donation 5 D Other (Specify)	estables amont	Gran	atory or o	PW Cem	atar	- 57 5	/25/93 J	ohne	+ 05.77	Denn
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ME /	1		I 22. NAME AN	O ADDRES	S OF FAC	ULITY VTI III			
	1	111	1	7	AUSCI	11 K	b C	ter Funer	al.	ноте	2 20010
	22 PART I Faller the diseases of the	aus		_	3003	141.	11 21	L. 1V.W. V	vasn	, D.	C. 20010
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis	t only one caus	causad tha dea se on each line.	th. Do n	ot enter tha mod	fa of dylr	ng, such	as cardiac or raspir	atory arr	est,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	And the same of th									Onset and Daath
	resulting in death)	# W C	OR AS A CONSECU	YOU	they						
- 1		DUE TO	OR AS A CONSECU	JENCE OF):						
z I	Sequentially list conditions, b.	14 T	V I.	1 6	-ctio	4					
Ĕ	If any, leading to immediate	DUE TO (OR AS A CONSEOL	JENCE OF	7:						
ਨੂੰ	CAUSE (Disease or Injury										
는 II	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOL	JENCE OF	7):						
CERTIFICATION	d										
	PART II. Other significant conditions c	ontributing to	death but not re-	nulting I	n the underlying		luan In E	Sant I as sure sure			
DICAL		- Indiana	deall but not le	aditing i	in the underlying	cause g	iven in P	Part I. 24a. WAS AN A PERFORA		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ġ.								1 TYES 2	NO		OMPLETION OF CAUSE OF DEATH?
Ξ								_		1	YES 2 NO
z I											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CORITAL				CE OF DE	ATH (Chec	ck only one)			
PHYSICIAN: MEI		OSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing Home	5 🗆 Res	idence 8	Other (Specify)			
É	27. MANNER OF DEATH	26a. DATE OF I (Month, Da		28b. TIM	OF 28c. INJU	IRY AT	_	28d. OEŞCRIBE HOW IN	JURY OCC	UREO	
BY	1 Netural 5 Pending 2 Accident Investigation	(Workin, Da)	g, 100/	INJ		ES 2	NO				
	3 Suicide a Could not be	26a. PLACE OF	INJURY — At hom	e, term, s	treet, factory, office			28f. LOCATION (Street an	d Number	or Rural Rou	ite Number.
	4 Homicide determined	bunding, a	ntc. (Specify)					City or Town, Stete)			
ון ע	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the heat of a	mar limourland and a state								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: 0	on the basis of ex	amination and/or im	m occurre	o at the time, date a	and place,	and due to	to the cause(s) and menn	er an state	id.	
႘ႃ	1	1171		estigation	i, in my opinion, de	attr occurs	d at the ti	ime, date end place, end	due to the	cause(a) a	ind manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11/V	6 40		- 1	29C, LICEN			29d. DATE	SIGNED (N	for(h, Day, Year)
٩	104 N. 16	100	, , , ,		1000			7798	> 3	121	[7]
	30. NAME AND ADDRESS OF PERSON WITO CO	DMPLETED CAUSE	E OF DEATH STEM	27) /Type	Prest)	5	~ -	214 1.0	A 14.	1.5	1 00
Ĭ.	7025 4. 94	2046 7		p m	-edicin (5 X	D ?	IVC, WIL	y mc	., w	mar DC 20307
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	R'S SIGNATURE								
	MAY 2 7 1993	ar Jinda	1 - Branda DO								



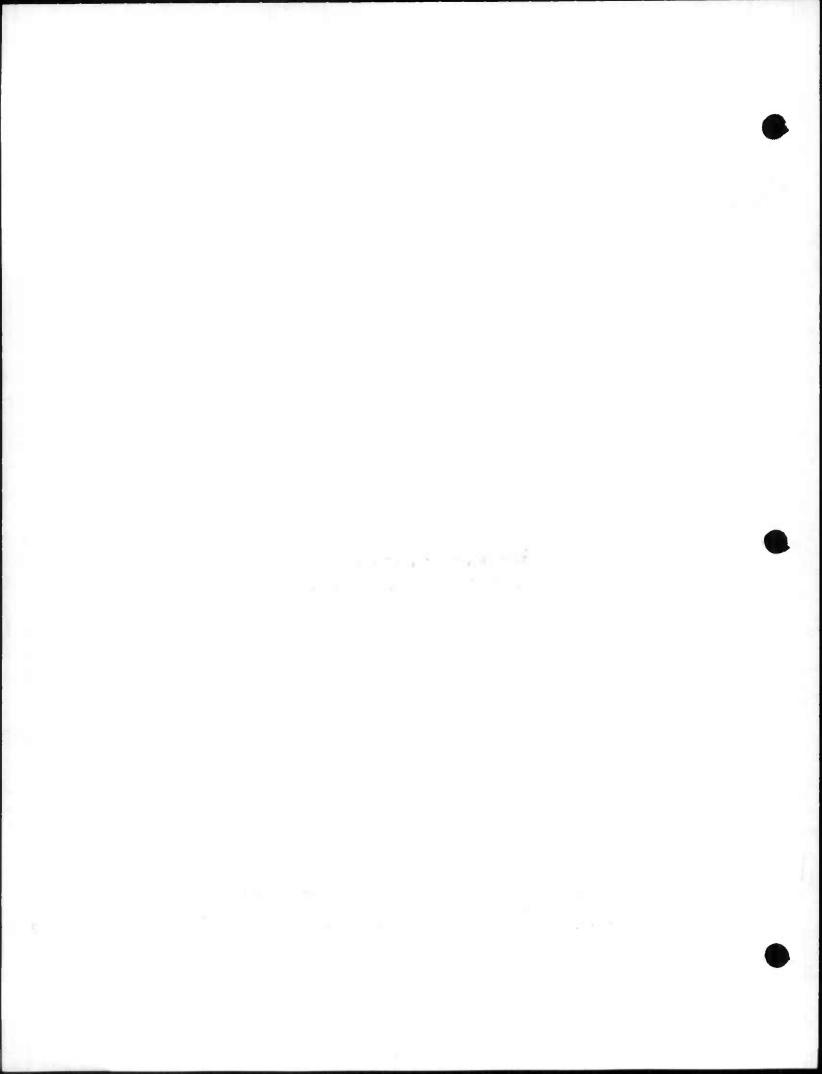
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



PAUL PANAVELIL
31. DATE FILED (Morith, Day, Year)

1993

MAY 2.7

30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hotelete prior to burial. cermation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATTE	CTO	28
OR)	DIRE	E
TAL	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Degr. of Health and Mental Hotiene prior to burial, cremation, or removal	=
SPI	INER This	Ä
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E	王章	2
H	F 3	5

	FOR 1 - STATE	STATE OF M	IARYLAND	/ DEPAR	RTMENT (F HEALT	'H AND	MENT	AL HYGIEN		93	16956
_	REGISTRAR		С	ERTIF	ICATE	OF DE	ATH	14161411	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Lula M. S'n	dith			4	`		2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	Lula M. Sn	mith _{3:11}								20	93	11:55AM M
			6. AGE (In yrs. I		IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		Count	HPLACE (State or Foreign
	579-66-0028	1 🗆 M 2 🗒 🐺	58	YRS.			1,55	11	/15/1	934	Nor	thCarolina
~	Da. FACILITY NAME (If not institution, give s	A Resident Contract			9b. CITY, TO	OWN OR LOC	ATION OF I	DEATH		9c. COL	NTY OF D	EATH
0	PRINCE GEORGE'S H	OSPITAL C	ENTER		CH	HEVERL	Υ.			PRIN	ICE G	EORGE
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 00	Y, TOWN OR I							
E			~~~				.1					10d. INSIDE CITY LIMITS?
0	100. STREET AND NUMBER	ce Georg	ges	Car	oital					_		1 X YES 2 NO
FUNERAL						101. ZIP C						WHAT COUNTRY?
N	6988 Walker						743				JSA	
J	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. 4	RMED NO		DECENDEN 16, specify Cu			IN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE W		3-		YES 2			o rinouri, aco.,		Spec	
										_		Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. D	Give kind of	WSUAL OCCU work done duri se retired.)	IPATION ng most of wo	rking	16	66. KIND OF BU	SINESS/IN	DUSTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	,					1				
₩.				Home	maker							
8	17. FATHER'S NAME (First, Middle, Last)								, Middle, Malden			
BE	Lloyd Jones								ae He			
0	19a. INFORMANT'S NAME (Type/Print)								mber, City or Tow			
-	Theresa Smith		-5 - 1	3801	St.	Barn	abas	s Rd	,Suit	land	, MD	.20746
	20g. METHOD OF DISPOSITION 1 WBurlel 2 Cremation 3 Remains	med from State	20b. PLACE	AND DATE	OF DISPOSITIO	N (Name of		DA	TE 20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Har	mony	Memo	rial	Par	ck5/	25/93	Land	love	r,MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	1	22. NAI	ME AND ADD	RESS OF F	ACILITY	r Fun	o w n 1	IIo	-
	-	11/1	/									
	23. PART I. Enter the diseeses, or o	A The state of the	Ly (Doub Do	p 30	05 1	4 011	St,	N.W.	was	n,	DC. 20010
	snock, op nasrt fellure.	List only one ceut	se on each lin	ieatini won	not anter the	a mode of	ayıng, su	cn ss ce	raisc or resp	ratory ar	rast,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	DILATE	DAI DIII	1401145		OL TOM						Onset and Death
	resulting in desth)	BILATER				JLISM						
		DUE TO (OR AS A CONSI	EOUENCE O	F):							
Z	Sequentially list conditions,	b										
CERTIFICATION	If sny, lasding to immediate	DUE TO (OR AS A CONSI	EOUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. 4										
# I	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	EOUENCE O	F):							
E	Tooling III dooring Exter	d										
_	PART II. Other significant condition	s contributing to	death but not	resulting	in the under	riving caus	e given i	n Part I.	24a, WAS AN	ALITOPSY	246	. WERE AUTOPSY FINDINGS
S		-					g		PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
0									1 - YES 2	NO NO		OF DEATH?
Σ												1 TES 2 KNO
Ž												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only o	one)			
YSI	1 TES 2 S NO	1 Minpetient 2 🗆	ER/Outpatient	3 🗆 DOA	4 Nursing	Home 5 🗆	Rasidence	8 🗆 Oth	er (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF I (Month, Day		28b. TIM	E OF 28	. INJURY AT WORK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	□ NO					
	3 Suicide 8 Could not ba	28a. PLACE OF building, q	INJURY — At h	ome, farm,	street, fectory,	offica		28f. LO	CATION (Street a	nd Number	or Rural F	loute Number,
	4 Homicide detarmined		and Kriff.					J.,	,, 51018/			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledge, d	laath occum	ed at the time	data and pla	ca, and de	a to the co	use(s) and me	mer as et-	ted.	
N N	one) 2 MEDICAL EXAMINE) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER)								
H	THE OF VERTIFIER				-	29c. L	ICENSE NU	INIBER		29d, DAT	E SIGNED	(Month, Day, Year)

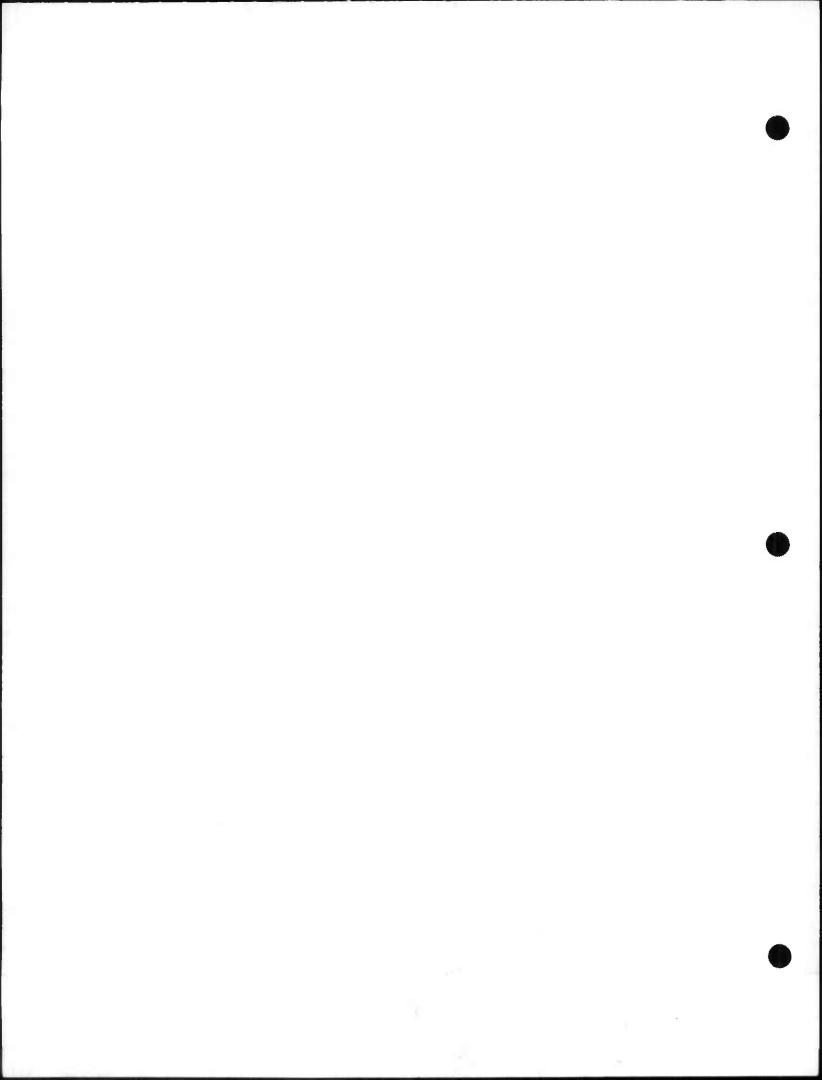
29c. LICENSE NUMBER 42 D

20785

D. PRINCE GEORGE'S HOSPITAL CENTER 3001 HOSP DR., CHEVERLY, MD

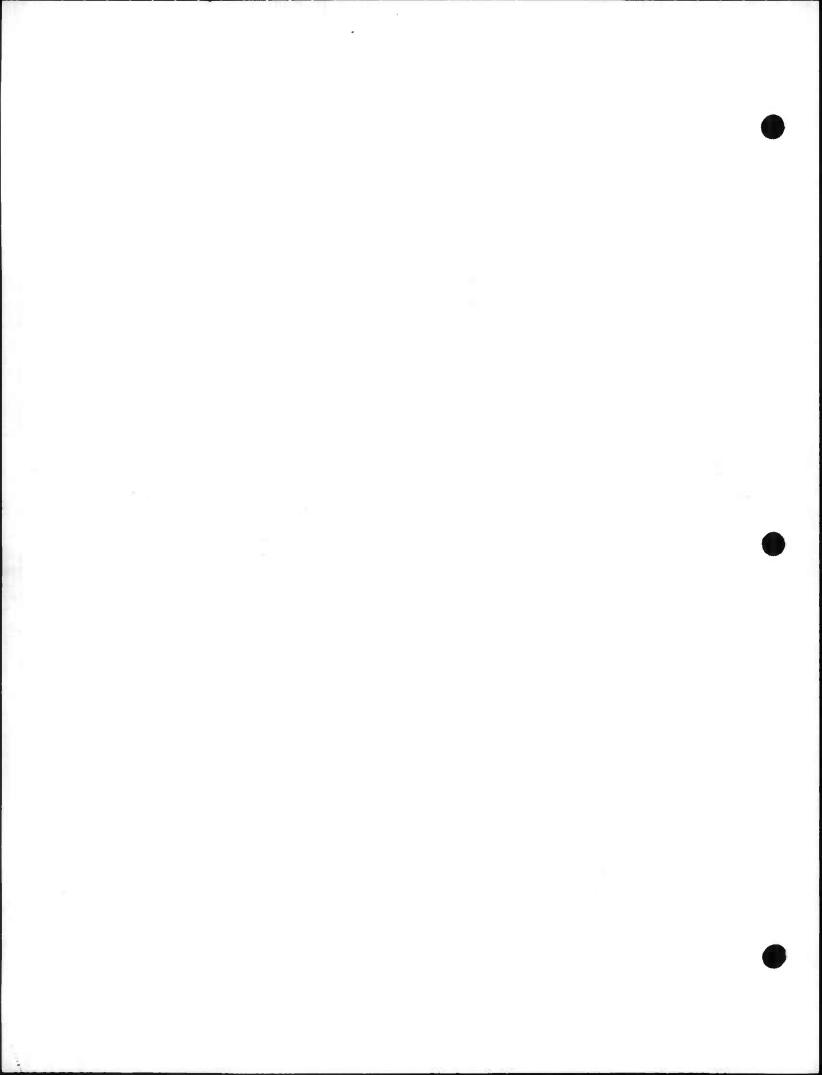
32. REGISTRAR'S SIGNATURE

DE TRUMBON-Pandell DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYG		0 10001						
	l li	1. DECEDENT'S NAME (First, Middle, L JAMES NELSO					2. DATE OF DEA MONTH 5 22	DAY	3. TIME OF DEATH 12:33 PM	I m					
P		4. SOCIAL SECURITY NUMBER 216-09-6086	1 X M 2 □ F 88	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye 12-25		BIRTHPLACE (State or Foreign Country) Maryland	Ī					
2. 3 should	CTOR	9a. FACILITY NAME (If not institution, g Meridian—The RESIDENCE OF DECEDENT	Pines		East	OR LOCATION OF D	EATH		of DEATH Lbot						
. Pages 1.	DIREC	10e. STATE 10b. CO			ry, town or loca	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
sit permit.	FUNERAL	10. STREET AND NUMBER #5 Park Stre	et		10	1. ZIP CODE 2160	1.	1	N OF WHAT COUNTRY?						
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X X downed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR D. WWW II Arm	2 NO	If yes, sp	CENDENT OF HISPA Decity Cuban, Mexico 3 2 NO Specia	an, Puerto Rican, et		D. RACE — American Indian, Black, Whita, etc. Specify: White						
T 8 2	COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S			Caro	F BUSINESS/INDUS	ounty	_					
YLAND 2. by the hospital o be detached for at once.		17. FATHER'S NAME (First, Middle, Last, Enoch Saunde		Sallit	arran	2000 2000 2000 400	Heal AME (First, Middle, M Lia Lay		-	_					
, MARY be retained b be 5 should to be 5 should to a notified a	TO BE	19a. INFORMANT'S NAME (Type/Print) Jane S. Newc				and Number or Rural	Route Number, City of	or Town, State, Zip Co							
MORE, e 6 flay b		20s. METHOD OF DISPOSITION 1		etary, crematory or o	rv Crei	natory	5-24 5	alisbu	y or Town, State	ıd					
BALTIMORE, Nutrition of Page 5 flags be re-		1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home, P.A. 200 S. Harrison St., Easton, MD 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
in 24 hours a ely filled in by nation, or rem , the media	×	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RES	the death. Do ach line.	not enter the mo	ode of dying, suc	ch as cardiac or	respiratory arres	t, Approximate interval Betwee Onset and Dea						
P.O. BOX 6876 In certificate be executed anding physician and committed the hygiene prior to burial, or other traumatic expressions.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	€ DF):				15715	5					
RECORI requires that the ben signed by of Health and shows any in	MEDICAL	PART II. Other significant condi	tions contributing to death b	ut not resulting	In the underlyin	g ceuse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 DINO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
TAL The law te has ate Depr	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL;		OTHER:	LACE OF DEATH (C)	124			_					
OF PHYSICI this cer with th	BY PHYS	1 VES NO 27. MANNER OF DEATH Valural 5 Pending Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	IE OF 28c. IN.	JURY AT DRK? YES 2 NO		() HOW INJURY OCCUP	RED						
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai		3 Suicide 6 Could not 4 Homicide datermine		— At home, farm,	street, factory, offic	ce .	28t. LOCATION (S City or Town,	itreet and Number or State)	Rural Route Number,						
	COMPLETED	onel	HYSICIAN: To the best of my knowledge. On the basis of examination												
TO THE HOSPITAL TO THE FUNERAL De filed within 72	TO BE	29b. SIGNATURE AND TIPLE OF CERT	Can Co			29c. LICENSE NU D0122		29d. DATE S	HIGNED/Month, Day, Year)						
	-	C: 1 =	Carney, M.D. 32. REGISTRAR'S SIGN.	, 509		ld Aven	ue. Eas	ton, MI	21601						
		MAY 2 4 1993		Alando 192					DUMM-16 Sau-						



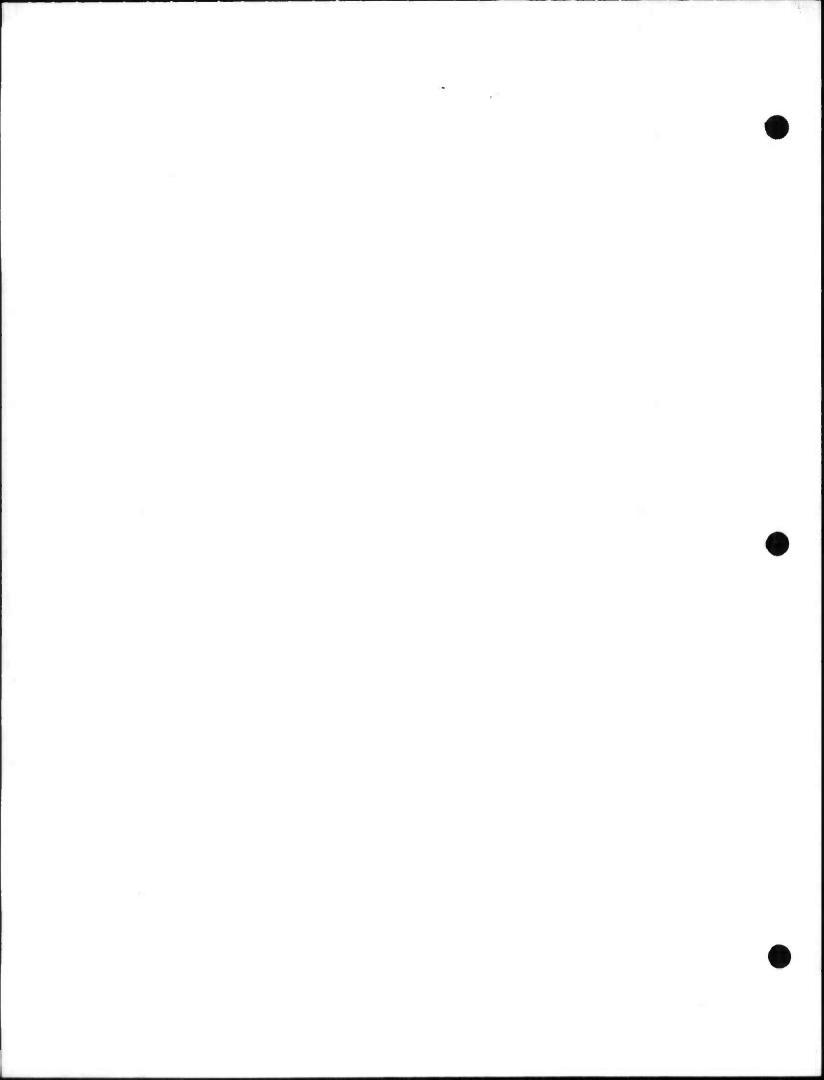
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 2 and after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and configuration of the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buring criminate, or inmoval.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

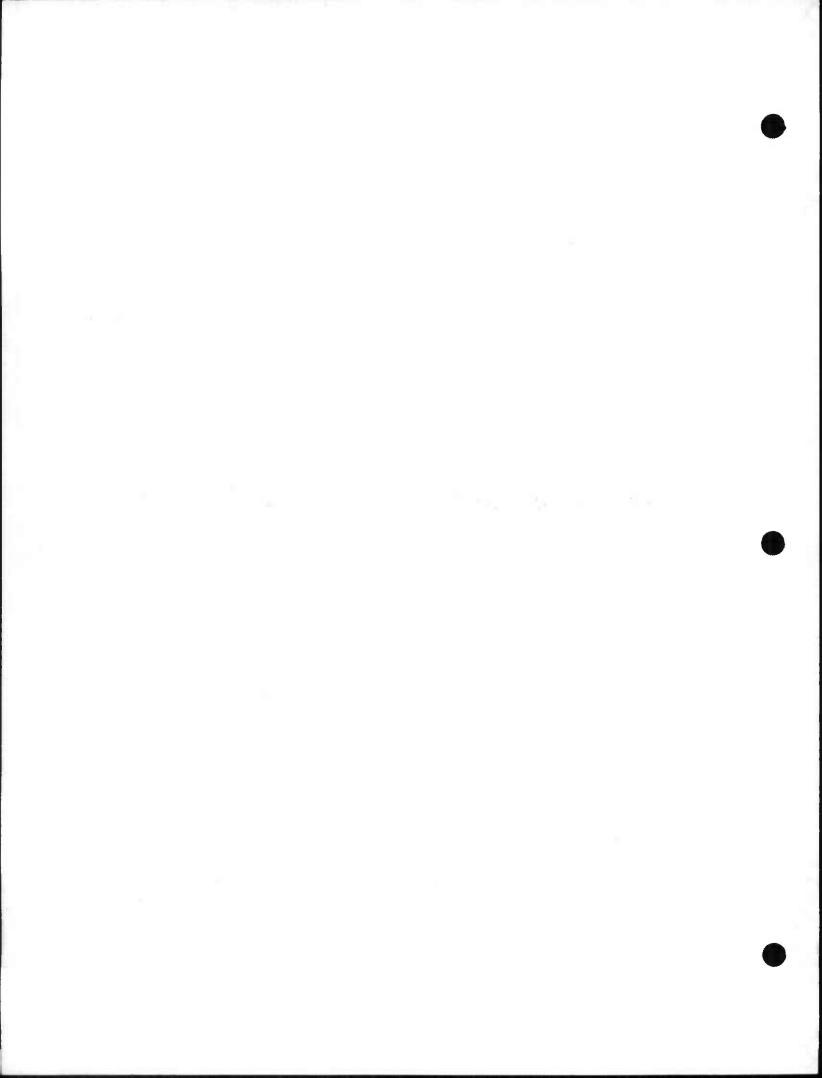
	1 - FOR STATE REGISTRAR	STATE OF MAI					EALTH AND	MENT	AL HYGIEN		3	169	58
- 3	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH			3. TIME OF DE	ATH
1	James Th	omas	9	Stee1	.e			MQ	2	AY 5	YEAR 93	6:49	Рм
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DA1	E OF BIRTH			IPLACE (State or	
	213-20-9377	1 🔀 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS MIN.	(Mc	inth, Day, Year)		Countr	γ)	
	9a. FACILITY NAME (If not institution, give st	met and number)	7		Oh CITY	(TOWN C	OR LOCATION OF	_	-10-19			rylan	<u>d</u>
Œ		Str Skrilli	.37					DEATH		9c. COUN		EATH	
유	MEMORIAL HOSPITA	L AT EAST	IN		E.	STO	<u> </u>			TAL	BOT		
E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				- 1	10d. INSIDE CI	TY
DIRECTOR	Maryland Tal	hot			Tr-	ippe					- 1	LIMITS?	
	10e. STREET AND NUMBER	200			110		ZIP CODE			I son CITIZ	EN OF V	WHAT COUNTRY	
FUNERAL	3792 Rumsey D	rivo					21673			250		TIAI COOKIAN	
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	BMED	112	WAS DEC	ENDENT OF HISP		M. Alexander Man		SA		
	1 Never Married 2 X Married	FORCES? 1 X	YES 2 1	NO		If yes, spe	ecify Cuban, Mexic	cen, Puert	o Rican, etc.)	I OF NO	Bleck	- American Inc., White, etc.	dlen,
BY	3 Widowed 4 Divorced	Navy W		г		1 YES	2 XNO Spec	cify:			Speci		
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	DN .	1	66. KIND OF BU	SINESS/INDU		ite	
13	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	ive kind of v Do NOT us	vork done retired.)	during mo:	st of working						
릴	7	• (,	l r	Dispa	atch	er			Cnesar	eake	Ва	y Pil	ots
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			2.000	1001	L	18. MOTHER'S N	AME (Firs	, Middle, Malden	Surname)			
BE C	Robert Graha	m					Vio	la	Steele	•			
	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILINO	ADDRESS	S (Street a	nd Number or Rure				Codel		
2	Nance A. Steel	е					Drive					73	
	20a. METHOD OF DISPOSITION 1 Burtal 20 Cremation 3 Remo		20b. PLACE						TE 20c. LO				
	4 Donation 5 Other (Specify)	val from State	cemetery, cre						27 Sal				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Sall	Shu	2 22.	NAME AN	atory		Z / Dai	Tana	<u> </u>	עניו	
	JOHN R.	MERCERO	3 (F173		New 200	nam Fu S. Ha	ner	al Hon	ne, P	.A.	on Mi	0
	23. PART i. Enter the diseases, or co	omplications that ca	used the de	eath. Do n	ot enter	ths mo	de of dylng, su	ch ss ce	rdisc or respi	retory srre	st,	Approxi	
	shock, or haart failure. I, IMMEDIATE CAUSE (Final	ist only ons cause o	on sech line	i.								Onset as	
		ACTIE	13.	111-1-	17	UF	HEAD	-	Enll	111/2			HIRS
	resolding in death)	DUE TO (OR	AS A CONSEC	QUENCE OF	7:	- Com	77 /1-17 /		1-17660				"/->
z		PULL	CNA	EY	EN	BO1	115					1/6	OK.
욷။	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	OUENCE OF	7):								
গু	CAUSE (Disease or Injury												
1	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	OUENCE OF):								
CERTIFICATION	d death) LAST	•											
AL C	PART ii. Other significant conditions	contributing to dee	th but not r	esultina i	n the un	derlylno	Cause alven in	Part I	24a, WAS AN	ALITOREY	1 0.05	WERE AUTOPSY	-
5	CANCER					,	soud given		PERFOR	MED?	240.	AVAILABLE PRIOR	R TO
									1 OYES 2	□ NO		OF DEATH?	CAUSE
Σ												1 YES 2	NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								L		1		
<u> </u>	EXAMINER?	HOSPITAL:			OTHER	₹:	ACE OF DEATH (C					-	
¥ I	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/					5 Residence						
	1 Natural 5 Pending	(Month, Day, Ye	ar)	28b. TIME		28c. INJU	RK?	28d. D	EŞCRIBE NOW I	NJURY OCCU	PRED		
À	2 Accident Investigation	200 01 405 05 191	HIPW AAA				ES 2 NO	-					
COMPLETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF IN- building, etc.	(Specify)	me, larm, s	treet, lact	ory, office			CATION (Street a y or Town, Stete)	and Number o	r Rural A	oute Number,	
2 1	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my l	nowledge, de	ath occurre	d at the ti	me, dete	and place, and du	e to the c	ause(a) and mar	mer se state			
8	orie) 2 MEDICAL EXAMINER											and menner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU						
8	11412	lice	- 17	Q7140	66-1	parameter 1	1)/ 2	POC	2 /	ZVd. DATE	SIGNED	(Month, Day, Year	,
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	1 27) (Time	Print)	> /	VC 3	66		6	216	6.75	
	HAROLD E.	BAUFR	M	7		NE.	W. RIZ	c H	SPITA	LAT	FIL	1510N	MP
	31. DATE FILED (MONIN, Day, 1991)	32 REGISTRARES	ibira parie	La Plan								7	
	and the same of th	9	50										- 1

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93



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND M	ENTAL HYGIEN	E 9 (3 16959
		1. DECEDENT'S NAME (First, MIDDIO, List) SYED, MUSTAFA					2. DATE OF DEATH	AY &	3. TIME OF DEATH
рį		4. SOCIAL SECURITY NUMBER 076-26-3215	1 × M 2 □ F 9	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 31, 1	6.	BIRTHPLACE (State or Foreign Country) India
. 2, 3 should	TOR	98. FACILITY NAME (If not institution, give str. Montgomery, Ger	neral, HOsp	ital		ney	ГН	9c. COUNTY Mont	y of oeath tgomery
nit. Pages	DIRECTOR	Maryland Montgo	mery	0.00	, town or locat Silver S				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
in. ansit permit.	FUNERAL	100. STREET AND NUMBER 3808 Palmira Lane			101	20906		USA	N OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 (A) NO	If yes, sp	ecity Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, atc.)	i or No — 14	I. RACE — American Indian, Black, White, atc. Specify: White
21 for u	PLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5 +)	(Give kind of vi life. Do NOT us		st of working	16b. KIND OF BUS		
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Electric	cal Engi		US Gove E (First, Middle, Maiden		
MARYL e retained by 5 should be notified at	BE	Unavailable 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a		ilable ute Number, City or Town	n State 7in Co	note)
	5	Daniel Syed							yland 20854
ORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from Stata cem	PLACE AND DATE O	her place)				y or Town, State
ALTIN death. Pag funeral dir		In SIGNATURE OF FUNERAL SERVICE LICE	De Val	. LINCO	DeVol	Funeral	LITY	shingt	on, DC 20007
the media.		23. PAIN 1. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PNE (the death. Do nach line. M 0 CONSEQUENCE OF	VIA	de of dying, such	as cardiac or respi	ratory arrest	t, Approximate Interval Between Onset and Death
P.O. BOX 68 int certificate be emoute mending physician and or tal Hygiene prior to burna, or other traumatic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initioted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
RECORES w recommend to been and them it, of Health and Memore is shows any injury,	PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death b	ut not resulting i	n the underlying	g cause given in P	PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 6 8 m	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PL	ACE OF GEATH (Check	k only one)		
OF V PHYSICIAL this certifi with the ted, or	_	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	4 Nursing Hom OF 28c. INJ	URY AT RK?	Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUP	3EO
ISIC TTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s			281. LOCATION (Street a City or Town, State)		Rural Route Number,
	COMPLET		IAN: To the best of my knowl : On the basis of examination						cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	29b. SIGNATURE AND ATTLE OF PERPIFIER 30. NAME AND ADDRESS OF PERSON WHO	Muy,	MD		29c LICENSE MAMB	724	29d. OATE-8	1997 (Month, Day, Year)
10		DR. Matheus	AHEL /	(ITEM 27) (Type,	erint)				
		MAY 25 1993	38 REGISTRAR'S SIGN	- Handell					



Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

FUNERAL DIRECTOR

ВУ

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

301 Russell Ave.,

(Specify only highe

1 Never Married 2 Married

3 🔣 Widowed 4 🗌 Divorced

Elementary/Secondary (0-12)

578-50-5437

Charles Asbury Smith

9a. FACILITY NAME (If not institution, give street and number)

Wilson Health Care Center

10b COUNTY

15. DECEDENT'S FOUCATION

Montgomery

5. SEX

1 🛛 M 2 🗌 F

#418

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

10c. CITY, TOWN OR LOCATION

Gaithersburg

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

HOURS

10f. ZIP CODE

20877

1 TYES 2 X NO

Gaithersburg

6. AGE (In yrs. lest birthday)

YRS. 91

use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

SICIAN: The law requires that the death certificate be executed within VITAL RECORDS, P.O. BOX 68760, DIVISIONOF

COMPLETED director, page 5 should be detached for 5+ Clergyman at once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Charles Albert Smith BE Annie L. Wheatley notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Ellen Elwell Ridge Rd., Westminster, MD 21157 Pe 26s. METHOD OF DISPOSITION
1 Ki Burial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Olivet Cemetery 5/26/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home n by the funeral d removal. 10 East Deer Park Drive Gaithersburg, MD 20877 medicai 23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by t IMMEDIATE CAUSE (Fig. the cremation, disease or condition tvo 10 e completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com bunial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): attending physician a ntal Hygiene prior to other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 e has been signed by the attend to Dept. of Health and Mental Hi m 23 shows any Injury, or PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL htvosilevasis. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL tem 26. PLACE OF DEATN (Check only one) certificate h OTHER: EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 AND ne 5 🗆 Rasidenca 8 🗆 Other (Specify) of the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, with w 1 Natural 2 Accident 5 Pending Investigation М After the В 1 YES 2 NO TO THE HOSPITAL OR MITERED TO THE FUNERAL DIRECTOR: Aff be filed within 72 hours after de: IMPORTANT: If Item 28 is 1 28s. PLACE OF INJURY — At home, term, etreet, tectory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE MO 9 30, NAME AND ADDRESS OF OMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) west moint 3 turd mo 31. DATE FILED (Month, Day, Near)
MAY 2 5 1 32 REGISTRAR'S SIGNATURE Luka Davidson 1993

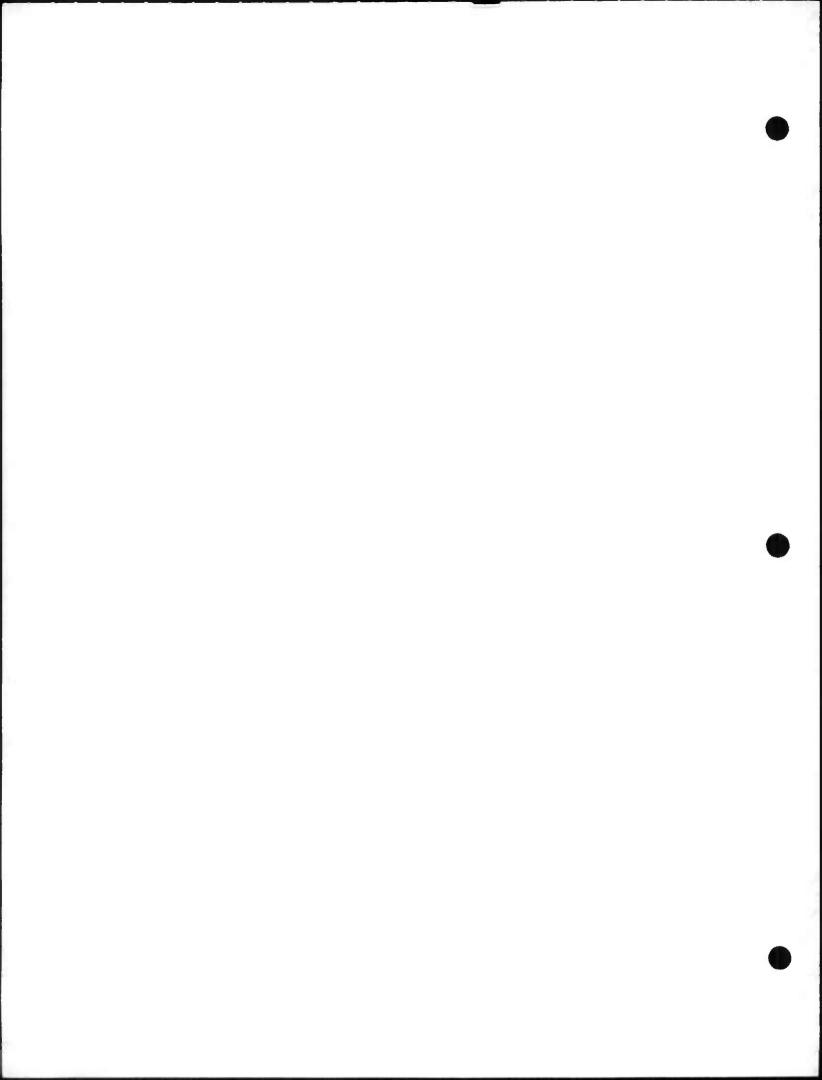
REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR May 23, 1993 2:45am 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTNPLACE (State or Foreign
Country) Jan. 21. 1902 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Specify White 16b. KIND OF BUSINESS/INDUSTRY United Methodist Church 20c. LOCATION — Cify or Town, State Baltimore, MD Approximata Interval Batween Onset and Death days 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 - YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED

294. DATE SIGNED (M)

4/0

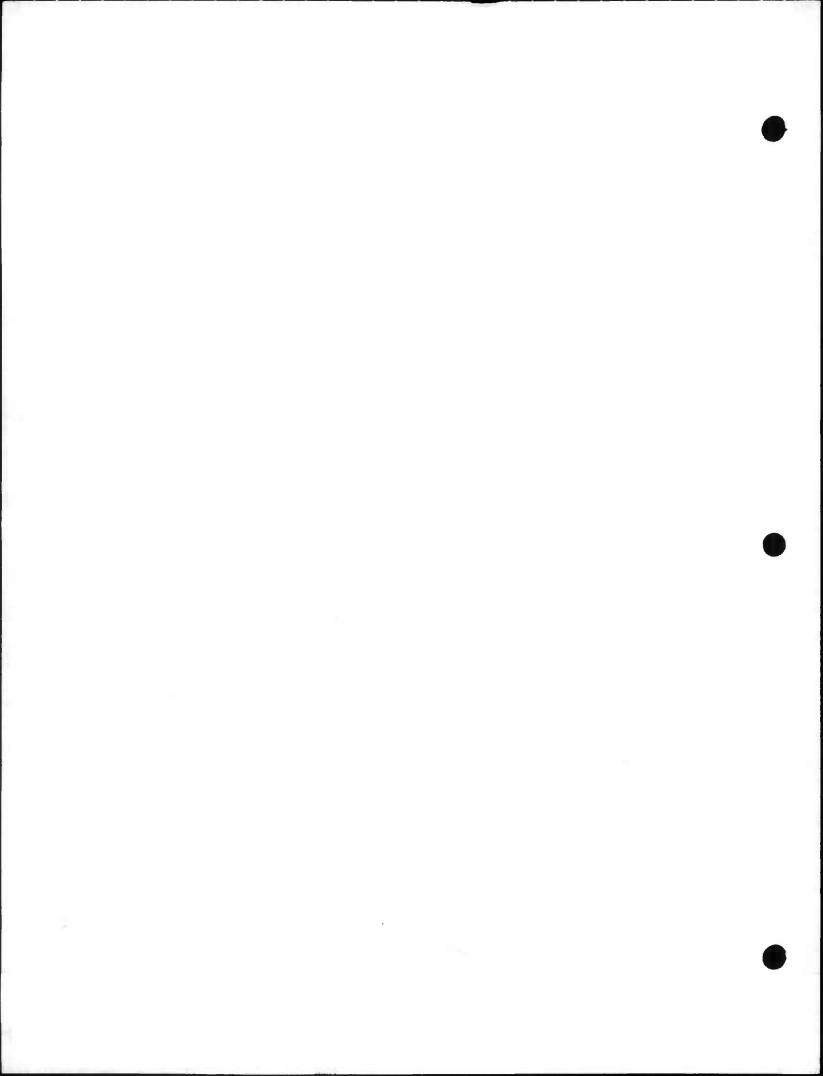
Mer

AUF



	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las		IARYL	AND / DEPAR CERTIF					MENTAL HYGIEN REG. NO.	E		0 0 0 .
		Herman	I.	Switkes	3				May 22,	1993	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 182–32–7793	5. SEX		In yrs. lest birthday) 36 YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Morith, Day, Year) July 7, 19	906	8. BIRTHPL Country) AUST	ACE (State or Fordign
TOR	ea. FACILITY NAME (If not institution, give Hebrew Home of Gr	reater Was	hing	ton	2.0	CKVI	lle	ON OF DE		9c. COU	nty of DEAT	
DIRECTOR	10a. STATE 10b. COUR			4,11	Y, TOWN		ION					0d. INSIDE CITY LIMITS? VES 2 X NO
FUNERAL	1801 East Jeffer		+ #		CKVI	_	. ZIP CODI		20852			AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER I	U.S. ARMED 2 NO ATES		If yes, sp	ENDENT Cooling Cuba	F HISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14, RACE — Black, V Specify:	- American Indian, White, etc.
0	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +		16a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	CCUPATIO during mo	ON st of workin	ng .	16b. KIND OF BUS		DUSTRY	White
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Morolb Switkes	10		Physici	.an				Veteran' ME (First, Middle, Melden IM Katz		dminis	tration
TO BE	190. INFORMANT'S NAME (Type/Print) Eugene Switkes						nd Number	or Rural F	Piedmont,			
E E	20s. METHOD OF DISPOSITION 1 Burlal 2 SY Cremation 3 Re 4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		20b	PLACE AND DATE (PLOT), CREMPTORY OF COUNTY OF	cren	ator	гу		5-24 Silv		City or Town Spring	, Maryland
a a a a a a a a a a a a a a a a a a a	► Eleen	4. 1	Ca,	PP	Ra 93	pp F 3 Gi	ist A	al S venu	Services, F Je. Silver	Spri	ing, M	D 20910
it, the medical	23. PART I. Enter the diseases, o shock, or heart failure immediate Cause (Final disease or condition resulting in death)	. List only one cau	se on e	ach line.								Approximata Interval Between Onset and Death
ry, or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A	CONSEQUENCE O					FAIL	sni	>	YEARS
MEDICAL	PART II. Other algnificant condition	ons contributing to	death b	ut not resulting	in the ur	derlying	cause (given in	Part I. 24a. WAS AN PERFOR	MED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES TIND
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outp	atlent 3 DOA	OTHE	24			6 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, De		26b. TiM	E OF JURY M	28c. INJ WO			28d. OESCRIBE HOW II	NJURY OC	CURED	
E G	3 Suicide 6 Could not b	28e. PLACE Of building,	F INJURY etc. (Spec	— At home, farm,	street, fact	ory, offici			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Rout	te Number,
	one) MEDICAL EXAMI								to the cause(a) and man time, data and place, an			nd manner as stated.
IMPORTANT: If Its	296. SIGNATURE AND TITLS OF CERTIF	- tis	22	- n		0.	D	NSE NUM	885	29d. DAT	TE SIGNED (M	fonth, Dayl. Year)
	6/2/ MON7 31. DATE FILED (Month, Day, Thair)	ROSE 32. REGISTRA	R	ATH (ITEM 27) (Type		Stev	ven L	.1psc	on, M. D.		208	152
	3333	93 Julia	David	LON-Aunde	2							

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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₹	TO THE FUNERAL DIRECTOR: After this certificate has been as year by the transfer of physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Hamman Least Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

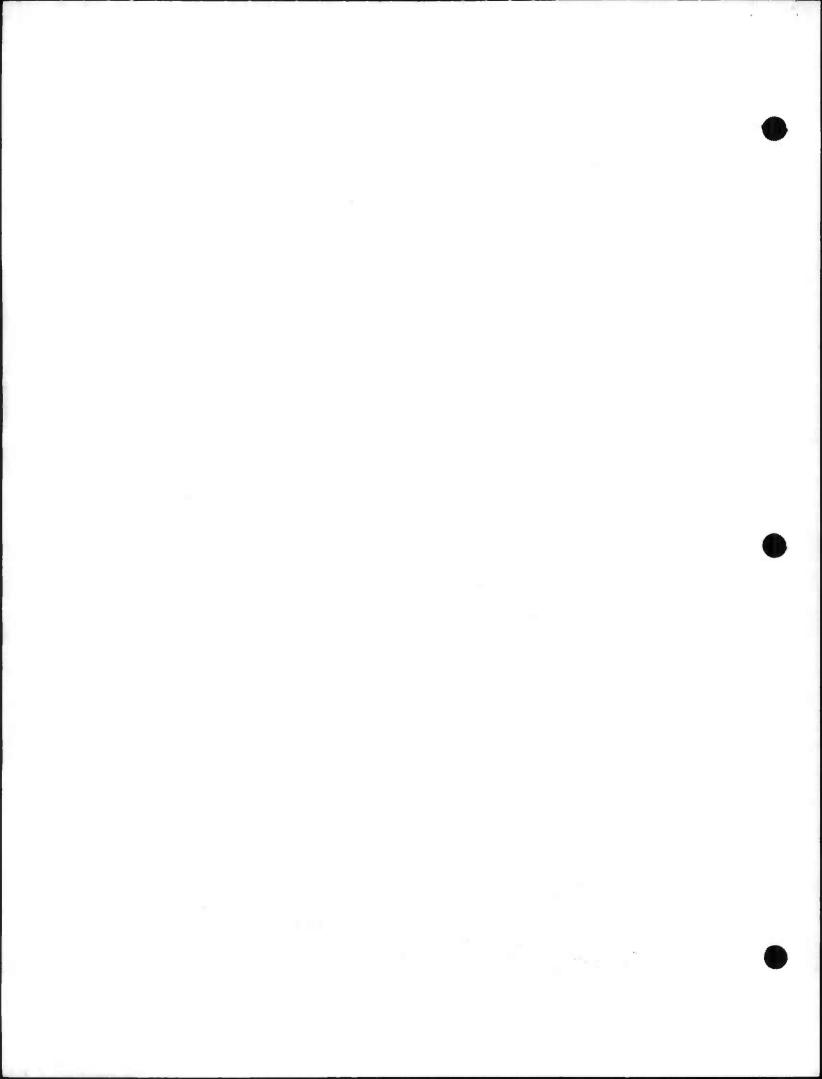
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													3. TIME OF DEATH	
	Jack D.	Shell							- 1	May 2	DA	993	YEAR	111.0	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. lest birthday)	IF U	NDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	993	8. BIRTH	8:15 A M PLACE (State or Foreign	
1	578-24-0368		1 💢 M 2 🗆 F		67 YRS.	MONT	THE DAY	8 HOURS	MIN.	Septe	nr. Year)	5,	Country	Tennessee	
	9a. FACILITY NAME (If not in					9b.	9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF								
i	11804 Colle	ege Vie	ew Dr			N	Theat	on				Мо	ntgon	nery	
ij,	10a. STATE	10b. COUNTY	,		10c. Cl	TY, TO	Y, TOWN OR LOCATION 10d, INSIDE CITY							10d. INSIDE CITY	
	MD	Montg	gomery		Wh	eat	on					LIMITS?			
	10e. STREET AND NUMBER							10f. ZIP CO	DE			10g. CIT	IZEN OF W	HAT COUNTRY?	
	11804 Colle	ege Vie						209	02			U	SA		
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEDEN FORCES? 1	W VEC	a DNO		13. WAS D	Specify Cub	OF HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE Black	— American Indian, White, etc.	
	3 Widowed 4 Divo		IF YES, GIVE V	WW .	ES L I		1 🗆 Y	ES 2 XNO	Specify:		,,		Specif	White	
		EDENT'S EDUC y highest grade		1	6a. DECEDENT'S			ATION most of work	ina	16b. KIP	D OF BUS	INESS/IN			
ı	Elementary/Secondary (0		College (1-4 or 5)	Me. Do NOT	use retin	ed.)	most or work	nny						
1	12				Pressm	an					thog		ic		
	17. FATHER'S NAME (First, M Steve Shell									ME (First, Midd					
	19a. INFORMANT'S NAME (7				10h 12411 141	0.400	DESS (O.			Tucke					
	Doris Shell									oute Number, o					
	20a. METHOD OF DISPOSITI	ION	and draw date	20b. P	LACE AND DATE	OFDIS	POSITION	(Name of		DATE	20c 100	CATION -	City or Toy	un State	
	4 Donation 5 Other	(Specify)	1	Pai	cklawn	Memorial Park 05/25/93 Rockville, MD 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Hon								MD	
1	II. SIGNALUME OF FURENCE	. semice up	1				22. NAME	AND ADDRE	ESS OF FAC	iury Hi	nes/l	Rina	ldi F	uneral Home	
4)lesso	2.4	chellen				1180	0 New	Hamp	shire	Ave	, Si	lver	Spring, MD	
	23. PART'). Enter the di shock, or he	iseasea, or c eart fallure. I	omplications that List only one cau	t caused to	he daath. Do h ilne.	not er	ntar tha i	mode of dy	ing, auch	aa cardiac	or reapli	ratory er	reat,	Approximate interval Between	
	IMMEDIATE CAUSE (Findisease or condition	al	4			\bigcirc	0							Onset and Death	
H	resulting in death)	→ ,	Carc	ww	ONSEQUENCE O	31						3 years			
	l	_	002 10	(OH AS A C	ONSEQUENCE (OF):						0			
ı	Sequentially ilst conditi		DUE TO	(OR AS A C	ONSEQUENCE O	OF):								<u> </u>	
	cause. Enter UNDERLYi CAUSE (Disease or inju		c												
	that initiated events resulting in death) LAS		DUE TO	(OR AS A C	ONSEQUENCE O	P):									
			1												
I	PART ii. Other aignifica	nt condition	contributing to	death but	not resulting	in the	underly	ing cause	given in F	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
										_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?	
-										_				1 YES 2 NO	
] .															
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	- Vi		ОТІ	26. HER:	PLACE OF I	DEATH (Chec	ck only one)					
	1 YES 2 NO		1 Inpetient 2		ent 3 DOA	4 🗆	Nursing H			Other (Sp					
	1 Netural 5	Pending Investigation	(Month, D			JURY I		INJURY AT WORK? YES 2 [28d. DESCRI	RE HOW IV	JURY OC	CURED		
ļ	3 Suicide 6	Could not be	28a. PLACE O	F INJURY — etc. (Specify	Al home, ferm,	atreat,	lactory, of	fice		281, LOCATIO	N (Street al	nd Numbe	r or Rural Ro	oute Number,	
		determined	3							Only or 10	wii, State)				
ı			CIAN: To the best of												
	2 MEDI			camination a	ind/or investigati	on, In r	my opinion	, death occu	red at the fi	lme, date and	place, and	dus lo ti	he cause(s)	and menner as stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIER	N	1				29c. LIC	ENSE NUME	BER		29d. DAT	E SIGNED	(Month Day, Year)	
1	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	H (ITEM 27) (Type	e, Print)		100	246	02		- 3	12.	1/13	
	(e) e	2	y V. K	bD	Le 10		00	On-	n. 2	Ave.	R	o ne	124	to MI	
	31. DATE FILED (Month, Day,		32. BEGISTRA	BIS SIGNAT	-Randall			9 * *				<u> </u>		1.10	
	MAY 2	4 1993	June	and attour	-Nailana								J		

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BATTWORE, MARYLAND 21215-0020	n 24 hours after deals. Page 6 my be retained by the hospital or attending physician.	by filled in by the funerament page 5 should be detached for use as the burial-transit permit. Pagation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Prog. 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process. Pages to burial transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Las	at)	021111110	AIL OI	DEATT	2. DATE OF DEATH		3. TIME OF DEATH						
	Mildred A.	Schwartz				5 24	93	4:18 A M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign						
1	135-03-2385	1 □ M 2 😾 F 76		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-4-1917	No	ew Jersey						
	Se. FACILITY NAME (If not institution, give	e street and number)	91	b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY OF							
BY FUNERAL DIRECTOR	3512 Tarkington	Lane		Silver	Spring		Montgo	mery						
RE	10a. STATE 10b. COUN	NTY	10c. CITY, T	OWN OR LOCATE	ON			10d. INSIDE CITY LIMITS?						
ō	Maryland Mc	ontgomery	Sil-	ver Spr	ing			1 X YES 2 NO						
A	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?						
ij	3512 Tarkingto	n Lane			20906		U.S.	Α.						
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DECE	NOENT OF HISPA	NIC ORIGIN? (Specify Year)	or No- 14. RAC	E — American Indian,						
∑	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 2X		2 X NO Specif		Spe	o//v·						
	15. DECEDENT'S ED	NICATION	Fasi a-ra-					White						
	(Specify only highest gra	de completed)	(Give kind of work life, Do NOT use re	k done durina mos	N t of working	16b. KIND OF BUSI	NESS/INDUSTRY							
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						_						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0	Underwr	ıter				fe Insurance						
	- S COMPLYS SEED OF SEED OF SEED	Coffee				AME (First, Middle, Maiden S	,							
B	Charles A. 19a. INFORMANT'S NAME (Type/Print)	Coffey	105 MARINO 1	DBESS (Ov.	Sara									
2	Paul E. Schwa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Route Number, City or Town,		1 1 00000						
	200, METHOD OF DISPOSITION		.PLACEANDDATEOF			e SilverSpr								
	1 Donation 5 Other (Specify)	moval from State COT	etery, crematory or other	niacel			ATION — City or T							
	21. BIGNATURE OF FUNDRAL BEDVICE I	LICENSEE	lington N		Cemete:	ry 5-27-93	Arlingto	on, V.A.						
	. /.//	1/2.				di Funeral	Home	20904						
_	(11)	· /ner		11800	NewHam	oshireAveSi	lverSpr:	ing,M.D.						
	23. PART i. Enter the disesses, or shock, or heart failure	r complications that cause s. List only one cause on a	the death. Do not	enter the mod	le of dying, suc	h aa cerdisc or respira	itory arrest,	Approximats interval Between						
	IMMEDIATE CAUSE (Final disease or condition													
	disease or condition a. Colon Cancer													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentielly list conditions,													
A	Sequentielly list conditions, If any, laading to immediate cause. Enter UNDERLYING													
5	CAUSE (Disease or injury	C	CONSEQUENCE OF):											
Ē	that initiated events resulting in deeth) LAST	DUE TO JOH AS A	CONSEQUENCE OF):					j						
CERTIFICATION		d												
A	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
Š						1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE						
Ä							,	OF DEATH?						
-						_		1 120 2 1 100						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLA	ACE OF DEATH (Ch	eck only one)								
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		8 Other (Specify)								
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME O	F 28c. INJU	RY AT	28d. DESCRIBE HOW INJ	URY OCCURED							
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PULNI		IK7 ES 2 NO			i						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, stree	et, factory, office		281. LOCATION (Street are	d Number or Rurel	Route Number,						
COMPLETED	4 Homicide determined	building, etc. (Spec	ny)			City or Town, State)								
ᆲ	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	edge, death occurred a	t the time date a	and place, and due	to the cause(s) and many	as an etelad							
×		NER: On the beals of examination						a) and manner as stated						
- 11	29b. SIGNATURE AND TITLE OF CERTIFI													
8	11,20	mi			DX.(7)	NSER :	29d. DATE SIGNED	(Month, Day, Year)						
요	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Ori	ofi	1017-10		- 1 10	(177)						
	1	itut. NA	1144 C R	ether	la mr)								
	31. DATE FILED (Month, Day, Year)		ATURE	-1.6.00	7 110	<u> </u>								
	MAY 27 1993	32 REGISTRAR'S SIGN	Randell											
	MICH D 1 1333	A)												

1 1	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF OEATH				
	Joseph Smith					May 19,	1993	7:09 A				
	4. SOCIAL SECURITY NUMBER 579-52-5189	5. SEX 6. AGE ((in yrs. lest birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	Con	TTHPLACE (State or Foreign unity)				
	9a. FACILITY NAME (If not institution, give st	71 72		9b. CITY, TOW	I OR LOCATION OF DI	10-31-01	9c. COUNTY OF	NNSYLVANIA				
CTOR	Malcolm Grow USA	F Medical Cer	nter		s AFB, MD			Georges				
RECI	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	γ	10c. CIT	Y, TOWH OR LO	ATION	10d. INSIDE CITY						
ā	VIRGINIA FAIR	FAX	FO	RT BELV	OIR			1 YES 2 NO				
ERAL	100. STREET AND NUMBER 9002 BELVOIR WOODS	C DADVIJAV			22060		10g. CITIZEN O	F WHAT COUNTRY?				
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS 0		NIC ORIGIN? (Specify Ye		ACE — American Indian,				
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA			specify Cuban, Mexica S 2 NO Specifi		91	eck, White, etc.				
9 9	15. DECEDENT'S EOUC		18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	CA SINESS/INDUSTRY					
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	,	nost of working							
MP	TO FATHER WANTE (See All of the see	4	OFFI	CER			TARY					
COM	17. FATHER'S NAME (First, Middle, Lest) JACOB SMITH					ME (First, Middle, Melden A KABATCHN						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Tow	n, State, Zip Code)					
-	MICHAEL SMITH - SO					arietta, G		30067				
	20g, METHOD OF DISPOSITION 1 LA Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of comments) CEMETERY 20c. LOCATION - City or Tow comments of Cemetery Comments of Cemetery Cemeters of Ce											
	22 NAME AND ADDRESS OF FACILITY DEMAINE FUNERAL HOMES, INC											
	Sanhall	(C)	hal			AL HOMES, IRGINIA 22						
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that caused List only one cause on ea	the death. Do	not enter the r	ode of dyling, auc	h as cardiac or reap	Iratory arreat,	Approximate				
	IMMEDIATE CAUSE (Finel							Onset and De				
	disease or condition											
Z	Sequentially list conditions. Congestive Heart Failure											
ATIC	If any, leading to immediate cause. Enter UNDERLYING											
띮	that initiated events		CONSEQUENCE OF	F):								
CERTIFICATION	resulting in death) LAST	d										
7	PART II. Other significant conditions	s contributing to death be	ut not resulting	in the underly	ng ceuse given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO				
			-			1 X YES 2		COMPLETION OF CAUSE OF DEATH?				
						_		1 TYES 2 NO				
MEDIC/												
MEDIC/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)						
MEDIC/	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 Nursing He	me 5 🗆 Residence							
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending		28b. TIM	OTHER: 4 Nursing He E OF 28c. I	me 5 Residence		NJURY OCCURED					
D BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 🖄 Inpetient 2 🗆 ER/Outp. 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY	28b. TIM INJ	OTHER: 4 Nursing He E OF 28c. URY 1	me 5 Residence IJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I		nl Route Number,				
TED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	1 🖄 Inpetient 2 🗆 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	OTHER: 4 Nursing He E OF 28c. URY 1	me 5 Residence IJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I		al Route Number,				
TED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 8 Could not be detarmined	1 🖄 Inpetient 2 🗆 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, o	OTHER: 4 Nursing He E OF 28c. I URY M 1	me 5 Rasidenca IJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I 28d. LOCATION (Street City or Town, State)	and Number or Rure	dh ==				
COMPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	1 🖄 Inpetient 2 🗆 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, o	OTHER: 4 Nursing He E OF 28c. I URY M 1	UURY AT VORK? YES 2 NO Ica Ita and place, and dua death occured at the	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mai	and Number or Run mer sa stated, id due to the cause	e(a) and manner as stated				
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93 16965 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR April Hannah Stevens May 26, 1993 A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Forniar (Month, Day, Year) 4/22/1957 1 M 2 DE F YRS 264-27-4862 36 N. Carolina detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Carroll DIRECTOR 1354 West Street Hampstead RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Hampstead 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101 7ID CODE 21074 USA 1354 West Street eth. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12th grade Pants Coral Clothing Manager 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 2 Ħ Thomas E. Murray, Sr. Catherine C. McDermott BE notified director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 James C. Tedder 1354 West Street, Hampstead, Md. 21074 99 20a. METNOD OF DISPOSITION
1 □ Burlal 2 X Cremation 3 □ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must Carroll Cremations 4 Donation 5 Other (Specify) Hampstead, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074 the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, this certificate has been signed by the attending physician and completely filled its by a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of remo Approximate shock, or heart failure. List only one cause on each line, Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE апу 1 YES 2 1 NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 🗆 N e 5 AResidence 6 - Other (Specify) 6 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Matural 5 Pending 1 YES 2 NO BY After t OR ATTENDING 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 🗌 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: / COMPLETED 28 4 Homicide If Item 29s. CERTIFIER (Chack only (Ch FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND JUST E OF CERTIFIER THE P 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) BE M 600 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE 1 00

31. DATE FILED (Month, Day, Year)

MAY 28

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31. DATE FILED (MAY 2") 5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regulres that in design events are consistent of a final persons at the consistent or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the action of the formal property filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Bent of Health and	IMPORTANT: I item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the arrestment stolan and completely filled in by the fune filed within 72 hours after death with the State Bent of Health and	MPORTANT: If Item 28 is marked, or Item 23 shows any in

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 16966 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ELLEN SHEPPARD 5 20 **EP** 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign forth, Day, Year)
1-24-1893 1 M 2X F DAYS HOURS 705-07-2378 100 YRS. Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Ctr. Arnapolis Anne Arundel 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne arundel ANNX Severna Park 1 YES 2 XNO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Meridian Nursing Ctr. Truckhouse Rd. 21146 U.S.a. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried ВУ Specify: 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Timothy Milholland Elizabeth Hoch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 9 Mr. Albert R. Hickman 871 MAN Doris Drive Arnold MD 21012 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Re
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Baltimore National Cem. 5/24 Baltimore, MD 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Rithcie Hwy. Barranco Funeral Home Severna Park MD 21146 23. PARM. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Purunonca DAY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Diffpatient 2 DER/Outpatient 3 DOA OTHER: 1 YES 2 NO ne 5 🗆 Rasidence 8 🗆 Other (Specify) 4 - Nursing He 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER (Check only one) | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as attack. | 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated.

29c. LICENSE NUMBER

MD

1993

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHN D. JACKSON MID, 1833 POREST 29d. DATE SIGNED (Month, Day, Year)

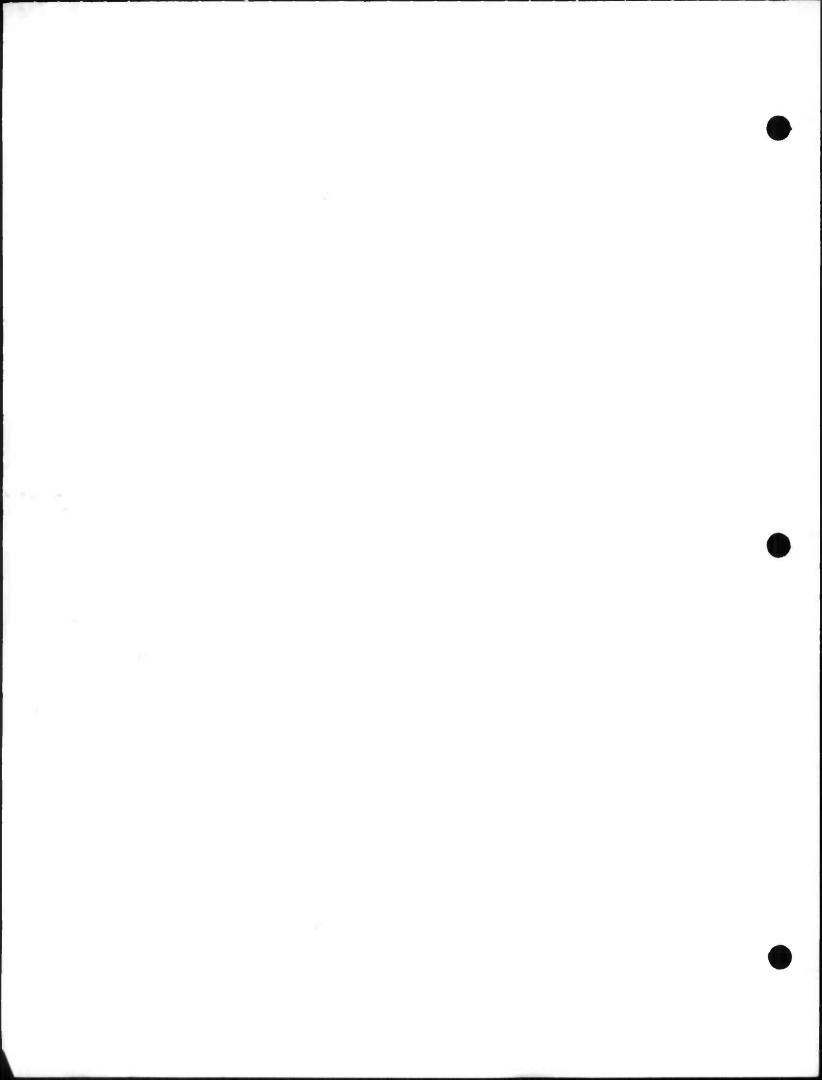
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires may prefer the major deam certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed. If the amount physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Hearth and Prince of Hearth with the State Dept. of Hearth and Prince prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows are in they are other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been supported be filed within 72 hours after death with the State Dept. of Hearth	IMPORTANT: If Item 28 is marked, or Item 23 shows and	

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	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPAR CERTIF	TMENT OF H	EALTH AND M	ENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Migdie, Last) PAULINE E.				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH						
		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUGUST 7 1	e/BIRTHPLACE (State or Foreign Country) 1914 MARYLAND							
~	9e. FACILITY NAME (If not institution, give street and number)		199	OR LOCATION OF DEA		9c. COUNTY C	OF DEATH						
20	ANNE ARUNDEL MEDICAL CENTER RESIDENCE OF DECEMENT		ANNAP	OLIS		ANNE	ARUNDEŁ						
DIRECTOR	MARYLAND ANNE ARUNDEL		y, town or locat NAPOLIS	TION		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	100. STREET AND NUMBER 2012 FOREST DRIVE		101	. ZIP CODE 21401		10g. CITIZEN C	OF WHAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 (V)NO	If yes, spi	ENDENT OF HISPANIC ocity Cuban, Maxican, 2 XXO Specify	C ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cottege (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION Work done during mode retired.) N NURSE	DN st of working	16b. KIND OF BUS								
OM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	E (First, Middle, Maiden	Surname)							
BE	PAUL FAISON 19a. INFORMANT'S NAME (Type/Print)			JEANETTE									
2	BRICE BURGESS				Ute Number, City or Town)						
	20a, METHOD OF DISPOSITION 1 ABhriel 2 Cremation 3 Removal from State	PLACE AND DATE (OF DISPOSITION /Na			CATION — City o	or Town, State						
		T. AUBUR	N CHRETE	RY 5/25 D ADDRESS OF FACIL		TIMORE,	, MD.						
	Harry B. Lees	0	REESE	& SONS M	IORTUARY, ANNAPOLIS		21401						
	23. PART i. Enter the disesses, or complications that caused shock, or heart failure. List only one cause on a	the deeth. Do n	not enter the mo	de of dying, such	as cerdiec or respi	ratory arrest,	Approximate interval Between						
	immediate cause (Final disease or condition pentition in destroy in the condition of the condition is a second condition of the condition in the condition in the condition is a second condition in the condition in the condition is a second condition in the condition in the condition is a second condition in the condition in the condition is a second condition in the condition i												
	resulting In death) e. Very Matth Malustrity DyE TO (OR AS A CONSEQUENCE OF): MONTH												
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury Onset and Deat Malunhiti'n Malunhiti'n Month Mahana Malunhiti'n Mahana Mahana Malunhiti'n Mahana Mahana Malunhiti'n Mahana Mahana Malunhiti'n Mahana Mahana Mahana Onset and Deat Mahana Mahana Mahana Onset and Deat Mahana												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
F	PART II. Other significent conditions contributing to death b												
ICAL	Stokus bout Above to				PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDIC	Dialita hellite	is	7		1 YES 2	XINO	OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Check	k only one)								
IVS	1 YES 2 NO 1 Inpatient 2 ER/Outp			5 Residence 6									
ВУ Р	27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	28b. TIM	URY WO		Red. DESCRIBE HOW IN	IJURY OCCURED	,						
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, office	2	26f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,						
COMPLETE	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination						se(s) and manner as stated.						
BE	290 SIGNATURE AND TITLE OF CERTIFIED	M	1/)	29c. LICENSE NUMBI			NED (Month/Day, Year)						
10	AU NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (500)	Print)	Ar. An	aug hill	in his	0211101						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN. MAY 2. 5 1993 Fuha Javidson	ATURE Sydake	MUSICAL I	/ 11 "	The state of the	7) 10 1	2 4401						

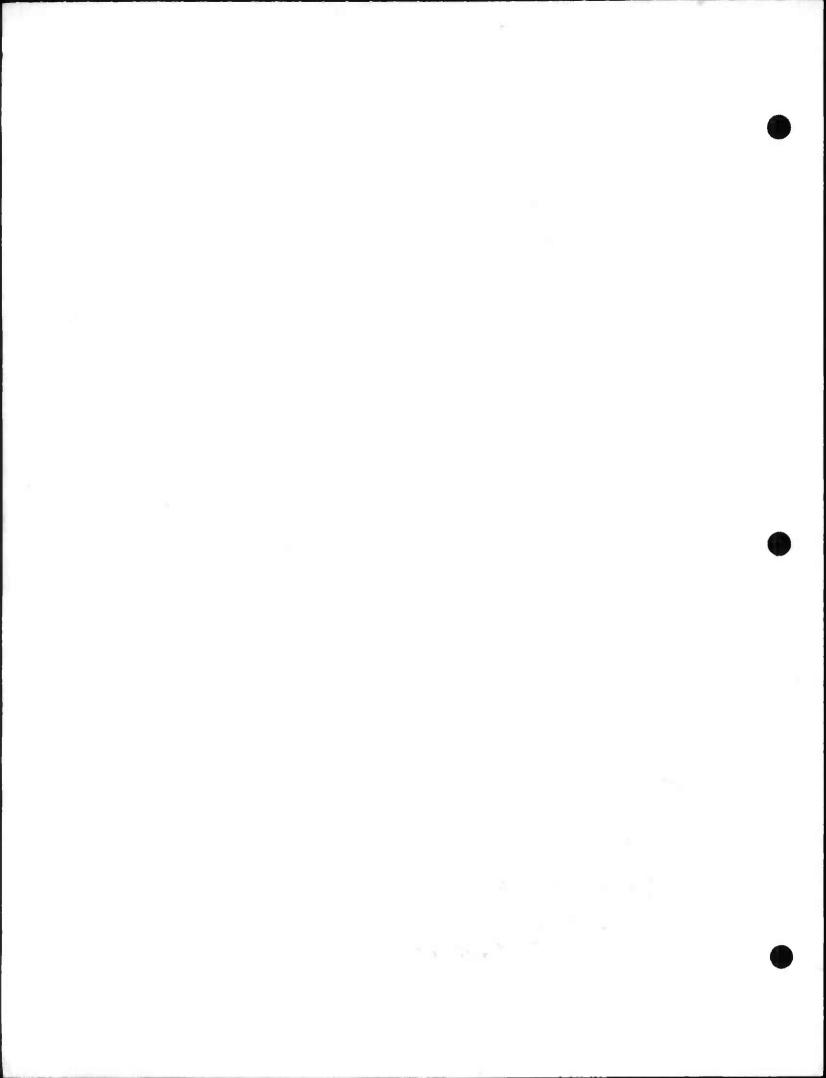


MAY 2 5 1993

92, REGISTRAR'S SIGNATURE
Grina Davidson Ands

DIVISION OF VITAL RECORD

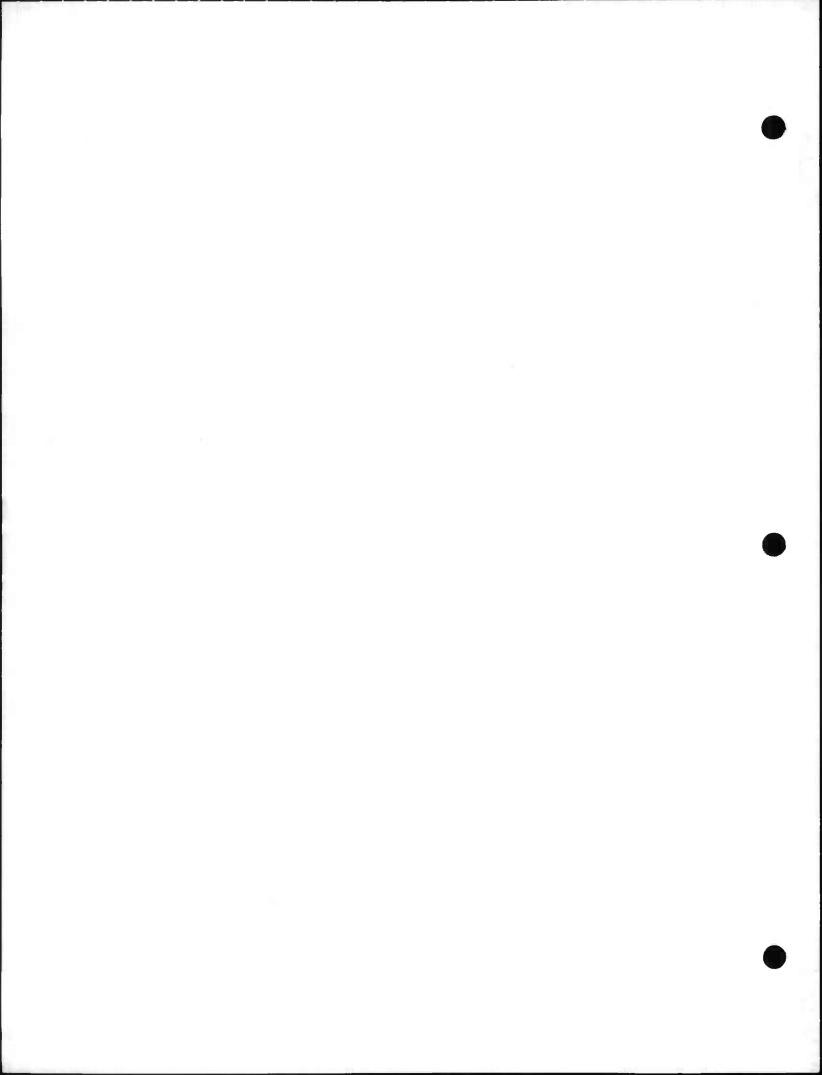
	1 - FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAR	TMENT	OF HE	ALTH AND	MENT	AL HYGIE	NE	93		6968
	1. DECEDENT'S NAME (First, Middle, Last)			EHIIF	ICATE	OF L	DEATH	1	REG. NO	D			
	Flora Brow		-					2. DAT MOR Ma		199	YEAR	3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. le	ast birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH Count	HPLACE (S	State or Foreign
1	263-40-3215	1 □ M 2 XX	93	YRS.	MONTHS	DAYS	HOURS MIN.	Oct	onth, Day, Year)	899		cotl	and
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR	LOCATION OF DE			_	JNTY OF D		
DIRECTOR	Annapolis Convale	scent Cer	<u>iter</u>			Anna	polis			Anne Arundel			
Ä	10a. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR	LOCATIO	N					10d. INS	SIDE CITY
	MD ANN 100. STREET AND NUMBER	e Arundel	2		Anı		Upolis 1 □ YES XXX 101. ZIP CDDE 109. CITIZEN OF WHAT COUNTRY?						S XXXND
FUNERAL	3151 Catrina Lan	e				10f. Z	21403				rizen of v Uted		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - An						E — Amer	ican Indian	
	1 Never Married 2 Married	FDRCES? 1	NR OR DATES	X 60	If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XXID Specify: Specify: Specify:							rtc.	
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<u>u</u>	Elemantary/Secondary (0-12)	College (1-4 or 5+) iii	b. Do NOT us	work done dur se retired.)	nng most	or working						
린	12		Mo	anage	7.			- 1	-	Hotel			
ō	17. FATHER'S NAME (First, Middle, Last)					1	IS. MOTHER'S NA	ME (First					
	William Lawrie								Camero	,			
H	19a. INFORMANT'S NAME (Type/Print)		10	9h MAILING	Anneres /	Street and	Number or Rural i				- 0- (-)	-	
2	Flora Galt Pomme	Ħ	1.										
	Flora Galt Pommer 3151 Catrina Lane Annapolis, MD 21403 20e, METHOD OF DISPOSITION 1 A Quirial 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State												
	1 X Juriel 2 Cremetion 3 Rem	oval from Stata	cemetery cr	namatany or o	thor place!								
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LIC	CHARLE /	& MT.	Lion	Cemeta	ery	06-03	<u>-93</u>	C	illin	gdal	e., P	A
- 1	The state of Policial advice to		///		22. NA	AME AND	ADDRESS OF FA	CILITY	John M.	Tay	lor	Fune	A ral Home
	·act	1.6	12/4	-	147	7 Du	ke of G	loud	cester	St.	Anna	poli	s. MD
	23. PART i. Enter the diseases, or o	omplications that	ceused the d	eeth. Do r									proximate
ı	shock, or heert feilure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final												tervai Between
ľ	disease or condition		(1)	PII	All		Hee	25	to	lin		01	166
ŀ	resulting in death)	B. DUE TO (OR AS A CONSE	QUENCE DI	FI:		U		Y			_	700
_	DUE TO (OR AS A CONSEQUENCE DF):												1RC
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS A CONSE	OUFNCE DE	n.							1	
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윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE DE	n:								
E	resulting in death) LAST				,							j	
B		J		-								-	
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뷀			1						1 123	2/1/40		OF DEATH	
-	-								i			1 LI YES	8 2 🗌 NO
₹	25. WAS CASE REFERRED TO MEDICAL					28 PLAC	E OF OEATH (Ch	ack only	000)				
5	EXAMINER?	HOSPITAL:	ED/Outration (OTHER:								
¥	27. MANNER OF DEATH	28e. DATE DF		286. TIM		g Home Bc. INJUR	5 Residence			IN INTERNA CO	011050		
	1 Natural 5 Pending	(Month, De		INJ	URY	WORK	?	28d. O	ESCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation	1			3 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, a	ome, tarm, s	areer, factory	, offica		28f. LO	CATION (Street by or Town, State	and Number	r or Rural F	Poute Num	ber,	
Щ													
필		CIAN: To the beat of r											
COMPLETED	one) 2 MEDICAL EXAMINE) and man	iner es stated.
	29 CHANNE AND TITLE OF CERTIFYER			6			9c, LICENSE NUN				E SIGNED		21.72 - 1911 - 1
B	YVICU >		An W)		1	D21438			ANG. DAI			
임	30. NAME AND ADDRESS OF PERSON ATH	O COMPLETEO CALISI	E OF DEATH OTE	M 27) /5ma	Print		VL1438				May	24,	1993
	Michael T. LaPon					10110	Amarama	.0:.	un o	1 1 1 1			



	Don't See See Sould
	permit.
020	physician. burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-00

_	-	REGISTRAR				CERTIF	ICA	IE OI	- DEA	I III		REG. NO),		
		1. DECEDENT'S NAME (First,		DIDVO							MONT		AY	YEAR	3. TIME OF DEATH
	ŀ	4. SOCIAL SECURITY NUMB		5 PAKKS 5. SEX			T				0		0	1993	6:43P
	1,	579-38-8625	EN	1 M 2 K F	7.1	rs. last birthday) YRS.	MONTE	HS DAYS	HOURS	MIN.	(Mont	OF BIRTH	0.1	Count	**
	ŀ	9a. FACILITY NAME (If not in:	etth dion, dive a			Tha.	05.0	NEW TOWN	0010017			26/19			ginia
000		Doctors' Co		-	-1				OR LOCATI	ON OF DE	EATH			INTY OF C	
CTOR	1	RESIDENCE OF DEC		y nospit	aı			Lanha	ım				Prin	ice (George's
I W		10a. STATE	10b. COUNT	r		10c. Cr	ry, tow	VN OR LOC	ATION						10d. INSIDE CITY LIMITS?
DIR		Maryland	Princ	e George	's	C	o 1ma	ar Ma	nor						1 K YES 2 NO
\¥		10e. STREET AND NUMBER						1	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
NER	1	3903 Lawren	ce Str						20722				U.S	S.A.	
5		11. MARITAL STATUS 1 Never Married 2 🔀	Married	12. WAS DECEDEN FORCES? 1				13. WAS DE	CENDENT C	OF HISPAN	IIC ORIGII	17 (Specify Ye	s or No-	14, RAC Blac	E — American Indian, k, White, etc.
₩ B		3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATE	S			S 2 2 NO			,		Spec	
۵	ŀ		EDENT'S EDU		16	a. DECEDENT'S	USUA	L OCCUPAT	ION	_	164	. KIND OF BU	CIMESS /IN	DIETEV	White
ETE	-	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 -		(Give kind of life. Do NOT o	work do	one during n		ng	1.55	. 1010 01 00	OH 11.00/111	DOSINI	
릴		10	,			Housew	Lfe					wn Hor	ne		
COMPL		17. FATHER'S NAME (First, Mi	iddle, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
ш		Richard Dy	e						A1	ice	Dye				
0 B	Ĺ	19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDR	RESS (Street	and Number	or Rural F	Route Num	ber, City or Tox	m, Statu, Zi	p Code)	
F	L	Howard E. S	parks			3903	Lav	vrenc	e Str	eet,	Co1	mar Ma	anor,	MD	20722
		20a. METHOD OF DISPOSITI		oval from State		ACE AND DATE			Name of		DAT	E 20c. LC	CATION —	City or To	own, State
	1	4 Donation 5 Other			Tri	nity M	emo	rial				93 Wa1	dorf	, Ma:	ryland
		21. SIGNATURE OF FUNERAL	C SERVICE LIK		4	1	1	22. NAME	AND ADDRE	ss of FA	C SO	ne Fu	20221	Пот	e, P.A.
		Yach		Frier	rol		1	4739	Balti	more	Ave	. Hvai	tevi	11 ₀	MD 20781
Г	T	23. PAHT I. Enter the di	seases, or	complications the	t caused th	e death. Do	not en	iter the m	ode of dy	ing, suci	h as can	diac or resp	iratory ar	rest,	Approximata
		IMPEDIATE CAUSE (Fin	al	List only one cau		11000									Onset and Dec
		disease or condition resulting in death)	→	a. Acut	1 Car	MNO	P	12/4	iade	2119	AI	129	/		
	İ	and down,		DOL TO	TON NO A CC	MOEGNERUS (m:j:								
Z		Sequentially list conditi		e Cu	ely	ONSEQUENCE O	co	140	ued.	on					
CATION		if any, leading to immediate. Enter UNDERLY	date	DUE TO	(OR AS A CO	MSEQUENCE (PF):	/		1	7	1	21		
5		CAUSE (Disease or Inju		c. DUE TO	OF AS A CO	ONSEQUENCE O	A Q	1010	7- 2	20/2	Con	al 4	SU.	10/1	Ly .
RTIFI	1	that initiated events resulting in death) LAS	т	502 10		as it		be .	-000						
CEL				d		- 20 02		uf	COS	1					
AL		PART II. Other significa	nt condition	s contributing to	death but	not resulting	in the	underlyi	ng cause i	given in	Part I.	24s. WAS AN PERFO		241	. WERE AUTOPSY FINDING
EDICAL												1 TYES			COMPLETION OF CAUSE OF DEATH?
ME															1 YES 2 NO
	1														
SICIAN:	ı	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					PLACE OF D	EATH (Ch	ack only or	10)			
>	1	1 YES 2 NO		1 Inpatient 2	ER/Outpatie	int 3 🗆 DOA		HER: Nursing Ho	me 5 🗆 Re	sidence	6 🗆 Othe	rr (Specify)			
PH		27. MANNER OF DEATH 1 Natural 5 1	Pending	28s. DATE OF (Month, D		28b. Til	JURY	28c. IP	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
BY	,	2 Accident	nvestigation				N		YES 2] NO					
ED			Could not be	28e. PLACE O building,	etc. (Specify)	At home, farm,	street,	factory, off	ice			ATION (Street or Town, State)		r or Rural	Route Number,
\vdash	-	20a CERTIFIER					_								
COMPLE		(Check only		CIAN: To the bast of											
S		2 MEDI			kamination an	nd/or investigati	on, In n	ny opinion,	death occur	red at the	time, date	and place, a	nd due to t	he cause(s) and manner as stated.
BE (296. SIGNATURE AND TITLE	_					7	29c. LICI	ENSE NUA	MBER		111111111111111111111111111111111111111		(Month, Day, Year)
5	L	more												5.11	.93
-		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH	(ITEM 27) (万p	e, Print)								2
	-	24 DATE EN ED AL-	Mark	/ -20 DE-000	Die electric	inc.	_								.,
l		MAY I Month Day	13	Julia Layd	Son Jon	delle									
1				/											



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DITHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Deur, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or ather traumatic event, the medical examiner must be notified at once.
0	0 0	201

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				HYGIENE REG. NO.	93	16970
1. DECEDENT'S NAME (First, MIOOR, Last) MOLL E	First, Middle, Last) STROTHERS 2. DATE OF DEATH MONTH DAY VEAR 93 2200							3. TIME OF DEATH 2200 M
579- 44- 2293	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, C	BIRTH (29) 12-18	94 Soun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street Adventist H	os pital	96	,	ma,	Md.	9c.	Prince	George
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	non				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
6718 PINEY BRANCH	RD		101.	ZIP CODE		100	g. CITIZEN OF	S. A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMEO		ENOENT OF HISPA letty Cuban, Mexica 2 NO Specia	nn, Puerto Rici		Biac	E — American Indian, ck, White, etc.
15. DECEOENT'S EQUICA (Specify only highest grade oc Elementary/Secondary (0-12)		OECEOENT'S USU (Give kind of work life. Do NOT use re HOUS	done during mos lired.)	n of working	16b. Ki	INO OF BUSINES	SS/INOUSTRY	
17. FATHER'S NAME (First, Middle, Lost) GEORGE B	gnKs	71045	CWI	18. MOTHER'S NA	AME (First, Mide	Ban	ame) KS	
19a. INFORMANT'S NAME (Type/Print) BENNIE WALTON		195. MAILING ACC		ANCH RD	Route Number,	City or Town, Sta	ate, Zip Code)	
20ay METHOD OF DISPOSITION 1 @ Burlel 2 Cremation 3 Genove 4 Donation 6 Other (Specify)	et from State cemetery,	CEANODATE OF DI Cremetory or other I	ISPOSITION (Na	ne of	0ATE	20c. LOCATIO	ON — City or T	
21. SIGNATURE OF FUNERAL SERVICE LICEN	YSEE	276	W.H.	O ADORESS OF FA	NERAL	HOME I	NC.	J,D.C20010
23. PART I. Enter the diseases, or collaboration and ck, or heart failure. Lie immediate CAUSE (Final disease or condition resulting in death)	Cardisby	death. Do not aline.	4	trest		c or respirato	ry arrast,	Approximata interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PART II. Other aignificant conditions	contributing to death but no	ot resulting in th	ne underlylng	cause given in		PERFORMED	?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only one)			
EXAMINER?	109PITAL: Unpatient 2 - ER/Outpatient		HER: Nursing Home	5 🗆 Residença	6 C Other (S	Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOI		28d. OESCR	IBE HOW INJUR	Y OCCUREO	
2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stree	t, factory, office		28t, LOCATION OF 1	ON (Street and N Town, State)	lumber or Rural	Route Number,
	AN: To the best of my knowledge, On the basis of examination and							a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICENSE NUI				(Morith, Day, Year) 5 - 93
30, NAME AND ADDRESS OF PERSON WHO O	IM, 7610 C	CARROLL	LAVE	, TAX	OMA	PAR	K, I	MD
MAY 1 0 199	32. REGISTRAR'S SIBRATURI	on-Randel	2					

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours a
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1	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
- (3)	LEON	9	MITH_								MY 1.	YEAR	
05 00 1995 1.						HPLACE (State or Foreign							
	577-20-9339)	1∑ M 2 □ F	76	YRS.	MONTHS	DAYS						nsylvania
- 43	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
8	PRINCE G	EORGF t	S HOSPI	TAL CEN	TER		HE//E	ERLY			-		
DIRECTOR	RESIDENCE OF DEC	EDENT		TALL OLIV							I PR.	INCE	GEORGE 'S
뿐	10e. STATE	10b. COUNTY	Y			TY, TOWN			2				10d. INSIDE CITY
					Was	shin	gton	, D.(<i>j</i> •				1 YES 2 NO
₹	10e. STREET AND NUMBER	0.	. 37.17				10	. ZIP COD	E	00004			WNAT COUNTRY?
FUNERAL	118 Thomas	Stree								20001	l u	.S.A	•
교	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	RMED NO	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	s or No	14. RACI	E — American Indian, k. Black
B	3 X Widowed 4 □ Divo		IF YES, GIVE V	WAR OR DATES				2X NO	Specify			Spec	"Black
	15. DEC	EDENT'S EOU	CATION	16e. D	ECEDENT'S	LISUAL O	CCUPATION	ON		16b, KIND OF BL	CINECC (IN	Duezew	
	(Specify only Elementery/Secondary (0	highest grade	completed) College (1-4 or 5		Give kind of a. Do NOT u	work done se retired.)	during mo	st of worki	ng	TOD, KIND OF BU	SINESS/IN	DUSTRY	
립	7th grade		comage (1-4 of 3	"	Cook					Restau	rant		
COMPLETED	17. FATHER'S NAME (First, M.	iddie, Last)				-		18. MOT	HER'S NA	ME (First, Middle, Maider	Sumamel		
BE C	Sisiero Sm	ith								le V. Bro			
	190. INFORMANT'S NAME (7)	ype/Print)		19	Db. MAILING	ADDRES	S (Street e			Route Number, City or Toy		(o Code)	-
10	Belinda Jon	nes (Goo	l-Daughte	er)	1311	Robe	ert	Lewi	s Ave	e. Upper M	lar1b	oro,	Md. 20772
	20e. METHOD OF DISPOSITI		oval from State	20b. PLACE						OATE 20c. LC	CATION -	City or To	wn, State
	4 Donation 5 Other	(Specify)		Harmo	my'M								Maryland
	21. SIGNATURE OF PURETAL SERVICE LICENSEE 22 NAME AND ACCRESS OF FACILITY Home, Inc.												
	4339 Hunt Place, N.E. Wash. D.C. 20019												
	23. PART I. Enter the di	sesses, or d	omplications the	t coused the d	eath. Do	not enter	tha mo	de of dy	ing, such	n as cerdisc or resp	iratory ar	rest,	Approximata
	IMMEDIATE CAUSE (Fin		Liet only one ceu	ise on each lin	€.		1		1		1		Interval Between Onset and Death
	diseese or condition resulting in deeth)	+	. ()	del	75	0	1	14	40	war	h		
	in addition		DUE TO	(OR AS A CONSE	OUENCE O	F);	1	6	4				
Z	Sequentially list conditi	000	a	10/a	91	(p)	10		A	SCUS	P		
Ĕ	if sny, leading to immed	diete	QUE YO	OR AS A CONSE	OUÉNCE'O	F):	0	,,	1"	- de	6	1	
CERTIFICATION	CAUSE (Disesse or Inju		C	20	L	1		0	4	STU	110	w	
Ē	that initiated events resulting in death) LAS*	r	OOE 10	(OH AS A CONSE	GOENCE O	F):					_ 0, 0		
B			d										
	PART II. Other significe	nt condition	s contributing to	death but not	resulting	in the ur	nderlying	g ceuse (given in	Part I. 24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL										PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä											X 110		OF DEATH? 1 YES 2 K NO
ž										_			
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ock only one)			
Sign	1 TYES 2 NO		HOSPITAL:	ER/Outpatiant :	3 🗆 DOA	OTHE!		e 5 🗆 Re	sidence	8 Other (Specify)			= = =
PHY	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY av. Year)	28b. TIM		28c. INJ			28d. OESCRIBE HOW	NJURY OC	CURED	
BY		Pending nvestigation			""	М		ES 2	NO				
	3 Sulcide 8 0	Could not be	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm,	street, fact	ory, offic	•		28f. LOCATION (Street City or Town, Stete)		r or Runal F	loute Number,
	4 Homicide	determined											
<u> </u>	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occum	ed at the t	ime, data	end plece	end due	to the cause(e) end ma	nner ee ata	ted.	
COMPLETED													and menner ee stated.
S I	29b. SIGNATURE AND TITLE	OF CERTIFIER					,	29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
00	59	un	/	Ul.	1111	N		0	34	17-74	▶ 8	7- 7	3-93
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Type	, Print)		V	1				, ,,
													1
	31. DATE FILED (Month, Day,)		32. REGISTRA	A'S SIGNATURE	מל	1.00			_				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTENDED PLANE THE LAND AND AND AND AND AND AND AND AND AND
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 frours after death. Page 6 may be retained by the hospital or attending pippletely filled in by the funeral director, page 5 should be detached for use as the b cremation, or removal. Ent, the medical examiner must be notified at once.
within 24 frours after death. Page 6 may be retained by the hospital or atter pletely filled in by the funeral director, page 5 should be detached for use a cremation, or removal.
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within 24 nours after death. Page 6 may be retained pletely filled in by the funeral director, page 5 should cremation, or removal.
within 24 frours after death. Page 6 may be repletely filled in by the funeral director, page 5 cremation, or removal.
within 24 nours after death. Page 6 m pletely filled in by the funeral director, cremation, or removal.
within 24 mours after death. Properly filled in by the funeral cremation, or removal.
within 24 nours after d pletely filled in by the cremation, or removal.
within 24 noun pletely filled in cremation, or n
within pletely crematic
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nding ph Hygiene or othe
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AL OR / AL DIRECT 2 hours
HOSPITE FUNERA within 7
MPOR

93 16972 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1.40 Sledd Lauretta E 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 10-17-10 Bedford Co.VA 578-56-7158 1 - M 2 XF 9a. FACILITY NAME (If not institution. COUNTY OF DEATH 96 CITY, TOWN OR LOCATION OF DEATH DIRECTOR 6E0R69 NCE 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Brandywine Prince Georges MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 107 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7516 Earnshaw Drive 20613 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—It yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Spec#y: Black 3XXWidowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Home-maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Spottswood Burton Anna Watson 19a. INFORMANT'S NAME (Type/Print) ber or Ayriil Aoute Number, City or Town, State, Zip Code)
Drive Rrandvilino 19b. MAILING ADDRESS (Stre 2 7516 Earnshaw Celestine S. Haulsey , Brandywine, MD 20613 20a. METNOD OF DISPOSITION
1X Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Fort Lincoln Cemetery 5-10 Bladensburg, MD ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Strickland Services 1425 Maryland Ave. NE, Wash. D.C.20002 T. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on esch line. IMMEDIATE CAUSE (Final Onset and Death disesse or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) angren PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions conflibuting to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 100 1 YES 2 NO 00 ne 1 YES 2 NO when 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dipetient 2 DERVoutpatient 3 DOA OTHER: I WES 2 NO ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF BEATH 28a, DATE OF INJURY 28c. INJURY AT 1 Natural 5 Pending Investigat 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 38f. LOCATION (Street and Number or Rural Route Number Officer State) 3 🗍 Suicide COMPLETED 8 Could not be 4 Thomicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 6193 39 5 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1993

MAY 1

Inchia Davidson-Randale

١.	STATE REGISTRAR

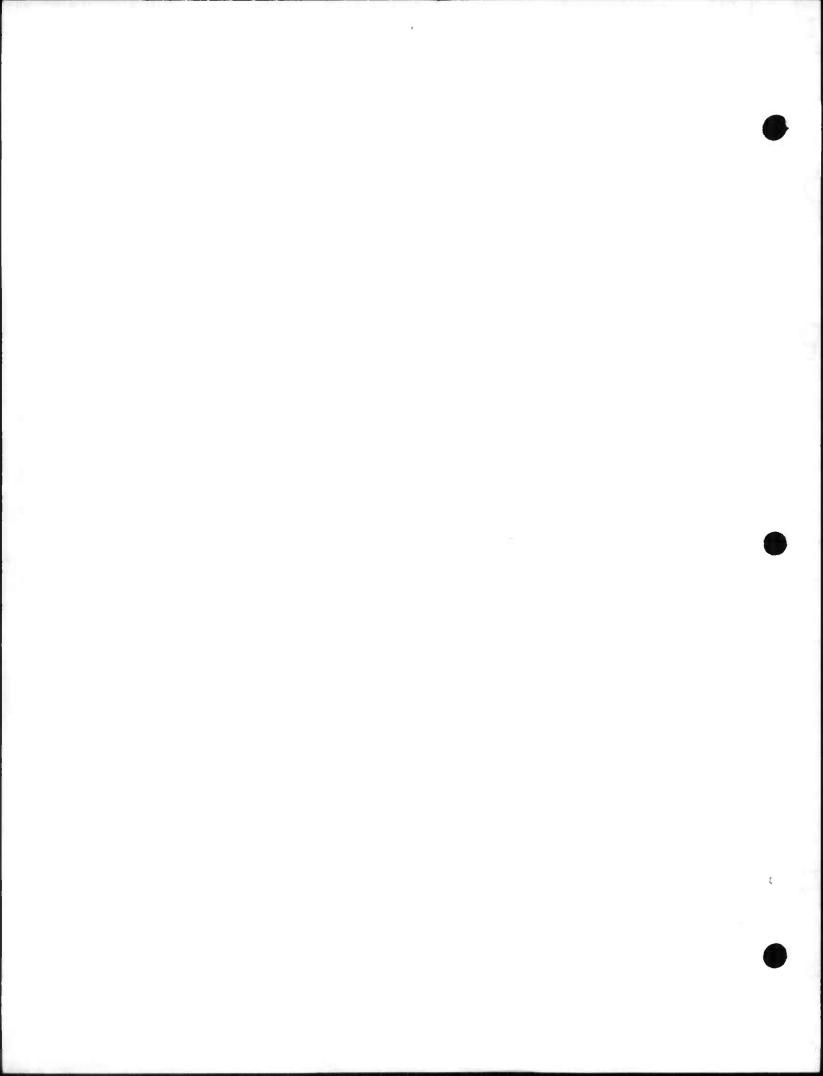
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A PACLET MAN (F or entitudue, per used cannot) 2 3 9 7 8 10 10 10 10 10 10 10 10 10 10 10 10 10		5. SEX 6.	AGE (In yrs. last birthday)	7				8. BIRTHPLACE (State or Forei
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Electrical Engineer Consultant	(Specify only highest grad	le completed)	(Give kind of v	work done during mo	st of working	IND. KIND OF BU	SINE SS/INU	USTRT
TO PATHER'S NAME (Pist, Mode, Last) Grant Howard Sheldon Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY Nancy B. Sheldon 2395 Ginger Drive Gambrills Maryland 21054 She. METROO OF DESTROY DATE 2806 LOCATION - City or Yown, Steels Copyring (Company) Date Bellow Davids or Membrill Maryland 21054 She. METROO OF DESTROY HOWERS SHELD OF DESTROY HOWERS SHELD OF DESTROY DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate Gausse or injury investing in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I. 246. Was an Autropey provided or provided or injury in the selection of the Consequence of the Consequence of Consequence	Elementary/Secondary (0-12)	5+			inoor	Concul	tant	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Affections 6 Other (Specify) 28. MANNER OF DEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Affections 6 Other (Specify) 29. MANNER OF DEATH 28. DATE OF INJURY AT WORK? 1 YES 2 NO Breathed Author Exchange 1 Other (Specify) 29a. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 29b. BIGNATURS AND TITLE OF CERTIFIER Check only one) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veer) 31. DATE FILED (Month, Dey, Veer) 32. J. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 33. DATE FILED (Month, Dey, Veer) 34. DATE FILED (Month, Dey, Veer) 35. J. DATE FILED (Month, Dey, Veer) 27. J. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28b. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veer) 36. DATE FILED (Month, Dey, Veer) 37. DATE FILED (Month, Dey, Veer) 38. DATE FILED (Month, Dey, Veer) 39. DATE FILED (Month, Dey, Veer)	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (Of	R AS A CONSEQUENCE OF	F):	X/ 4 C	F U150	D 7 A	9
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1 VYES 2 NO					ACE OF DEATH (Ch	eck only one)		
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29a. CERTIFIER (Check only one) 29b. BIGNATURS AND TITLE OF CERTIFIED 29b. BIGNATURS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 Suicide 8 Could not be determined 28c. PLACE OF INJURY — At home, farm, street, factory, offica		(Moothy Day,		URY WO	RK?	Basili	1 1	1 1
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29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE.	(Check only 1 CEHTIFYING PHY							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 1. DATE FILED (Morniti, Day, Vear) 2. ASCREGISTRAR'S SHONATURE.		<u> </u>						
MILIAM P. Janes, Mp P.C. Box 99 20711 31. DATE FILED (MONTH, Day, Year) 2 32. REGISTRAR'S SIGNATURE.	1/1/10Pm X	100	n 1)	20ut	D /	1/0054	1 2	5/4/62
MILIAM P. Janes, Mp P.C. Box 99 20711 31. DATE FILED (MONTH, Day, Year) 2 32. REGISTRAR'S SIGNATURE.	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (To-	Bring)	X	77		5/7/7/
MAY 1 A 1993 Such Devidor Hondell	William	Pito	n e3, m		P.O.	Box 9.	7	20711
		JULY DRUMGSON	- Mandell					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 19



3. TIME OF DEATH

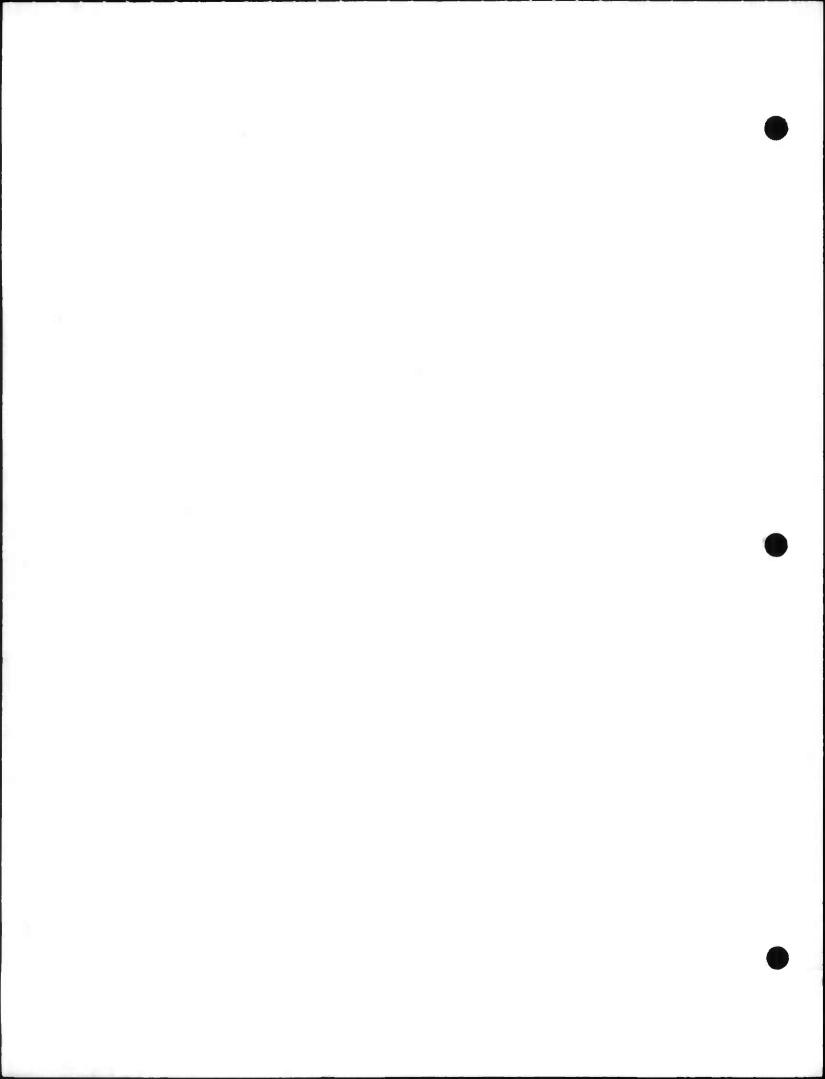
2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit.
BA	after d	by the
	nours	led in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

8^{DAY} 1993 Raymond C. Soo May 10:30 P M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day, Ybar) Oct. 10 1900 8. AGE (In yrs. lesi birthday) 8. BIRTHPLACE (State or Foreign 1xx M 2 □ F HOURS 577 20 0648 92 YRS. Washington D.C 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 12309 Chalford Lane Bowie Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince George's Bowie 1 XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12309 Chalford Lane 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ri BY IF YES, GIVE WAR OR DATES YES 2 X NO Specify Specify 3 Widowed 4 Divorced White No COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 10 Jeweler Retail must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Charlie Soo Nora Carter 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Anita T. Soo 12309 Chalford Lane Bowie Maryland 20715 20s. METHOD OF DISPOSITION
1X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Donation 5 Other (Specify) Congressional Cemetery 5/12/93 Washington D.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. A run 16000 Annapolis Rd. Bowie Md. 20715 or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only and cause on each line. interval Between IMMEDIATE CAUSE (Final disease or condition_ Pancreas R MA resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR A CONSEQUENCE OF 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENÇE OF) that initiated events resulting in death) LAST Reho shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Sign 1 TYES 2 NO has been s Scterus PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER: 1 - YES 2 - NO ne 5 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending м 1 YES 2 NO ВУ After 1 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide) the Hospital or Attendir O the Funeral Director: Al 6 filed within 72 hours after de 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be 4 Homicide 28 datermined Hem 29e. CERTIFIER
1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. TO THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE eles, 4331 2 30. NAME AND ADDRESS OF PERSON DEATH (ITEM 27) (Type, Print) AMON 2/24 2000 31. DATE FILED (Month, Day, Yea 32. REGISTRAR'S S ENATURE 4 1993 lia Davidson-Mandalle





TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Figure 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

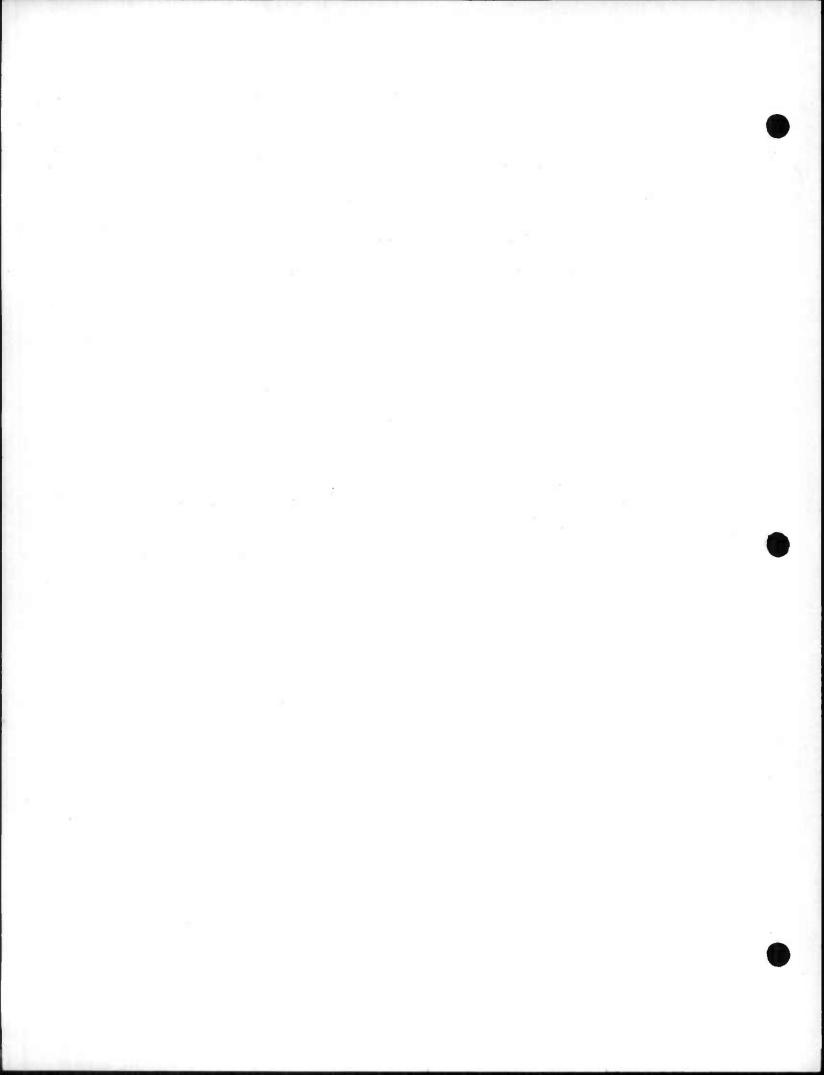
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
	-	

REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	IME OF DEATH
CORRINE B SMITH MAY 12, 1993	5:30 A.Mw
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLAC Country) Months Day's Hours Min. (Month, Day Year) Country)	E (State or Foreign
227 40 6163 M 2 F 80 YRS. MONTHS DAY'S HOURS MIN. 10/27/12 ATHENS	GEORGIA
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
7009 VALLEY PARK ROAD CAPITOL HEIGHTS PRINCE GEO	RGES
	INSIDE CITY
DC NONE WASHINGTON DC X	LIMITS? YES 2 NO
10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT	COUNTRY?
1200 DELAWARE AVE S.W. #814 20024 UNITED STA	TES
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, Wh	merican Indian, ite, atc.
BLAC	K
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired,) 16b. KIND OF BUSINESS/INDUSTRY	
College (1-4 or 5+) DOMESTIC CLEANING	
17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Maiden Surname) MADY LITTLOHED	
TOM BYRD MARY WITCHER	
198. INFORMANT'S NAME (Typer/Print) GENEVA WASHINGTON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) #3 DAIMLER DR CAPITOL HGTS MD 20743	
20a. METHOD OF DISPOSITION 1 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or HARMONY MEMORIAL PARK 1 ANDOVER MD	State
22. NAME AND ADDRESS OF FACILITY	
M859 ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE, FORESTVILLE, 1	MD. 20747
22. PART L Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (or as a consequence of):	Approximate Interval Between Onset and Death
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
reaulting in deeth) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WEF	RE AUTOPSY FINDINGS
PERFORMED? AWA	ILABLE PRIOR TO IPLETION DF CAUSE
	DEATH?
	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)] 1E3 2 [] NO
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)] 1ES 2 NO
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 1 Netural 8 Pending 28. DATE OF INJURY (Month, Dey, Year) M 1 YES 2 NO 28. DATE OF INJURY (Month, Dey, Year) M 1 YES 2 NO	11E9 2 NU
EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 28. DATE OF INJURY WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28t. LOCATION (Street and Number or Bural Route)	
EXAMINER? 1 YES 2 NO	
EXAMINER? 1 YES 2 NO	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neutral 8 Pending Investigation 3 Suicide 6 Could not be dispfirmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER 1 Perprise Number of Pure Investigation (City or Town, State)	Number,
EXAMINER? VES 2 NO	Number, d manner as stated.
EXAMINER? Wes 2 NO	Number, d manner as stated.
EXAMINER? 1 YES 2 NO	Number, d manner as stated.





1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

IM. SIGNATURE AND TITLE OF CERTIFIER

MAY 26 93

Jose w. mcwatter.

ELIZABETH AVALON TOWNSHEND

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(687	execute	and co	matic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	he death	the atte	njury.
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REC	v require	been significant	show
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FV	SICIAN	certific h the Si	d, or i
O N	NG PHY	fter this	marke
1810	TENDI	after de	28 is
2	L OR A	L DIRE	item
	40SP1TA	UNERA VITHIN 72	ANT: H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

BE

2

Sa	DIRECTOR	4. SOCIAL SECURITY NUMBER 212 05 1419 9a. FACILITY NAME (If not institution, give s Howard County (Institution) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	1 M 2 K F Street and number) General Host	GE (In yrs. last	YRS.		HOURS MHN. R LOCATION OF DE LEMB 1.8		T,T910	9c. COUNTY	BHTHPLACE (State or Foreign Country Land OF DEATH DWARD 10d. INSIDE CITY		
8	등	Maryland Ho	ward			Col	umbia		I VES 2 NO				
ermit											1 YES 2 NO		
St.	8	5625 B Harpers H		U.S.A.									
215-0020 attending physician. se as the burial-transit permit. Pages	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	YES 2 IN N	0	if yes, spe	2 NO Specify	IIC ORIGIN? (Specify Yes or No— 14, RACE — Ar n, Puerto Rican, etc.)			RACE — American Indian, Black, White, etc.		
	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(GA	re kind of wo	SUAL OCCUPATION IN done during most		16b.	KIND OF BUSIN	IESS/INDUST	TRY		
त व व	Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)		Secre								
RYLAND 2 ed by the hospital uid be detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)			Secre	cary				_			
YLA by the be det	_	13-20-1 III-23					18. MOTHER'S NA			rname)			
	BE	Robert Tapscott 19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DORESS /Street a	Sara			Oteste 7 to Cou	dal		
	2	Sarah Carilee	Hampton				Farm Rd		,,		/		
ORE, 6 may be ctor, page nust be	·	20e. METHOD OF DISPOSITION 1 25 Burlal 2 Cremation 3 Rem	The Association Control of the Contr	20b. PLACE A	NO DATE OF	DISPOSITION (Na		DATE			or Town, State		
OR IOR I		4 Donation 5 Other (Specify)	loval from State	Drule	Rid	ge place)		5/25/	/93 P1k	esvil	le, Md.		
Page ral direct		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	4		22. NAME AN	D ADDRESS OF FA						
BALTIMOR er death. Page 6 ma the funeral director, p. ral.		Davie &	1. Wetor	800							City,Md.21043		
24 hours after tilled in by 1 bion, or remother the medical		23. PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause o	n each line.		t enter the mod	de of dying, suc	h as card	iac or respire	tory arrest	Approximate interval Between Onset and Death		
Mithi within		resulting in death)	BUE TO (OR	AS A CONSEO	UENCE OF):						TO HIS		
S, P.O. BOX 68760, death certificate be executed within 24 n attending physician and completely flee metal Hygiene prior to burial, cremation, irry, or other traumatic event, the recent certification		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DIPRETED TO COR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
S		PART ii. Other significant condition	s contributing to deat	th but not re	sulting in	the underlying	cause given in	Part I.	24s. WAS AN AL		24b. WERE AUTOPSY FINDINGS		
日本日本	3 1							.	PERFORM	-	MAILABLE PRIOR TO COMPLETION OF CAUSE		
ORD that the ed by th th and h any inj	5							_			OF DEATH?		
CORE signed by I dealth and ws any In	MEDI										T YES 2 NO		
RECORE requires that the been signed by the signed by the shows any in	N: MEDICAL							-			1 TES 2 NO		
AL RECORL I law requires that the has been signed by to bept, of Health and 23 shows any in	IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one	p)		T TES Z NO		
TAL RECORE The law requires that the has been signed by the late Dept. of Health and om 23 shows any in	IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3		OTHER:	ACE OF DEATH (Ch				T TES 2 NO		
OF VITAL RECORE PHYSICIAN: The law requires that the this certificate has been signed by I with the State Dept, of Health and rided, or Item 23 shows any Is	PHYSICIAN:	EXAMINER? 1 YES 2 YO 27. MANNER OF DEATH 1 Y Netural 5 Pending		IRY		OTHER: Nursing Home OF 28c, INJI RY WO	5 🗆 Residence	6 🗆 Other		URY OCCUR			
OF VITAL RECORE PHYSICIAN: The law requires that the this certificate has been signed by I with the State Dept, of Health and rided, or Item 23 shows any Is	ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 No inpetient 2 ER/O	IRY er)	28b. TIME	OTHER: Nursing Home OF 28c, INJI WO 1 7	JRY AT RK?	6 Other 28d. DES	(Specify) CRIBE HOW INJ				
I OF VITAL RECORE PHYSICIAN: The law requires that the this certificate has been signed by it with the State Dept. of Health and riked, or Item 23 shows any in	BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suiciden 6 Could not be detarmined	1 Manual Control of the Control of t	IRY er) URY — At hor (Specify)	28b. TIME INJUI	OTHER: Nursing Home OF	5 Residence JRY AT RK? FES 2 NO	6 Other 28d. DESA 28f. LOCA City o	(Specify) CRIBE HOW INJ ATHON (Street and or Town, State)	f Number or f	ED		

M.D.

39. REGISTRAR'S SIGNATURE whia Davidson Randoll

MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

93 16976

993 0923

3. TIME OF DEATH

29d. DATE SIGNED (Month, Day, Year)

D 05

123/93

REG. NO.

ATH DAY

29c. LICENSE NUMBER

D27237

2. DATE OF DEATH

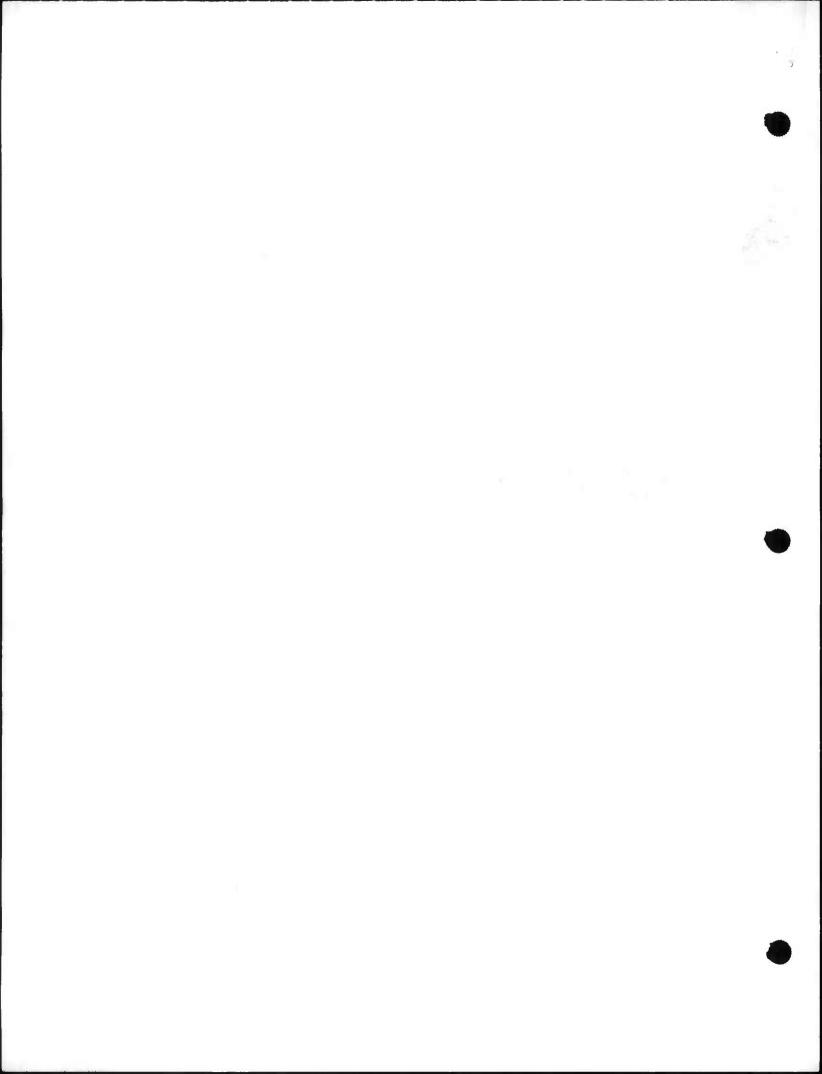
MONTH

enders in an ung an em rous. August about de 12 - 1

ars after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache in, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ws after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: 'After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, th

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLA			TMENT ICATE				MENTA	AL HYGIEN REG. NO.	Ė .	3	16977
	1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE	E OF DEATH	ly.	YEAR	3. TIME OF OEATH
	WARREN EDWARD										MAY	22,	1993	3	600 AM
	4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. lest bi	irthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	eth, Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)
	578-18-6934	attadas akas	1 M 2 F		THO.	01-0177	TOWN	R LOCATI	AN 05 D5		BER 10, 1	V		TIMORE, MD	
œ	9e. FACILITY NAME (if not institution, give street end number)										AIN			NTY OF	
유	RT, 1, BOX 273 RESIDENCE OF DECEDENT						LEX	INGI	ON PAF	<u>KK</u>			ST	MAI	RY'S
DIRECTOR	10a. STATE 10b. COUNTY					10c. CITY	, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	MARYLAND	ST.	MARY'S			LEX	INGTO	7							1 - VES 2 X NO
FUNERAL	10e. STREET AND NUMBER							101	. ZIP COD						WHAT COUNTRY?
N N	RT. 1, BOX 273	3	12. WAS DECEDEN	IT EVED IN	II C ADME	:D	1 42 4	ME DEC	2065		HC OBIG	IN? (Specify Yes			CATES E — American Indien,
5	1 Never Merried 2 K	Merried	FORCES? 1	YES	2 NO		t	f yes, sp	ecify Cube	n, Maxice	n, Puerto	Rican, etc.)	or No-	Blac	ck, White, etc.
ВУ	3 Widowed 4 Divo	orced	1944-				1 TES 2 NO Specify:						WHO		
COMPLETED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)		16a. DECEI (Give	DENT'S kind of w	USUAL OCCUPATION work done during most of working to retired.)			b. KIND OF BUS	SINESS/INI	DUSTRY			
9	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)							1.	DAT DOM	A 627773		
M.	12 17. FATHER'S NAME (First, M	liddle (net)	6		DEVE	ELOPE	SK .		10 MOT	UED'S NA	_	REAL ESTA			
	RICHARD EDWARI		20						-	TH MA			Surrieme)		
BE	190. INFORMANT'S NAME (19b. N	MAILING	AOORESS	(Street a				mber, City or Tow	n, State, Zij	p Code)	
유	ANNA MARIE TYI	OTNGS			RT.	1.	BOX 2	73. I	EXTNO	TON F	PARK, MARYLAND 20653				
	20e. METHOD OF DISPOSIT	ION	ovel from State	206.			OSITION (Name of cemetery, cremetory or VEN 5/25/93 SILVER SPRING,					Town, State			
	4 Donation 5 Other	(Specify)	1 1	GAT	E/OF	HEAV					25/93	SIL	VER S	PRING	, MARYLAND
	21. SIGNAPTIBE OF CINERA	a series you	25ml	1	/				FIELD			OME.			
	EDWARD N.	BRINSF	TELD, JR.	M00052	/								NARDT	OWN.	MARYLAND 20650
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardio shock, or heart failure. List only one cause on each line.											Approximate Interval Between			
	IMMEDIATE CAUSE (Fit disease or condition	nei	A.	0	ית י	. 1	2	. 41	, I	<u> </u>	11	11			Onset and Death
	resulting in deeth)	7	DUE-TO	(OR AS A	CONSEQUE	ENCE OF	MNNY	un	101.	80 g	-	1	_		min
z	- Cardan Anthythmia min														
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY	diate	DUETO	(OR AS A	CONSEQUE	ENCE OF	1 /	19	do	7	T	D			401
5	CAUSE (Disease or Inju		c. DUE 10	OR AS A	CONSEQUE	ENCED	n /	M	TXI	4	-)	-		TX
E	that initiated events resulting in death) LAS	et 📗	2	-3.500.1.500.1		//	(6)5		V						(/
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8	PART II. Other elamifica	ent condition	e contributing to	dawin ou	n not res	unting	in tha Un	ideriyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	1										_	1 TYES 2	KNO		OF DEATH?
₹	1														1 SES 2 MO
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL						25. P	LACE OF E	DEATH (Ch	eck only	one)			11/1/
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpa	rtient 3 🗆	DOA	OTHER 4 Nun		10 5 KR	esidence	6 🗆 Oti	her (Specify)			
主	27, MANNER OF DEATH	Marketon.	26s, DATE Of	F INJURY Day, Year)		28b. TIM		28c. IN.	JURY AT	3		ESCRIBE HOW	NJURY O	CUREO	
ВУ	V Anetural 5 2 Accident	Pending Investigation					М	1 🗆	YES 2 [_ NO					
8	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (of INJURY - , etc. (Specif	— Al home	e, farm, :	street, fact	tory, offic	0		281. LC	CATION (Street ty or Town, State)	end Numbe	or or Rura	l Route Number,
	200 CERTIFIER													_	
COMPLET	(Check only		ICIAN: To the best of	/)											(e) and manner ee stated.
응					//	reauganc	ni, itt iny c	./				ne and place, as			
BE C	29b. SIGNATURE AND TITLE	XQ	1	Dr	10	E	- M		7	ENSE NUI	64	19	D 3	TE SIGNE	D (Month, Day, Year)
욘	30. NAME AND ADDRESS O	11	/ /					1							
	J. PATRICK J.							, LE	ONARD	TOWN,	MAR	YLAND 20	650		
	31. DATE FILED (Mohin) Pil	4 '93	32. REGISTR	Davids	or - Ra	indel	2								





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020	physician	funeral director, page 5 should be detached for use as the burial-transit permi
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician	use as the
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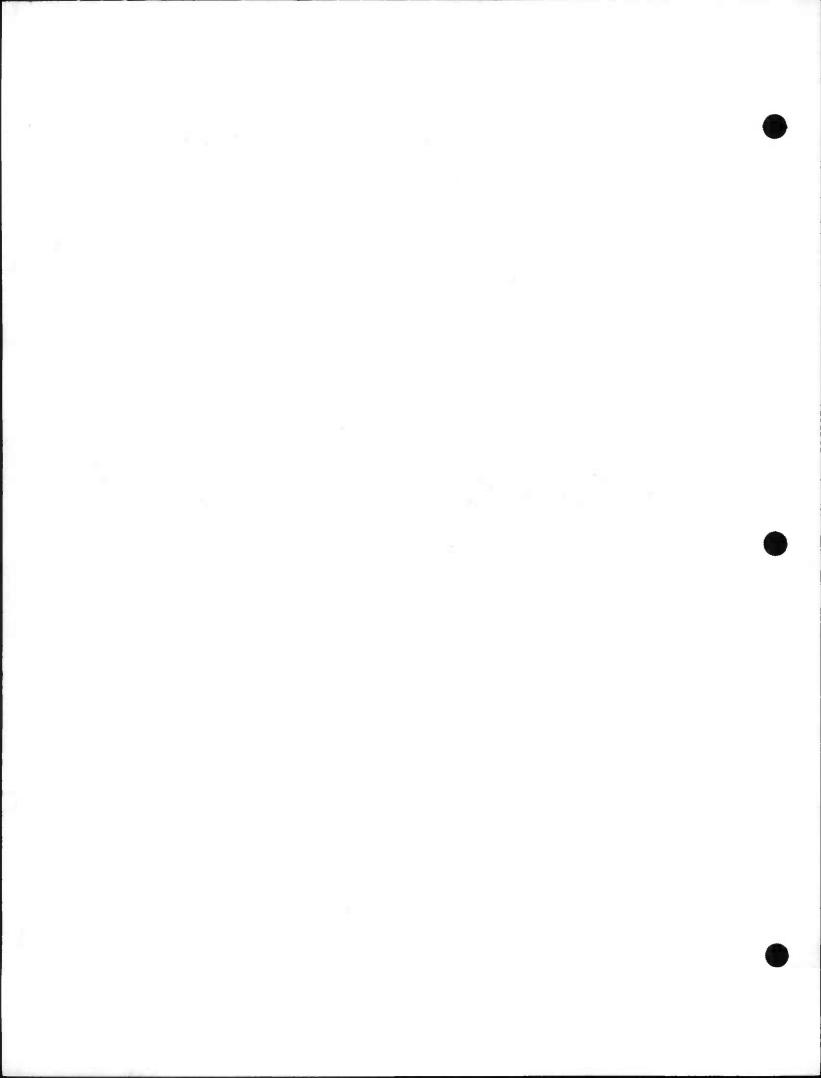
ours after death. Page 6 may be retained by the hospital or attending phy use as the the funeral director, page 5 should be detached for notified at pe medicai filled in by t 0 the attending physician and completely fille Mental Hygiene prior to burial, cremation, the THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dam of Lands and Completely event, traumatic other 1 6 inlury, been signed by or. of Health and 3 shows any in Dept. t: After this certificate has or death with the State De is marked, or item 2 DIRECTOR: A hours after de item 28 is 99 TO THE FUNERAL DE filed within 72 h 23

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

must

examiner

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF OEATH 7. DATE OF BIRTH (Month, Day, Year 06/ 14/ 93 Thelma Minerva 0400 metro 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthde) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF HOURS 221-05-9823 YRS. 79 Delaware 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Wicomico Salisbury 1 YES 2 NO FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WNAT COUNTRY? P.O. Box 1973, Old Ocean City Rd. 21801 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie ΒY IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify 3 🔀 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) cosmotologist 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William R. Powell Blanche Marie Hewes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul D. Wilber 115 Broad St., Salisbury, MD. 21801 20a. METNOD OF DISPOSITION
1 X Burist 2 Cremation 3 Rem
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Wicomico Memorial Park 5/13 Salisbury, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, Md. 21801 23. PARY I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each e death_Do not enter the mode of dying, such as cardisc or respiratory srrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) A CONSEQUENCE OF OCZYCIZ PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, S A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetiant | DOA 4 - Nursi ne 5 🗆 Rasidence 8 🗆 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investiga BY M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) ETED 3 Sulcide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide COMPLI 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated, 291 SUDNATURE AND TITLE OF CERTIFICE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mor aspa 20441 5 2 30. NAME AND ADDRESS OF PERSON 2413RL1 05 e 1. MAY 18 1993



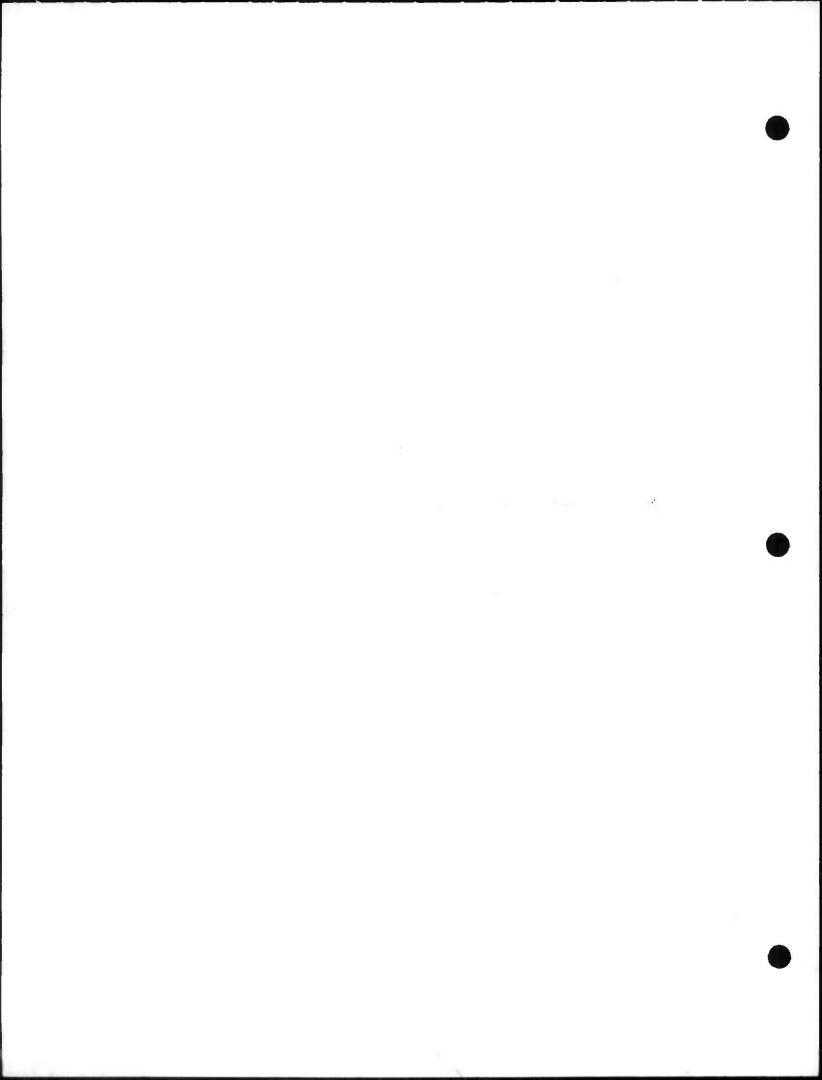
1 - STATE REGISTRAR		SIAIE UF	MAHYLAND / CI			OF DEA		MENTA	NL HYGIENI REG. NO.	Ē			
1. DECEDENT'S NAME (First	, Middle, Last)					Names			E OF DEATH	_		3. TIME OF DEATH	
JOHN	\mathbb{W}	. / B	TER	Jr.	Wes]	Ley Dan	iel)	MON!	5 - 1	3-1	993	0400	GH
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER t	YEAR IF UNDE	R 24 HRS.		OF BIRTN		S. BIRTNP	Bluefie	iop d
211-03-1266		1 ☑ M 2 ☐ F	73	YRS.	MONTHS 1	HOURS	WITH.		RIL 15-	1919	WE		gini
9a. FACILITY NAME (If not in		,		2.5	9b. CITY, T	OWN OR LOCAT	ION OF D	EATN		9c. COU	NTY OF DE	ATH	
Washington		ist Hos	pital		Tal	coma Pa	rk			Mo	ntgom	ery Cour	ıty
10a, STATE	10b. COUNTY			10c. CITY	Y, TOWN OR	LOCATION					1	10d. INSIDE CITY	
Maryland	Montg	omery		Lev	visda]	e						LIMITS?	, I
10e. STREET AND NUMBER						10f. ZIP COL	DE			10g. CIT	IZEN OF WH	IAT COUNTRY?	\neg
2117 Charles	ston Pl					2	0882			Un	ited	States	
11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S. AR	NO		S DECENDENT 98, specify Cub			N? (Specify Yea Rican, atc.)	or No—	14. RACE - Black,	- American Indian White, etc.	
3 Widowed 4 Divo		WWI	MAR OR DATES		10	YES 2XXNO	Specif	у.			Specify		
	EDENT'S EOUC		18a. OE	CEDENT'S	USUAL OCC	UPATION		168	b. KIND OF BUS	NESS/INC	Whi	te	
Elementary/Secondary (0	y highest grade (1-12)	College (1-4 or 5	H/m	ive kind of w Do NOT us	vork done dur e retired.)	ing most of work	ing					an Devel	opme
12			Bu	ildir	ig Ins	pector					ment)		
17. FATHER'S NAME (First, M									Middle, Maiden S	iumame)			
John Wesley		l Tester					a Ma						
John Wesley		Tonton							nber, City or Town			1/01	
20a. METNOD OF DISPOSIT		lester	20b. PLACE				rive		napolis		City or Town	1401	
1 Buriel 2XXCremation 4 Donation 5 Other		val from State	cametery, cre	matory or oti	her place)	emator	37	56	13		ria,		
21. SIGNATURE OF FUNERA	L SERVICE LICI	NSEE #MOC		POTTE	22. NA	ME AND ADDRE	SS OF FA	CILITY	251			VA	\dashv
1 k) a	1 K	1000							er Fune				
23. PART I. Enter the d	sesses, or co		t coused the de	ath. Do n	ot enter th	e mode of dy	ain Ing. suc	Stre	et, Wes	atory an	nster	, MD 211	
shock, or he IMMEDIATE CAUSE (Fir	eart fellure. L	lst only one ceu	ise on each line),						,		Interval Bet	ween
disease or condition	→ .	DI	1/mm	000		eden						Oliset and I	744111
Tooding in County		QUE TO	(OR AS A CONSEC	DUENCE OF	7	EUIW	7.61						\dashv
Sequentially list conditi	lone b	P	heum									2 we	14
If sny, leading to immediates. Enter UNDERLY	diete	DUE	(OR AS A CONSEC	DUENCE OF):							2 M	
CAUSE (Disease or Inju		DUE TO	OR AS A CONSEC	DUENCE OF	n C							5 M.	
resulting in death) LAS	T		/										
PART II. Other significe	nt conditions	nontribution to	death had as	10. 4									
Arteris							given in	Part I.	24a. WAS AN A PERFORM	IED?	A	VERE AUTOPSY FINE WAILABLE PRIOR TO	
Para	0 0	10/11	178641	- (1150	952			1 TYES 2	Nio		COMPLETION OF CAL OF DEATH?	JSE
Trace	1	silar	<u> </u>	7. /	6	10 11	. /	_			1	TYES 2 NO	' I
25. WAS CASE REFERRED TO	MEOICAL	16 de	~ T - (1	ie h	ele	20. PLACE OF (EATH (Ch	eck only or	ne)				\rightarrow
EXAMINER? 1 TYES 2 X NO		HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 □ R							
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIME	OF 28	c, INJURY AT WORK?			SCRIBE HOW IN	JURY OC	CUREO		\neg
	Pending investigation					YES 2	NO						
	Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm, at	treet, factory	office		281. LOC City	ATION (Street art or Town, State)	d Number	or Rural Rou	rte Number,	
29a. CERTIFIER (Check only	IFYING PNYSIC	IAN: To the best of	my knowledge, de	ath occurre	d at the time	, date and place	, end due	to the co	use(s) and menn	er as at-	ed.		-
		On the basis of e										and manner as stat	ed.
29b. SIGNATURE AND TITLE							ENSE NUN					fonth, Day, Year)	
Jungpi	Lu	nin				1 0	78:	100		1 5	/3	-53	
30. NAME AND ANDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF OEATH (ITE	M 27) (Type,			0	-/	0			//	\neg
TUNG-P	z L	EZ. N	D	700	Buc	Kingh	Shin	Dr.	Sil	er)	nring	My D	
31. DATE FILED (Month, Day.		32. REGISTRA	R'S SIGNATURE	Pand	200				1 - 1 - 1 -	/	/	John John	1
MAY 2	5 199	31 9500	TO ALMONDA OF A	100							-		(



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

	1 - STATE REGISTRAR		С	ERTIF	ICATE O	F DEAT	TH I		EG. NO				
	RUTH C. TEE	TS						2. DATE OF MONTH		AY	YEAR 93	3. TIME OF DEATH 0515 Hours	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	NOTH	3		PLACE (State or Foreign	
	212-12-8076	1 □ M 2XXF	83	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De	7, 1	910	Country	Virginia	
	9e. FACILITY NAME (If not institution, give		9b. CITY, TOW	OR LOCATIO				_	NTY OF DE				
DIRECTOR	WAShington adventist Hospital Takoma Park Montgomery											ery	
RE										10d. INSIDE CITY LIMITS?			
	Virginia Shenandoah Strasburg										1 YES 2 NO		
FUNERAL	Route 2, Box 315-	·A										hat country? States	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS D	ECENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	or No-			
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black Specify: While						y:			
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16e. D	ECEDENT'S	USUAL OCCUPA	TION nost of workin	σ.	16b, KIN	D OF BUS	SINESS/INE			
	Elementary/Secondary (0-12)			work done during se retired.)	nosi or working	9							
MP	12 17. FATHER'S NAME (First, Middle, Last)			Homem	aker				n Ho				
	Samuel M. Clarke							ME (First, Middl Susan					
BE	19a. INFORMANT'S NAME (Type/Print)		1:	9b. MAILING	ADDRESS (Stree						Code		
5	Juanita V. Ward				Adelphi				MD	20	783		
	20a, METHOD OF DISPOSITION Mariel 2 Cremation 3 Rerr 4 Donation 5 Other (Specify)		cemetery, cr	rematory or o	of disposition (ther place) ew Ceme			5726 1993			city or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE #MOO6	90		22. NAME	AND ADDRES	S OF FAC	al Hom					
	Noward K	Jeans			Str	asbur	g, V	irgini	a				
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications that Liet only one caus	caused tha d	aath. Do r a.	not antar the n	oda of dyl	ng, such	as cardiac	or respi	ratory an	reat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final C OBSTRICTIVE Onset and Death												
	disease or condition										years		
N													
ATIC	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS A CONSE	QUENCE OF	F);							1	
CERTIFICATION	resulting in death) LAST												
	PART II. Other algorificant condition	na contributing to d	leeth but not	resulting	in the underly	ng ceuse g	lven in i	Part i. 24e	. WAS AN	AUTOPSY	24h.	WERE AUTOPSY FINDINGS	
MEDICAL	CONONAM ANTE			F-14-10. 5					PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
G	SWOKING HIS	TORY						_ ''	YES 2	NNO	- 1	OF DEATH?	
ž								_		/		1 125 2 140	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DE	ATH (Che	ck only one)					
YSIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing He	me 5 🗆 Rei	sidence	6 Other (Sp	ecify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		26b. TIM		JURY AT		28d. DESCRIE	BE HOW II	NJURY OC	CURED		
B	2 Accident Investigation	20. 81 405 05	muura			YES 2	NO						
TED	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF building, a	Injury — At h	ome, ferm, a	itreet, fectory, of	Ice		City or To	N (Street e wn, Stete)	nd Number	or Rural Ro	oute Number,	
COMPLETED		ICIAN: To the best of m										end menner es stated.	
BE C	296 SIGNATURE AND TITLE OF GEOGRAPHE	2 0116)			29c_1/CE	NSE NUM	BER 7 4	1	29d. DAT	E SIGNED	Month, Day, Year)	
2	30 NAME AND ADDRESS OF PERSON WH					レン	47	TT	+		7/2	5/77	
	ROBERT J. GINS					Rd	5,	luer 5	grine	9 M	0 20	0901	
	31. DATE FILED (Month, Day, Year)	BERG- MC 32. REGISTRAR	's signature 2 Davidson	~ Hanc	lace								
	MAY 2 5 19											DHMH-16 Rev 1/89	

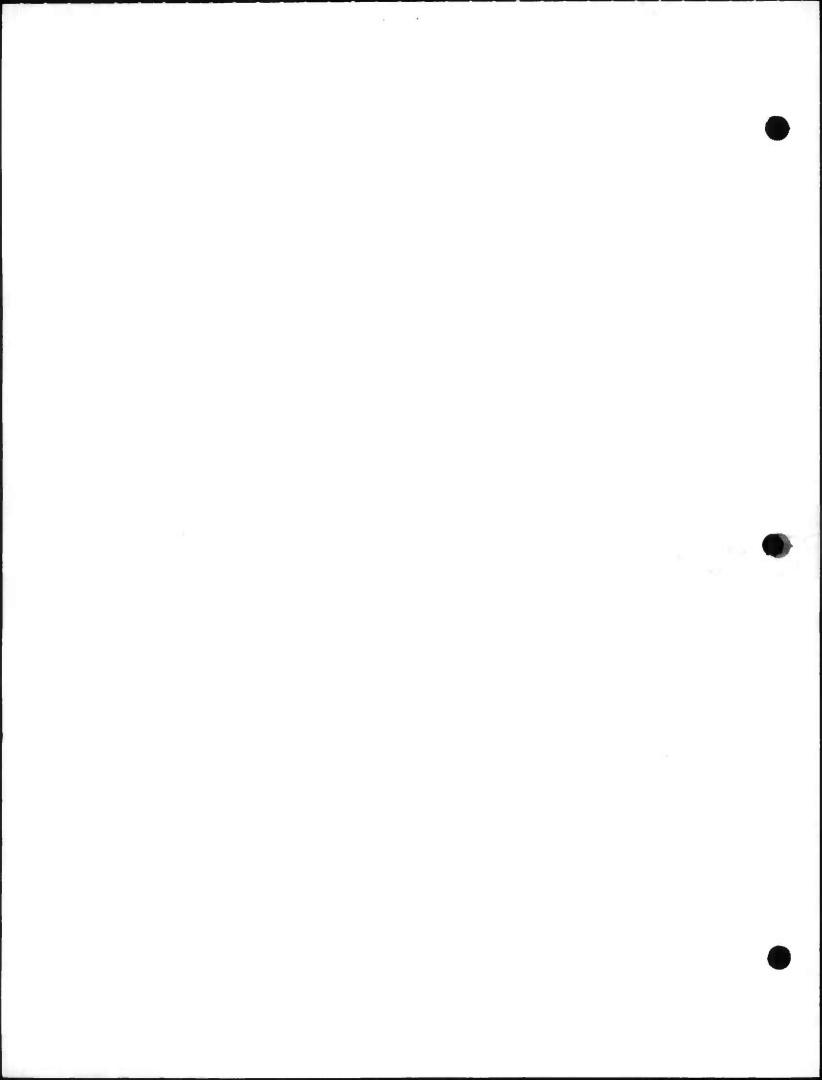


THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-meurs after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours have a may be retained by the hospital or attending physician,	with Page 5 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the unmarked memory completely filled in by the summary directors are as the burial-transit permit. Pages 1, 2, 3 should	when the same same 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, er mental).
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY ELINEDAL DIDECTOR
	O DE COMPLETED DI PONENAL DIRECTOR

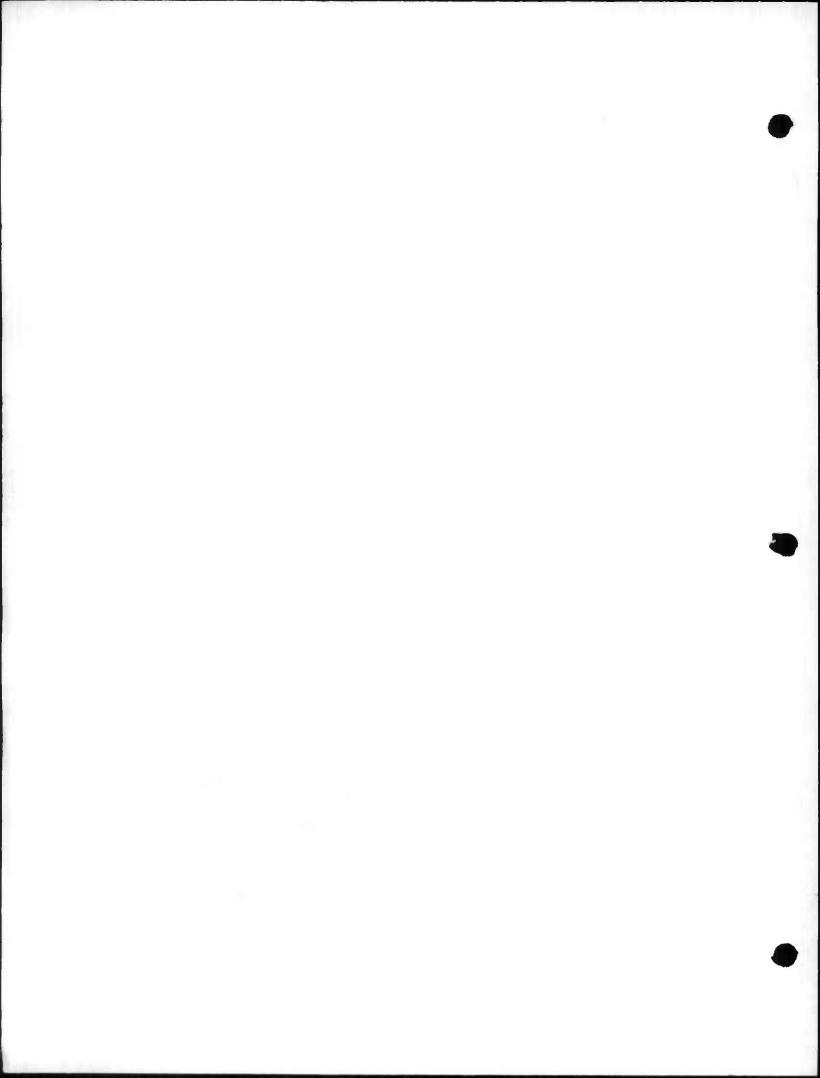
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
2 DAT	E OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	IENT OF H	EALTH AND		SIENE . NO.		1020	1	
	1. DECEDENT'S NAME (First, Middle, Last)			01	DEATH	2. DATE OF DEA	тн		3. TIME OF DEAT	Н	
	Earl Gordon	n Townshend				May 25.	1993	YEAR	7:30	A M	
		5. SEX 8. AGE (ID-YIS. I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	<u> </u>	8. BIRTHP Country)	LACE (State or Fo	reign	
		1 XM 2 □ F 84	YRS.	NTHE DAYS	HOURS MIN.		1908		yland		
OT.	9a. FACILITY NAME (If not institution, give stre	,	9b		R LOCATION OF D	EATH	540	NTY OF DE			
Ö.	Anne Arundel Med	<u>ical Center</u>		Ann	apolis		Anno	e Arw	rdel		
DIRECTOR	10a. STATE 10b. COUNTY	COUNTY 10c. CITY, TOWN OR LOCATION 10d. Davids any if to									
	10e. STREET AND NUMBER	7007000	AT COUNTRY?	NO							
FUNERAL	1274 Governors Br	idge Road		100	21 0	35			States		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 PYES 2	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No-	14. RACE -	- American India	n.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	(NO	If yes, sp 1 YES	cify Cuban, Maxic	in, Puerto Rican, et	c.)	Specify:	White, etc.		
									White		
TE	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	DECEDENT'S USL (Give kind of work ife. Do NOT use re	done durina mo	N st of working	16b. KIND O	F BUSINESS/INC	DUSTRY			
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5 +) "	Farme				Farmin	a		- 1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	MF (First Middle M		3			
BE C	Earl Gordon Town	shend			Myrtl	ME (First, Middle, N.	iend				
TO B	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADI	DRESS (Street a	nd Number or Rural	Route Number, City of	or Town, State, Zip	Code)	05.4		
F	Hildreth B. Clag	ett	1526	Vegens	e Highwa	y Gamb	ulls, I	MV 21	054		
	20a. METHOD OF DISPOSITION XX Buriat 2 ☐ Cremetton 3 ☐ Remov		E AND DATE OF D	-11			c. LOCATION —				
7	21. SIGNATURE OF FOREMAL SERVICE LICES	// All	rematory or other I Hallows		l Cemete	ry 05-27	1-93 Da	vidso.	nville,	MD	
	21. STONAGE OF POSICIAL SERVICE LICES					CILITY John					
	yeffey S. 10	yes			-	ouceste			lis, MI	2140	
	23. RAFIT I. Enter the disesses, or co	mplications that caused the cat only one cause on each lin	laath. Do not o	entar tha mo	de of dyling, suc	h as cerdiac or	respiratory an	rest,	Approxima		
ı	IMMEDIATE CAUSE (Singl				, ,				Onset and		
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
<u>8</u>	Sequentially list conditions, if any, leading to immediate b. Lymhoma/Leuhemia b. Lymhoma/Leuhemia										
¥	cause. Enter UNDERLYING LLL DROWNOW (A DOLLAR SKILL)										
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	EOUENCE OF):	10		100,00	001		1		
CERTIFICATION	resulting in death) LAST	staph epc	. Mel	K res	estun	Blood	1				
AL C	PART ii. Other significant conditions							245 8	ERE AUTOPSY FI	10000	
S	ASI+D, CO.	PD		,,,,,	dado giron in	PE	RFORMED?	A	WAILABLE PRIOR OMPLETION OF G	ro	
밀						— ¹□¥	ES 2 NO	٥	F DEATH?		
2						-			O YES 2 O N	10	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)					
)S	17 1100 1700	HOSPITAL: Inpatient 2 - ER/Outpatient		HER: Nursing Home	5 🗆 Rasidence	8 Other (Specify)				
٤I	27. MANNED OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DESCRIBE H		CURED			
BY	1 Natural 5 Pending Investigation				ES 2 NO						
	3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY — At h building, etc. (Specify)	ioma, tarm, street	t, factory, office		261. LOCATION (S City or Town,		or Rural Rou	ite Number,		
ET											
필		AN: To the best of my knowledge, o									
COMPLETED	2 MEDICAL EXAMINER:	On the beals of examination and/or	r investigation, in	my opinion, de	ath occured at the	time, data and place	e, and due to th	e cause(a) a	nd manner ee st	ated.	
BE (296. SIGNATURE AND THILE OF CERTIFIER	e m			29c. LICENSE NUI	ABER O	29d. DATI	E SIGNED (A	longh, Day, Year)		
2	(Mari				US19	71	1 5	5/25	153		
	ANDREW GORL	DOMPLETED CAUSE OF DEATH (IT)	MUSS COM	MA	1e ANI	VAPOLI.	S MD	21	101		
	31. DATE FILED MAY 2 7 1993	Guna Davidson-N									

BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART!	MENT OF H	EALTH AND	MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
Bernice T	11ev			Α	oril			EAR	M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHP Country)	LACE (State or Foreign
100-42-0933	1 M 2 🔀 F	73 YRS.	ONTHS DAYS	HOURS MIN.	1	-20-2	_	OOG/III y)	N C
Se. FACILITY NAME (If not Institution, give st	reet and number)	9	b. CITY, TOWN C	R LOCATION OF D			9c. COUNTY	OF DE	ATH
14224 Aldert	n Road		Silve	er Spri	ng		Mon	<u> </u>	
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION					10d. INSIDE CITY
Md. Mo	n t		Silver	Sprine	7				LIMITS?
10e. STREET AND NUMBER			101	Spring ZIP CODE	5		10g. CITIZEN	OF WI	NAT COUNTRY?
14224 Alder	ton Road			20906			IIS	Δ	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORÇES? 1 YES		13. WAS DEC	ENDENT OF HISPA				. RACE	- American Indien, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES ATES		2 NO Speci		ricen, etc.)		Specify	
15. DECEDENT'S EDUC	PATION	16a. DECEDENT'S US				1711 A C D 1101	1		Didek
(Specify only highest grade	completed)	(Give kind of wor.	k done durina ma	st of working	100	KIND OF BUSI	NESS/INDUS	IPIT	
Elementary/Secondary (0-12) 8th Gr	College (1-4 or 5+)		sewife			N/A	1		
17, FATHER'S NAME (First, Middle, Last)			70 11 11 10	18. MOTHER'S N	AME (First.)				
Unknow	n			Mam		Neal			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural	Route Num	ber, City or Town,	State, Zip Co	de)	
Denise Tallev	Yunusah	1422	4 A1d	erton H	Road	: Sil	er S	pri	ine Md
20s. METHOD OF DISPOSITION	201	PLACE OF DISPOSIT	ION (Name of cer	netery cremetory or		- v	ATION - City	_	
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Gate of	Heven	Cemete	ery	Si	.lver	Sp	oring, Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	EMBEE O A			D ADDRESS OF F					
* U.P. Ma	shall	P		hall's					
23. PART I Enter the diseeses, or o	complications that cause	d the death. Do not		9th St					Approximate
Shock, or heart failure.	List only one cause on e	*CLUNG	CANCER				,		Interval Batween Onset and Death
IMMEDIATE CAUSE (Finel disease or condition		109	ONE						o months
resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								
	h								
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):					-		
Cause. Enter UNDERLYING	с								
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significant condition	s contributing to deeth i	out not resulting in	tha undarlyin	g ceuse given is	n Part I.	24s. WAS AN	NUTOPSY	24b.	WERE AUTOPSY FINDINGS
						PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	X	1	OF DEATH?
					_				, , , , , , , , , , , , , , , , , , , ,
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only o	ne)			
EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Out		OTHER:	ne 5 X Reeldence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	URY AT	1	SCRIBE HOW IN	JURY OCCUP	REO	
1 Netural 5 Pending 2 Accident Investigation	(month, out, rout)	INSOF		YES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe		eel, factory, offic	•	281. LOC	CATION (Street e.	nd Number or	Rural Re	oute Number,
4 Homicide determined	111-33-3-3					, , , , , , , , , , , , , , , , , , , ,			
29e. CERTIFIER CERTIFYING PHYS	CIAN: To the best of my know	riedge, death occurred	at the time, date	and place, end du	e to the ca	use(e) end man	ner ee stated.	,	
	R: On the basis of examinatly	Indiar investigation,	In my opinion, o	leath occured at th	e time, date	e end place, end	f due to the c	:euse(e)	end manner as stated.
290. SIGNATURE AND PITE OF CERTIFIE	011	10	1 4	29s. LICENSE NO	MISER /	- ×	29d. DATE 5	IGNED	(Month, Day, Year)
- NI	/ Vhl	1	00	()3	56	10	▶ 5-	-3-	94
36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	БАТН (ITEM 27) ⁽⁷ 35н. А	YMC THE			*			
Kenneth Mille	r.MD: 1811	1 Prince	e Phil	lip Dr	.; 0	nly,	Md	20	832
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE							
MAY 1 0 1003	Constia Dave	Ison-Randell	-						



3	/.	Shoulds
		permit descentific, 3
0020	g physician.	e burial-transit p

ours after death. Page 6 may be retained by the hospital or attendin page 5 should be detached for use as th BALTIMORE, MARYLAND 21215notified at once. pe must director, examiner the funeral medical completely filled in by ial, cremation, or remo-0 the executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, and con traumatic the attending physician a Mental Hygiene prior to DR ATTENDING PHYSICIAN: The law requires that the death certificate be other 6 any injury, Health and is certificate has been signed ith the State Dept, of Health Bd, or Item 23 shows at this c is marked, DIRECTOR; After the hours after death w

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE (2

TO THE HOSPITAL CO THE FUNERAL D Filed within 72 ho

CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH PM 93 LUKE Homas 30 5 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 2/11/21 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 577 22 5508 72 12 M 2 □ F CHARLES CO. MD YRS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN SO. MANY MAND FUNERAL DIRECTOR HOSPITAL MINCK RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGES 1 YES 2 NO MD SEAT PLEASANT 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6717 SEAT PLEASANT DR 20743 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, aic. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify: В 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10 ROUTE SUPERVISOR DC GOVERNMENT 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) **JAMES** WEEMS MARGARET THOMAS 8E 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 LOUISE SAUNDERS 6717 SEAT PLEASANT DR SEAT PLEASANT MD 20743 20s. METNOD OF DISPOSITION
NXBurial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata HARMONY MEMORIAL PARK 5/14 LANDOVER MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ALEXANDER S POPE FUNERAL HOME alex s. 2617 PA AVE SE WASH DC 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Rasidence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of exemi 20733 RWa MD 32. REGISTRAG'S SIGNATURE

3 SYMA DAYYOSON 1993

03 16984

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	_	10004		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
WILLIE		TURNER			05 08	1993			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HTHPLACE (State or Foreign		
259-68-6017	1 🔀 M 2 🗆 F	47 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) JULY 15	Co	GEORGIA		
Se. FACILITY NAME (If not institution, give		96		R LOCATION OF DE		9c. COUNTY O			
HOLY CROSS I	HOSPITAL		SILV	ER SPRI	.NG	MONTO	GOMERY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV.	1							
TOB. COOK	. T	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
MARYLAND MON'	TCOMERY	TA	KOMA	PARK ZIP CODE		10g. CITIZEN C	TYES 2 NO		
7307 FLOWER	AVE			20912			USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			HC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian,		
1 Never Married 2 Married	FORCES? XX YES	2 [NO		2 XNO Specify	n, Puerto Rican, etc.)		llack, White, atc. pecify:		
3 Widowed 4 Divorced	4/14/66- 3	/3/72		31		"	BLACK		
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USU	JAL OCCUPATIO)N	16b. KIND OF BUS	SINESS/INDUSTR	Y		
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life: Do NOT use re	tired.)	at of working					
	4YRS.	CHEM	TCT			GOVT.			
17. FATHER'S NAME (First, Middle, Last)		CHEN	1101	18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame!			
אווששווא ו	E. TURNER				And the second	,	um		
19a. INFORMANT'S NAME (Type/Print)	1 OKNER	19h MAII ING ADI	DRESS /Stract =	nd Number or Durel	PINKES Poute Number, City or Tow				
	IGI DECI								
BETTY STI				G BROOF			I.MD 20783		
1X Burial 2 Cremation 3 Rer	noval from State 20th	. PLACE AND DATE OF D retery, crematory or other		me of		CATION — City o			
4 Donation 5 Other (Specify)		ARYLAND		ANS CEN		<u>IELTEN</u>	HAM, MD		
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	,		D ADDRESS OF FA	CINS FUNI	PAT. H	OME		
- Wawana	2 8 101	axton					R, MD20785		
23. PART i. Enter the diseases, or	complications that cause	the death. Do not					Approximate		
shock, or heart fellure.	List only one cause on e	ach line.					interval Between		
IMMEDIATE CAUSE (Final disease or condition	hA	. 0. 1					Onset and Death		
resulting in death)									
	JUE TO (OR AS A	CONSEQUENCE OF):							
Sequentially list conditions,	b								
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or Injury	C								
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST	d								
PART il Other significant condition	na contribution to death h		et stadisante						
PART II. Other significant condition	is contributing to destil b	out not resulting in ti	ne underlyini	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					VES 2	□ NO	OF DEATH?		
							1 PIVES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	ack only one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: Nursing Nom	e 5 Residence	\$ TOther (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJ	URY AT	28d. DESCRIBE NOW I	NJURY OCCURE)		
Natural 5 Pending	(Month, Day, Year)	PRULM	WO	RK? (ES 2 NO					
2 Accident Investigation 3 Suicide & Could not be	26e, PLACE OF INJURY	— At home, farm, stree			28f. LOCATION (Street	and Number or Du	ral Bruta Number		
4 Homicide determined	building, atc. (Spec	clfy)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)		vai route number,		
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of any trans	dades doub	A lho die: 4	Marine	AA. 1957. 857 =	55505			
onel	SICIAN: To the best of my know						Distriction of the same		
	ER: On the basis of examination		n my opinion, d	earn occured at the	rime, date and place, en	d due to the cau	se(a) and manner as stated.		
296. SIGNA JURE AND TITLE OF SERTIFIE	in.			29c. LICENSE NUM	IBER		NED (Month, Day, Year)		
	X			O.C.M.	E	▶ 05-	09-1993		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Prin	nt)						
Aus IXE	126	111 Pen	n Str	eet. Ba	ltimore,	Marvl	and 21201		
31. DATE PILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		JOC, Da					
MAY 1 3 19	103 Lin No	Midson-Randa	82						
# ## 1/ A 1 #4 (A	Tomus Du	1.14							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMN-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Raymond Gilbe	ert UPOLE					993	YEAR	4:30 P M
п	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	213-10-5403	1 ☑ M 2 ☐ F	74 YRS.	ONTHS DAYS	HOURS MIN.		918	Mar	yland
	9a. FACILITY NAME (If not institution, give a	treet end number)	9	b. CITY, TOWN (R LOCATION OF	DEATH	9c. COU	NTY OF D	EATH
DIRECTOR	Garrett County Me	morial Hospi	tal	0ak1	and				
E C	10e. STATE 10b. COUNTY	OWN OR LOCAT	ION	10d, INSIDE CITY					
품	MD	Garrett			0akla	nd			LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE			ZEN OF W	THAT COUNTRY?
ER	Star Rt. 2, Box 2	254				21550		US	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			ecify Cuban, Mexic 2 ₭ NO Spec	an, Puerto Rican, etc.) //y:		Speci	y:
									White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	UAL OCCUPATION Of done during mo	N st of working	16b. KIND OF BU	SINESS/INC	DUSTRY	
ا جُ	Elementary/Secondary (0-12)	College (1-4 or 5+)		Miner		Con	M.		
<u> </u>	17. FATHER'S NAME (First, Middle, Lest)		COal	Miller	16 MOTHER'S N	AME (First, Middle, Maiden	Min	ing	
	Herman Lee	Upole			Hatt	THE R. P. LEWIS CO., LANSING.		Ra	rnoc
BE	19a. INFORMANT'S NAME (Type/Print)	Opolo	19b. MAILING AD	DRESS (Street a		Route Number, City or Tow			rnes
٩	E. Virginia Upole					Oakland, Ma			21550
	20s. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF E	ISPOSITION (Na	me of		CATION -		
	1 🔀 Burial 2 🗆 Cremation 3 🗀 Rem 4 🗆 Donation 5 🗀 Other (Specify)	Gar	etery, cremetory or other rett Co.	Mem. G	ardens	5/21 Oak	land	. Mai	cyland
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF F	ACILITY		,	,
_	> Bradly 4 th	Tudors				neral Home	1 - 1	MD	0.1550
-	23. PART I. Enter the diseases, Dr o	complications that coused	the death. Do not	enter the mo	de of dving. su	nd St., Oak	retory an	, MD	2 1550
	ahock, or heart failure.	List only Dne cause on ea	ich line.				votory and		Interval Between Onset and Daath
	disease or condition	GIR	Road						
	DUE TO (OR AS A CONSEQUENCE OF):							Weeks	
z	anais demolosia								Days
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
3	CAUSE (Disease or Injury	a <u>C</u>							
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
		1.							
A L	PART II. Other aignificant condition	a contributing to death bu	it not resulting in t	he underlying	cause given in	Part i. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDIC	COPD					1 YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Į,									1 YES 2 NO
ž									
HYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)			
2	1 TYES 2 X NO	1 XInpetient 2 - ER/Outpe		THER: Nursing Hom	5 🗆 Residence	6 Other (Specify)			
7	27. MANNER OF DEATH SXX Natural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME O	F 26c. INJ	JRY AT RK?	28d. DESCRIBE HOW I	NJURY OC	CURED	
2	Natural 5 Pending 2 Accident Investigation			M 1 1	ES 2 NO				
3	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree (y)	et, factory, office		28t. LOCATION (Street a City or Town, State)	ind Number	or Rural R	oute Number,
ų I	an opposition								
COMPLE		CIAN: To the best of my knowle							
3		R: On the basis of examination	and/or investigation, is	n my opinion, d	eth occured at the	time, data and place, an	d due to th	e cause(s)	and menner as stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DAT	E SIGNED	(Month, Day, Year)
2	1109-	The state of the s		•	D26	5568	•	5/19,	/93
	30 MAME AND ADDRESS OF PERSON WH								
	Dr. Roger Lewis, 1 31. DATE FILED (Month, Day, Year)			Terra	Alta, V	Vest Virgin	ia	26764	+
	MAY 2 5 1993	32. REGISTRAR'S SIGNA	TURE						
	MILLI O DEST	In Buidson Pan	A.C.						

AND THE SECOND

1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

OR	1. DECEDENT'S NAME (First, Middle, Last) Catherine 4. SOCIAL SECURITY NUMBER	Feild	Valk			2. DATE OF DEATH	AY Y	3. TIME OF DEATH	
-		Feild	Valk				2. DATE OF DEATH MONTH DAY YEAR		
-	4. SOCIAL SECURITY NUMBER		Valle			5 26	1993	0450 M	
			MAC .	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	120-18-8433		YRS.	WATE DATE	MIN.	4 20 1	903	NY	
Ö	9e. FACILITY NAME (If not institution, give str				OR LOCATION OF DE		9c. COUNTY	OF DEATH	
	Carroll County	General	Hospital	Wes	tminste	er	Car	roll	
₩ F	10e. STATE 10b. COUNTY		10c, CITY, TO	OWN OR LOCAT	ION			104 MEIDE OITH	
E	MD Ca	rroll	133 3111, 11			72		10d. INSIDE CITY LIMITS?	
2 h	10e. STREET AND NUMBER	TIOTT		Westminster 100, ZIP CODE 100			I 100 CITIZEN	1 X YES 2 NO	
E.	11 Timber Ridge Drive			"	21157		_		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes	U.S	RACE — American Indian,	
E 1	1 Never Married 2 Merried	FORCES? 1 Y		If yes, spe	2 NO Specify	n, Puerto Rican, etc.)	14.	Black, White, atc.	
100	3 📉 Widowed 4 🗌 Divorced				Z IA NO Specify			white	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USI	JAL OCCUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		ì			
₹ -			paraleg	al		law			
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Meiden	Surname)		
m 11-	unknown	Murphy			unkno				
ူ ရ	9. INFORMANT'S NAME (Type/Print)	~ M				Toute Number, City or Town			
	Rev. Thomas V.							. Balt. MD	
1	I-∰ Buriel 2 ☐ Cremellon 3 ☐ Remo I ☐ Donetion 5 ☐ Other (Specify)		20b. PLACE AND DATE OF D			DATE 20c, LO			
11-	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEF	westminst	er ce	D ADDRESS OF FAC	5/29 We	stmin	ster, MD	
				Prit	ts Fune	ral Home	& Ch	apel	
_	Robert K	. Pritts.	Sr.	412	Washing	ton Rd.,	West	minster, MD	
1	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that cause	sed the death. Do not	anter the mod	da of dying, auch	n aa cardiac or reapi	ratory arrest	, Approximate	
	IMMEDIATE CAUSE (Final				n - di	0 1150	7)	interval Between Onset and Death	
	disease or condition		_ sube @	moo	oroug	X WOY	t me) weight	
		DUE TO (OR A	S A CONSEQUENCE OF):	- 4	0	1	0. 6	0	
NO !	Sequentially list conditions, b	DIE TO tod A	484D	CT	D, M	poleus	10 n 2		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (O								1 untoni	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR	S A CONSEQUENCE OF):	July	100	Xop	7 0	2000	
E	resulting in death) LAST NO Sepsir R/O Ctowality Folory.								
			1 4						
EDICAL	PART II. Other aignificant conditions	contributing to deat	but not resulting in the	he undarlying	cause given in i	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ă	ero fr	AUR OF	450	acia	Jam,	1 _ YES 2	NO	COMPLETION DF CAUSE OF DEATH?	
Σ	all momen	C UF1- 1		1	1	_		1 - YES 2 000	
Ž.									
PHYSICIAN:	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	O	26. PL	ACE OF DEATH (Che	ck only one)			
S .	1 YES 2 NO	HOSPITAL:		Nursing Home	5 Residence	6 Other (Specify)		<u> </u>	
	1 Netural 5 Pending	(Month, Day, Yea		WOI	RK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
à	2 Accident Investigation			M 1 YES 2 NO					
	3 Suicide 6 Could not be determined	building, atc. (S	RY — Al home, farm, stree pecify)	t, factory, office		281. LOCATION (Street e City or Town, Stete)	nd Number or F	Rural Route Number,	
□	A CENTIFIED \ A								
3 Suicide 6 Could not be determined 20 Finding atc. (Specify) 20 Finding atc. (Specify) 21 Certifier on the building, atc. (Specify) 22 Certifier on the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 281. LOCATION (Street and Number or Rural City or Town, State) 22 City or Town, State) 22 City or Town, State) 23 Certifier on the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
8	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated.								
BE =	96. SIGNATURE AND TITLE OF CENTURER	- 4			29c. LICENSE NUM	BER	29d. DATE SI	ENED (Month, Day, Year)	
0	Tuon)	T	<u> </u>		1)3	とりい	> 3	26 .	
30	O. NAME AND ADDRESS OF PERSON WIFO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	()	0-1	uetuu	r.	100 cuiss	
	FLEIN	1 54		T /	CO L	mest min	261	407511) J.	
31	MAY 27 93	3. REGISTRAR'S SI	GNATURA PR						
L	THEIN) 54	2 WAS	# 1	Rd u	uestum	264	H(1) 2(1)).	

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicism.	r filled in by the funeral director, page 5 should be detached for use as the burial-training permition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicien.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-training permit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN		. 0 2 0 7
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
	THOMAS J. VISC					05 2		93 4:50 A M
	4. SOCIAL SECURITY NUMBER		-	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	0.	BIRTNPLACE (State or Foreign
	562-22-39L0	1 M 2 X F 90	YRS.			11/28/1	902	VIRGINIA
DIRECTOR	9a. FACILITY NAME (If not institution, give sti FORT WASHINGTO) RESIDENCE OF DECEDENT				ASHINGT		PRIN	CE GEORGES
2	10a. STATE 10b. COUNTY			TOWN OR LOCAT				16d. INSIDE CITY
	MD Prince	e George's		mplė Hi	.11s			1 TYES 2 NO
FUNERAL	3901 Matthews D	rive		101	20748		U.S.	A A .
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DEC If yes, spi 1 — YES	cify,Cuban, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.
9	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S US	SUAL OCCUPATION Most	ON at an entities	16b. KIND OF BUS		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use r	etired.)	st or working			
COMPLETED	8		Homemak	er		N/A		
	17. FATNER'S NAME (First, Middle, Last) J. Percy Stratte	0.5				ME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)	on				nia Saunder		
2	Frances V. Sulli	van				Aoute Number City or Town		
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF 1 etery, cremetory or ether MOTIAL Pa	pisposition (Ne.		DATE 20c. LO 5/29/93St.I		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA			
_	Herege)	1) also		6160 0	xon Hill	Rd. Oxon	Hi11.	Md.20745
	IMMEDIATE CAUSE (Final disease or condition	omplications that caused lat only one ceuse on ed	the deeth. Do not ech line.	enter the mod	de of dying, auc	h aa cardlac or reapi	ratory arrest	Approximata interval Between Onset and Death
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF:	7				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST	l.						[
	PART II. Other algnificent conditions	contributing to death by	nt = 00 = 0 = 0101 = 0 = 1 = 0					
CAL	ACINEA	Chan	AAC AE	TO A A T	ceuee given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	FAMILIATE	Ascall	WIC / Ca	110114	J-	1 TES 2	NO	OF DEATH?
Σ	1211010						-	1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL: 1 Proportion: 2 - ER/Output	ntient 3 DOA 4	THER:		8 Other (Specify)		
둦	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME O	F 28c, INJU	JRY AT	28d. DESCRIBE NOW II	NJURY OCCUR	ED
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK7 ES 2 NO			
COMPLETED	3 Suicide a Could not be 4 Nomicide datarmined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, larm, stre-	et, fectory, office		28I. LOCATION (Street a City or Town, State)	nd Number or R	Bural Route Number,
<u>.</u>	29a. CERTIFIER 1 CERTIFYING PHYSIC	ZAN: To the best of my knowle	edge, death occurred a	it lhe time, date	and place, and due	lo the cause(a) and man	ner as stated.	
ŏ.	one) 2 MEDICAL EXAMINER	On the basis of examination	and/or investigation, i	n my opinion, de	ath occured at the	lime, data and place, and	d due to the ca	tuse(a) end manner as stated.
8 C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LISENSE NUM	IBER	29d. DATE SI	(NED (Minth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Pri	int)	1)17	431	5/	25/93
	31. DATE FILED (Month, Day, Year)	NM.D. 61	SPOKON	45110	1#601	Oxon Hil	Md	20745
	MAY 2 6 1993 yun	32. REGISTRAR'S SIGNA					t	

1 - FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND	MENT	AL HYGIEN REG. NO.	E		
1. OECEDENT'S NAME (First	, Middle, Last)		-							E OF DEATH			3. TIME OF DEATN
JEFFER	ζ	CARL			VANCE	3			WOH			993	1650 M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE					IF UNDER 24 HRS.	7. DATE OF BIRTH 8.				IPLACE (State or Foreign
215–74–125	3	1 🔀 M 2 🗌 F		25 YRS. WORTHS DAYS HOURS				HOURS MIN.		r. 23,1	967		RYLAND
9e. FACILITY NAME (If not in	stitution, give s	treet and number)		96. CITY, YOWN OR LOCATION OF DE									
Rear of 82	Daim	iler Pla	ace			Capi	tc	l Heig	hts		Pr	ince	Georges
10e. STATE	10b. COUNTY	•			10c. CITY, 1	OWN OR	LOCAT	TION		100			10d. INSIDE CITY
MARYLAND	PRINC	CE GEORGI	ES		CI	EDER	HE	IGHTS					1)XXYES 2 NO
16a. STREET AND NUMBER							101	. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
	.8 L S	STREET					L	20743				US	A
11. MARITAL STATUS 1. Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER	N U.S. AR	MED			ENDENT OF NISPA			or No-	14. RACI	E — American Indian, k, White, etc.
3 Widowed 4 Divo		IF YES, GIVE Y						2 X NO Specif		, , , , , ,		Spec	
15. DEC (Specify only	EOENT'S EDUC y highest grade	CATION completed)		(G/	CEDENT'S US	k done duri	UPATK	ON ast of working	16	b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	l-t2)	College (1-4 or 5	+}		Do NOT use n								
10th					TELEM	ARKE'	T.I.V				CVATE	Ξ	
17. FATHER'S NAME (First, M ERNEST A.								18. MOTNER'S NA					
							_			SOLOMO			
TRESSIE SOI								and Number or Rural					
20e. METNOO OF DISPOSIT							_	CEDER					
1 X Buriel 2 Crematic	n 3 🗆 Reme	oval from State	_ NA	TION	nd DATE OF I	place) RMON	on (Na Y N	TEM. PAR	°^ 5/	20c. LOC 21 LANT	OVER	City or To	Wn, State
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	31	ax	ton	J.B.	ME AF	TENKINS I	FUNE	RAL HOM	Œ		ND 20785
23. PART i. Enter the di	iseasea, or c	omplications the	t cause	the de	eth. Do not	enter th	e mo	de of dying, suc	ch aa ca	rdiac or respi	ratory an	rest.	Approximata
ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cau	ise on e	ach line.				STAB					Interval Between Onset and Death
					UENCE OF):								
Sequentially list condition if any, leading to immecause. Enter UNDERLYI UNDERLYI United in that initiated events	diate	G-			UENCE OF):								
resulting in death) LAS	T .	d											
PART ii. Other significa	nt condition	a contributing to	death h	ust not e	neulting in t	the unde	white a		Dord I	24e. WAS AN		1	
			OGERT E		southing in	ine unde	n vy m iş	g cause given in	Part I.	PERFOR		240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										1 XYES 2	□ NO		OF DEATH?
							_			/			1 TYES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					_	26. PL	ACE OF OEATN (Ch	heck only	one)			
EXAMINER? 1 XYES 2 NO		HOSPITAL:	ER/Oute	atient 3	DOA 4	THER-		e 5 🗆 Residence		,	L 0.0		
27. MANNER OF DEATN		28s. DATE OF	INJURY		28b. TIME C	F 28	c. INJ	URY AT		ESCRIBE NOW IN			
and the same of th	Pending Investigation	Found	1 9	03	FOUT	ď,	1 🔲 1	PRK? PES 2 🔀 NO	S11	bject	cho	· +	
2 Sulate	Could not be	28e. PLACE C	F INJURY	- Al hor	ne, farm, stre	et, factory,	, offic	7.5	281, LO	CATION (Street a			Route Number,
29a. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of			th occurred	it the time	date	and place and dur					C
(Check only one) 2 MEDI	CAL EXAMINE	R: On the besis of a	xaminatio	n and/or is	nvestigation.	in my opin	ion, d	eath occured at the	time, dat	te and place. en	due to *	e causals	a) and manner se stated.
296 SIGNATURE AND TITLE	-		n					29c. LICENSE NUI		1			
Mut	Soll	WAN	1					O.C.M					(Month, Day, Year)

Penn Street,

Baltimore,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

中

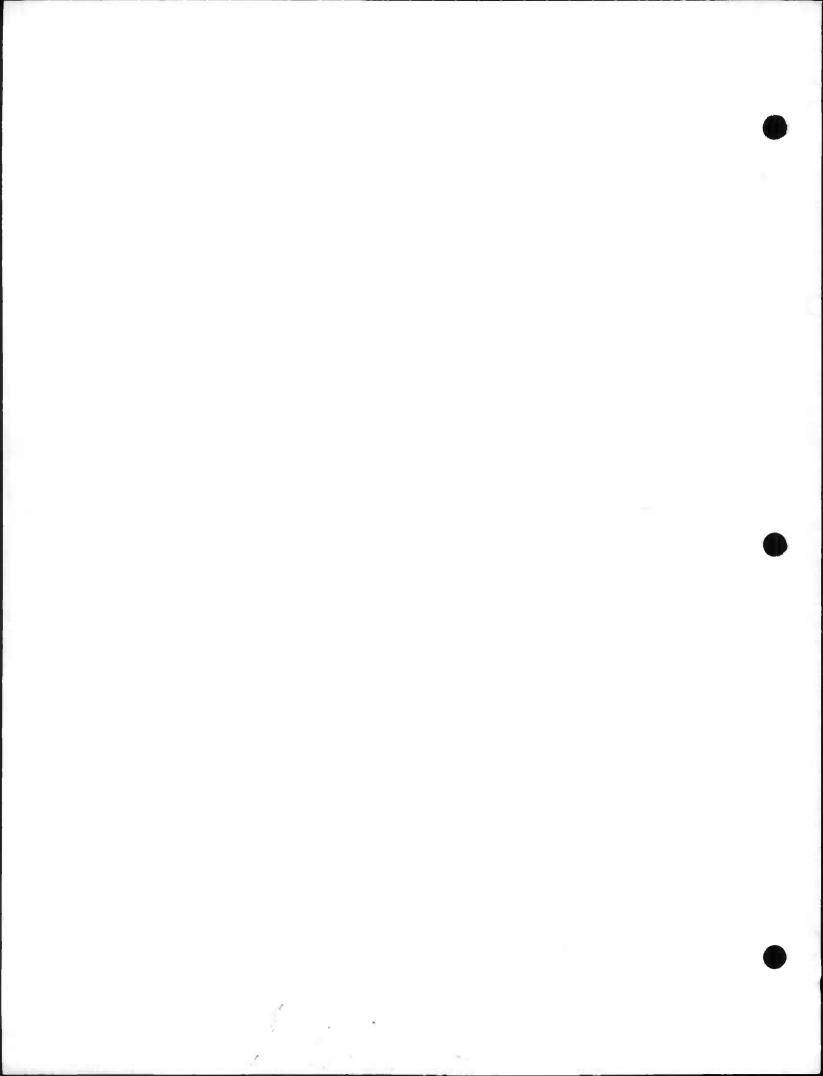
MAY 1 7 1993

alb

32. REGISTRAR'S SIGNATURE a Sandson-Handelle

21201

Maryland



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit per removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR May 24, Mvrl. Joseph WILT 1993 8:37 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🖾 M 2 🗆 F 220-03-7080 83 YRS. Apr. 29, 1910 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Garrett County Memorial Hospital 0akland Garrett RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Garrett Mt. Lake Park EXXYES 2 □ NO 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 W. Second Ave. 21550 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yea. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Rica 1 ☐ YES 2 🔯 NO Specify: 2 NO 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION

**Them kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9 Superintendent State Forest 17. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas P. Wilt Elizabeth Platter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sadie G. Wilt 2 W. Second Ave., Mt. Lake Park, MD 21550 20e, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Re
4 Donetion 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Garrett Co. Mem. Gardens Oakland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGGRESS OF FACILITY Stewart Funeral Home 32 S. Second St., Oakland, MD 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . congestive heart failure years resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ASHD with ischemia years Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF GERTERS 29c. LICENSE NUMBER DATE SIGNED (Mo olling 10 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thomas Johnson, MD 311 N. Fourth St., Oakland, MD 21550 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Salia Davidson Bordette JUN - 1 1993

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

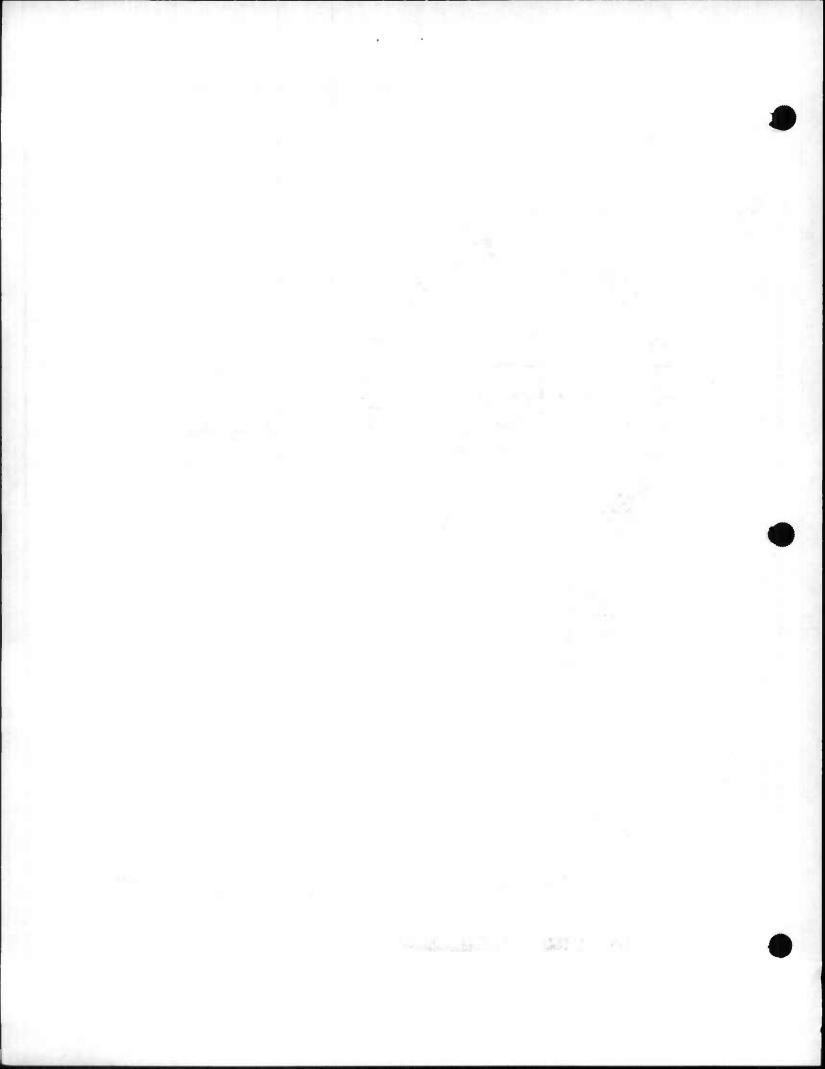
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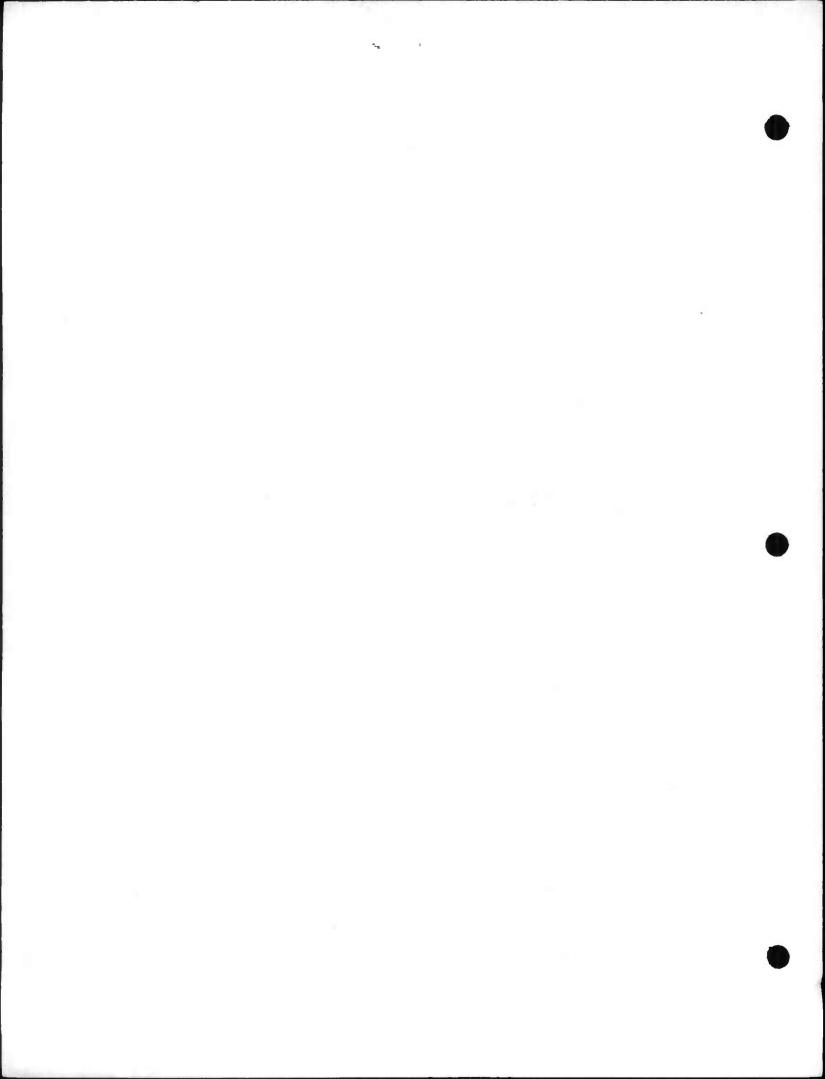
TO THE HOSPITAL OF THE FUNERAL CO DE filed within 72 h HOSPITAL

DHMH-16 Rev 1/89



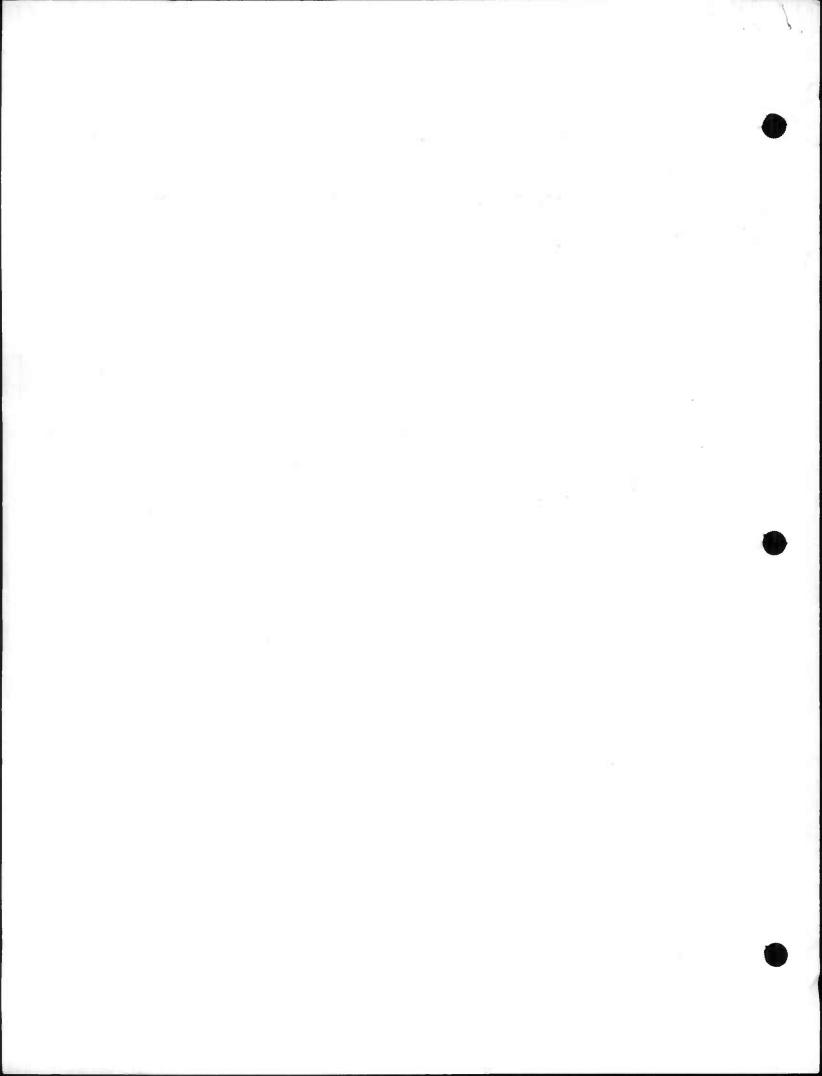
1	•	FOR STATE REGISTRAR
	_	

	REGISTRAR		CE	ERTIF	ICATI	E OF	DEATH		R	EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>				2. DATE OF I	DEATH		WEAR	3. TIME OF OE	ATH
l j	DELPHIA	Elaine	W	OLFE					May 1	9 , 1	993	YEAR	7:35	рм
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER 24 HR		7. DATE OF E	HRTH V Mari		8. BIRTH Count	PLACE (State or	Foreign
	235-82-4930	1 □ M 2 🙀 F	83	YRS.	MONTHS	DAYS	HOURS MIN	N.	May 24	1!	909	Wes	t Virgi	nia
_	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY	, TOWN C	R LOCATION O	F OE	ATH		9c. COL	UNTY OF D		
DIRECTOR	Memorial Hospital	L	<u></u>		(Cumbe	erland				A	lle ga	any	
E C	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN (OR LOCAT	ION						10d, INSIDE CIT	
8	WV	Grant			, , ,		. Storm	n					LIMITS?	
	10e. STREET AND NUMBER						ZIP CODE				10a. CI	TIZEN OF Y	WHAT COUNTRY?	KNO
FUNERAL	Bismark Road						2	267	739				SA	
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT OF HIS	SPANI	C ORIGIN? (S	pecify Yes	or No-			llen.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X N	10			2 NO Sp			, etc.)		Speci	E — American Inc k, Whita, etc. //v:	-
								10.01					Whit	e
COMPLETED	15. OECEDENT'S EOU((Specify only highest grade	completed)	(Gi	CEDENT'S	work done		N st of working		16b. KIN	O OF BU	SINESS/IN	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +) ""	Do NOT us		-1				**				
N N	17. FATHER'S NAME (First, Middle, Last)			H	omema	aker	C			Но			=.	
	Edward D.	Hanlin					10. MOTHER'S				,	D 1		
BE	19s. INFORMANT'S NAME (Type/Print)	HallIII	198	. MAILING	ADDRESS	R (Street e	nd Number or Ru			Mae		Reel		
2	Kenneth Wolfe		1				15, Mt.				267			
	20s. METHOO OF DISPOSITION		20b. PLACE	NODATE	OF DISPOS	SITION /Na	me of		OATE			City or To	rwn, Stata	
	1 Striel 2 Cremation 3 Remo	oval from Stats	cemetery, cre	matory or o	ther place)	nete:	rv		5/22				st Virg	inia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS OF	F FAC			<i>y</i>	,	1218	
	► R. M. A.	Marille				Ste	ewart E S. Sec	un	eral I	Home	1.1	a M	2155	,
	23. PART I. Enter the diseases, or o	complications that	t ceused the de	eth. Do i	not enter								2 15 50 Approxim	
	shock, or heart fellure.	List only one ceu	se on each line				ao or aying, i	00011	as cordiac	or reap	natory as	reat,	Interval I	Between
	IMMEDIATE CAUSE (Finel disease or condition			Mar	reso	cio	La	> 0	Tail				Onset ar	
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F):		Ju		010				Sudo	ien
z													Ì	
음	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
S	CAUSE (Disease or Injury	š												
E	thet initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
CERTIFICATION	The state of the s	d												
7	PART II. Other significent condition		deeth but not r	esulting	In the un	derlying	ceuse given	In P	Part I. 24a		AUTOPSY	24b	WERE AUTOPSY	
DICAL		CHF							1.5	PERFOR			COMPLETION DE	
ME	C	010							_ '	, 120	JA's	1	OF DEATH?	NO
ž									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF DEATH	(Chec	ck only one)					
YSI	1 - YES 242010	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 - Nun		5 🗆 Residen	ica 6	Other (Sp	ecify)				
F	27. MANNER OF DEATH	28a. OATE OF (Month, Da		28b. TIM INJ	E OF URY	28c. INJI	JRY AT		28d. DESCRIE	E HOW I	NJURY OC	CURED		
B≺	1 Netural 5 Pending 2 Accident Investigation				M		ES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE Of building,	F INJURY — At hor atc. (Specify)	me, farm, s	streel, fact	ory, office			281. LOCATION City or Tox	N (Street I wn, State)	and Numbe	r or Rural F	Route Number,	
H														
릴	29s. CERTIFIER (Check only one)													
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of a	ramination and/or i	nvestigatio	n, In my o	pinlon, de	eath occured at	the ti	lme, data and	placa, an	d dua to t	he cause(a) and manner as	stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1.0.	/				29c. LICENSE	NUME	BER		29d. DAT	TE SIGNEO	(Month, Day, Year	
2	(depen b)	gel	w				D 049	981	·		1	12/	93	
	30. NAME AND ADDRESS OF PERSON WHO					1			21502		1	7		
	Dr. Peter Halmos			tal,	Cum	perla	and, M)	21502					
8	JUN - 1 199	3 32. BEGISTRA	R'S SIGNATURE											
O	JUIT 1 193	1 -www	WICKEN AG	MARKE.										



	REGISTRAR	CE	EKIIFI	CALE	F DEATH	F	REG. NO.				
- 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF D	EATH
- 1	Daniel Joseph Wal	ther. Sr.				May	220	19	93	6:22	a. M
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF I	RIGTH			PLACE (State o	
	231 - 18 - 3092 1⊠м2□F	90	YRS.	MONTHS DA	TE HOURS MIN.	May 1	y, Year)	12	Count	ry)	
	9a. FACILITY NAME (If not institution, give street and number)	1 90	-	AL CITY TO	VN OR LOCATION OF DE		7 19			rginia	
œ			- 1		200	EATH			NTY OF D		
DIRECTOR	Doctors Community Hosp	<u>ital</u>		Lan	ham			Pri	nce	George	
EC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION					10d. INSIDE C	TV
E	Maruland Drings Coors									LIMITS?	
	Maryland Prince Georg	e		lege 1						1 🔀 YES 2	
A A	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				101. ZIP CODE			_		WHAT COUNTRY	?
FUNERAL	9014 Rhode Island Avenue				20740				J.S.A	4.	
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARI	MED IO	13. WAS	DECENDENT OF HISPAN , specify Cuban, Maxica	NIC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American li	idlan,
BY		WAR OR DATES			YES 2 X NO Specify		, 0.0.,		Speci	Mer	
										White	
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(GA	ve kind of w	JSUAL OCCUP	ATION most of working	16b, KIA	D OF BUS	INESS/INC	DUSTRY		
ا ۳	Elementary/Secondary (0-12) College (1-4 or :	5+)	Do NOT use								
M	Grade 8	Ma:	<u>inten</u>	ance		Uni	vers	ity (of Ma	aryland	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	le, Maiden	Sumame)			
BE	William Walther				Kate B	egley					
2	19a. INFORMANT'S NAME (Type/Print)	196	. MAILING	ADDRESS (Sin	et and Number or Rural I	Route Number, (City or Town	, State, Zip	Code)		
F	Daniel Walther, Jr.	1.	5115	Peach	Orchard R	oad. B	urto	nsvil	le.	Md 209	05
	20a. METHOD OF DISPOSITION	20h PLACEA	NDDATEO	E DISPOSITION	I/Name of	DATE	200 1.00	ATION	City or To	www. Ctete	
	1 ☐ Burlet 2 ☐ Cremation 3 ※ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	cemetery, crem	natory or oth	Memori	al Park	5/25	Fa1	le C	hurc	h Vir	inia
,	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/	rial :	22. NAM	E AND ADDRESS OF FA	CILITY				II VIII	STITA
	V11/406	1 11			aldson Fur						
	Many segme	-P		313	Talbott A	ve. La	urel	, Ma	ryla	nd 2070)7
- 1	23. PART I. Enter the diseases, or complications the	et caused the dea	ath. Do no	ot anter tha	mode of dying, auc	h as cardiac	or respi	etory an	est,	Approx	
				/	0						Between nd Death
- 1	disease or condition resulting in death)	money O (OR AS A CONSEQ	4	Emb.	defru	•					7. 10.00
	OUE T	O (OR AS A CONSEQ	WENCE OF):							
z											- 1
은	Sequentially list conditions, If any, leading to immediate	O (OR AS A CONSEQ	UENCE OF	:							
- 11	cause. Enter UNDERLYING										
3			UFNOT OF	:							
IFIC4	CAUSE (Disease or Injury that initiated events	O (OR AS A CONSEO	DENCE OF								
ERTIFICA	CAUSE (Disease or Injury C.	O (OR AS A CONSEO	UENCE OF)							į	- 7
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
AL CERTIFICA	CAUSE (Disease or Injury that initiated events			tha underi	ying cause given in	Part i. 24s	. WAS AN		24b.	WERE AUTOPS)	
DICAL CERTIFICA	CAUSE (Disease or Injury that initiated events resulting in death) LAST			tha underi	ying cause given in		WAS AN PERFOR	WED?	24b.	AVAILABLE PRICOMPLETION O	OT R
DICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST			tha Underi	ying cause given in		PERFOR	WED?	24b.	AWAILABLE PRICOMPLETION OF DEATH?	F CAUSE
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



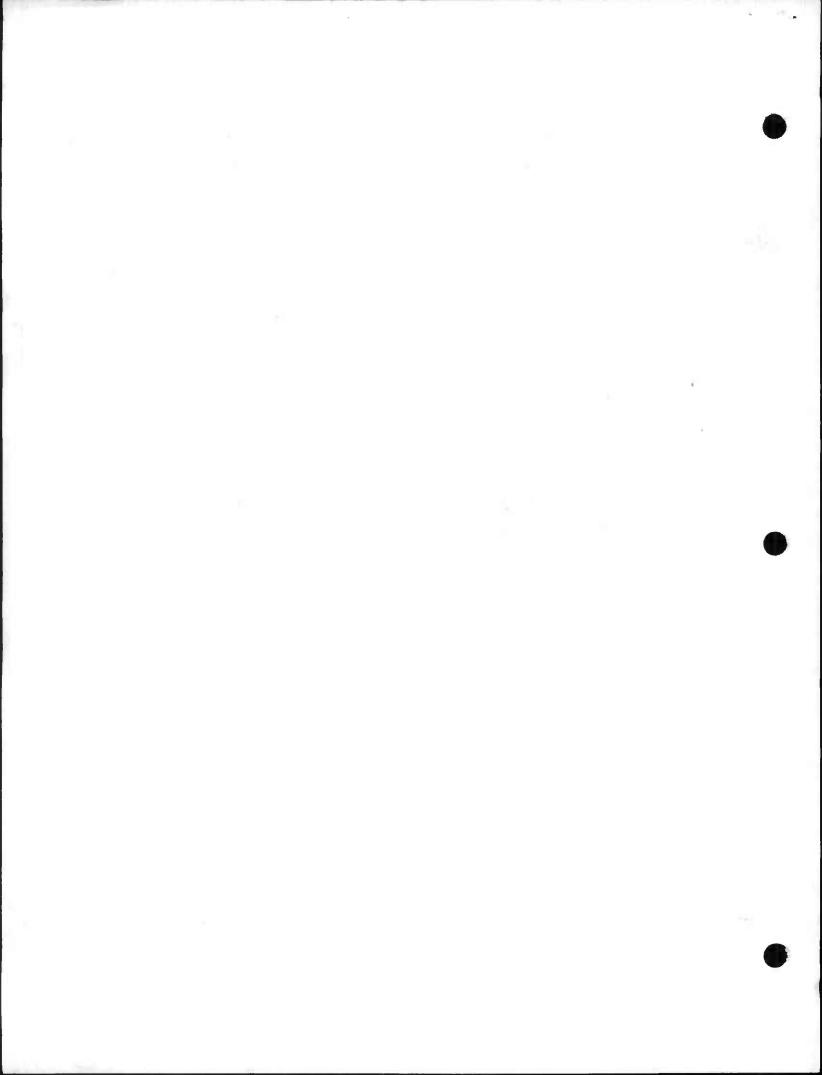
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	28e. PLACE C	OF INJURY - I, atc. (Specif	— At home, farm,	street, factor	y, office	-	261. LOCAT City or	ON (Street and Numbe Town, State)	or Rural Route	Number,
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2. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

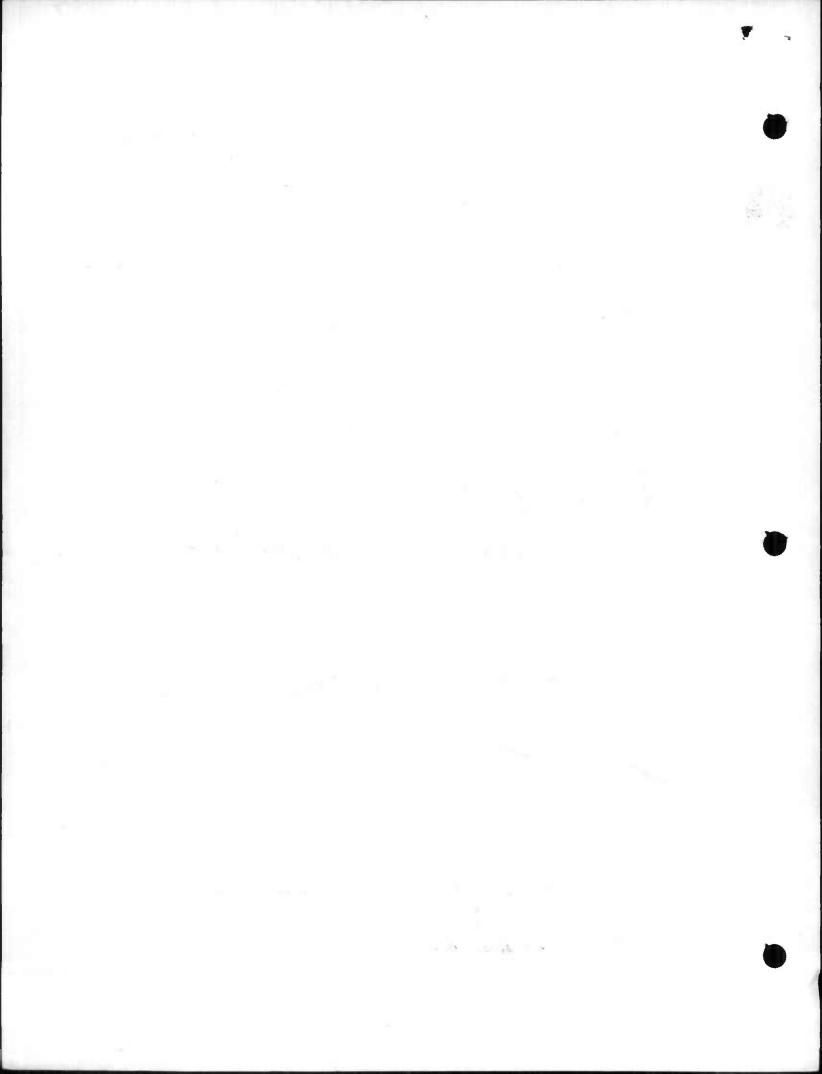


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

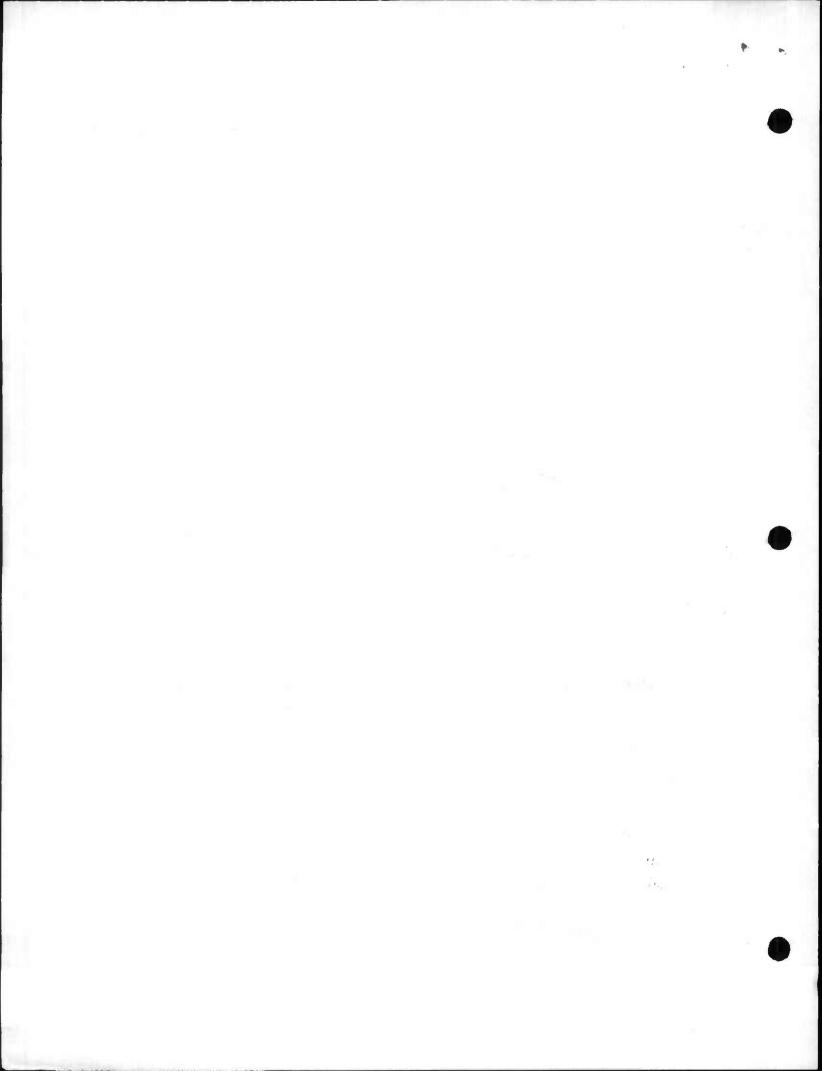
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Por filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E	
j	1. DECEOENT'S NAME (First, Middle, Lest) ELLEN EL	IZABETH	WILT			2. DATE OF DEATH	1993 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-03-9317 9a. FACILITY NAME (If not institution, give s	PENALE	75 YRS. MOR	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN. PR LOCATION OF OE	7. DATE OF BIFTH (Morith, Day, Year) 12/26/17	VIR	HTHPLACE (State or Foreign INTA)
DIRECTOR	CARROLL COUNTY GE	·		WESTMI		AIH	CARROL	
		ROLL	NEW W	INDSOR				10d. INSIDE CITY LINUTS? 1 YES 2 NO
FUNERAL	2453 MARSTON RD.				2177		U	S.A.
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MOX	17. FATHER'S NAME (First, Middle, Last)		TOTILI MEDIC		18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE C	CEPHAS RAINES					L REED		
2	190. INFORMANT'S NAME (Type/Print) SHARON A. HILL		6502 FAC			loute Number, City or Town ENN DALE	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION BUR	TAL 201	. PLACE AND DATE OF DE	SPOSITION (Na	me of	OATE 20c. LO	CATION City or	Town, State
	4 Donation 5 Other (Specify)		METHODIST		RY IO ADDRESS OF FAC			LLE, MD R & SONS
	atharine (). Dar De	Per		NEW WI	NDSOR, MD		K & SUNS
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on s	d the deeth. Do not desch line.					Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	-				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to death to		ne underlying	cause given in	Part I. 24s. WAG AN. PERFOR	MED?	ABALABLE PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)		
IXSI	1 YES 2 NO 27. MANNER OF DEATH	1 Linpitient 2 ER/Out			5 - Residence			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK?	28d. OEŞCRIBE HOW II	WURY OCCURED	
_	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, street	t, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Flun	al Route Number,
COMPLETED	one)	ICIAN: To the best of my know ER: On the besis of axemination						e(a) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIE	y Naga	may 4	G_{I}	29c. LICENSE NUM	BER D18200	29d. DATE SIGN	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	oole no	e wel		neter	HD.	2117	
	MAY 2 7 '93	32. REGISTRAR'S SIGN	ATURE DE					



i	3	A.			
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit en	be filed writtin 72 hours after death with the State Dept. of Health and Mental hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	PITAL OR ATTENDING PH	ERAL DIRECTOR: After thi	in /2 hours after death w.	T: If Item 28 is marke	
	TO THE HOSE	TO THE FUNE	De nied within	IMPORTAN	

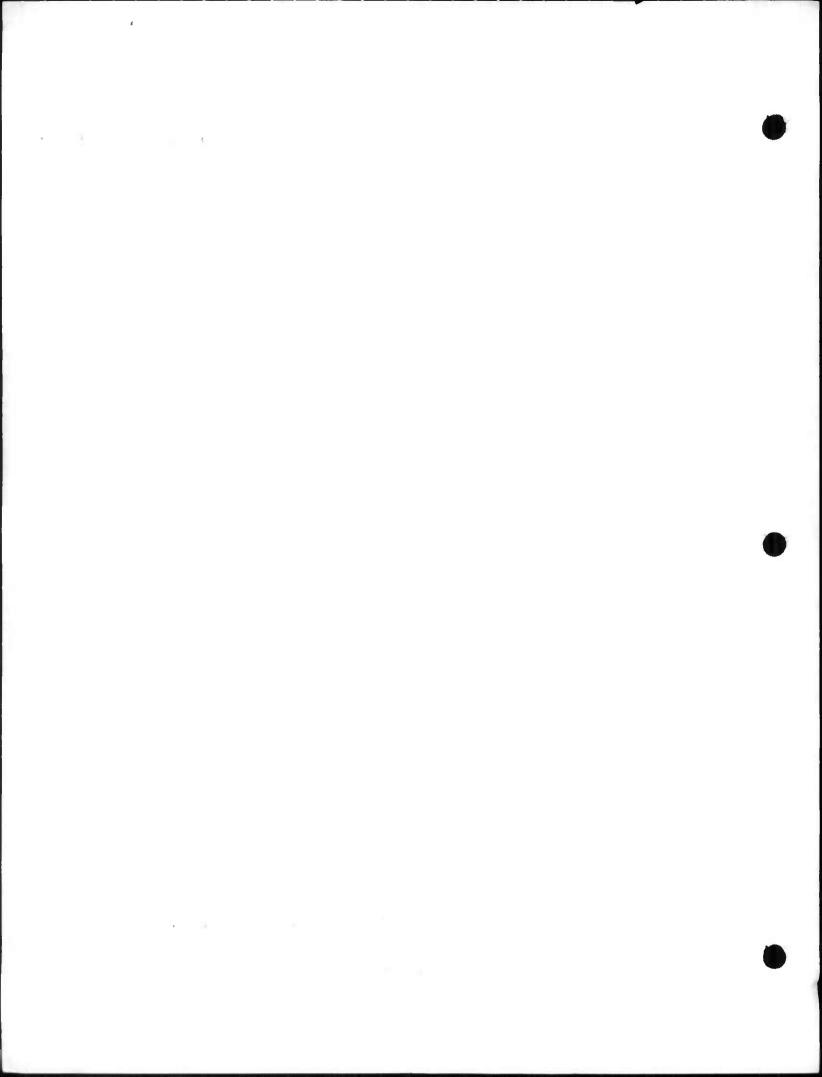
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	1	0 2 2 3
	1. DECEDENT'S NAME (First, Middle, Las	ut)				2. DATE OF DEATH			. TIME OF DEATH
	Anna Marie W	essels				MONTH D		EAR	12 07 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
	216-09-2138	1 M 2 F	85 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/2/08			o., Md.
DIRECTOR	Marrison House Nu	,			Hill, M			cest	
입	10a. STATE 10b. COUR	NTY	10c. CITY, TO	DWN OF LOCAT	ION			1 1	Od. INSIDE CITY
뚬	Md. Wor	cester	Sn	ow Hil	1			- 1	LIMITS?
	10e. STREET AND NUMBER	00000	0		ZIP CODE		10a. CITIZEN		AT COUNTRY?
	5722 Onlaw Doc	a			21062				
FUNERAL	5732 Onley Roa	12. WAS DECEDENT EVER	IN U.S. ARMED		21863 Endent of Hispai	NIC ORIGIN? (Specify Yes		U.S.	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	cify Cuban, Maxica	n, Puerto Rican, atc.)	G. 1.0-	Black, \	White, etc.
BY	3 Widowed 4 Divorced			1 1 123	2 NO Specifi	,		Specify:	White
	15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S USE			16b. KIND OF BU	SINESS/INDUS	TRY	WILLE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st or working				
<u>-</u>	6		Homema	ker		Own H	ome		
ᅙᅵ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Charles A. Cl	as			Berti	e Pilkerto	n		
ဋ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, City or Tow	n, State, Zip Co	de)	
-	Charles Wess	els	118 S	tevens	St., Sn	ow Hill, M	d. 218	63	
	20s. METHOD OF DISPOSITION 1 Deurisi 2 Cremation 3 Re		b. PLACE AND DATE OF D		ma of	DATE 20c. LO	CATION — City	or Town	, Stata
	4 Donation 5 D Other (Specify)	S	pence Bapt		neterv	Sn	owHill	, Mc	1.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	/ Jug (. /)	Herting				Funeral H	-		Hill, Md.
	23. PART I. Enter the diseases, o shock, or heart fellum	or complications that cause to. List only one cause on a	d the death. Do not	enter the mo	de of dying, suc	h as cerdiac or respi	ratory errest	1	Approximate interval Between
	IMMEDIATE CAUSE (Finel								Onset and Death
ĺ	disease or condition resulting in death)	· COPD						JE	VERAL YRS
		DUE TO (OR AS	A CONSEQUENCE OF):						
2	Sequentially list conditions,	b							
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):						-
CERTIFICATION	that initiated events resulting in death) LAST	50E 10 (011 A3 1	A CONSECUENCE OF J.						
핑		_ d							1
AL	PART II. Other significant conditi	ons contributing to death I	but not resulting in ti	he underlying	cause given in	Pert I. 24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
	CHF, SICK	51NU5 54	VDROME	(ARCE)	PAKER	1 _ YES 2	-	C	VAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
					(ANTED)				YES 2 NO
ż									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: YNursing Hom	5 🗆 Residence	8 Other (Specify)			
Ě	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	F 28c, INJ	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? ES 2 NO				
	3 Suicide 8 Could not b	28a PLACE OF IN HUD	Y — At home, term, stree	t, factory, offic		281. LOCATION (Street	and Number or I	Runal Rou	te Number,
	4 Homicide determined	sorieing, etc. (Spe	City)			City or Town, State)			
ן ב	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the best of my know	viedge, death occurred at	t the time, date	and place, and due	to the cause(s) and mar	per se stated		
١								ruse(e) e	nd manner as stated.
S Could not be determined 8 Could not be determined 8 Could not be determined 8 Could not be determined 8 Could not be determined 9 City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER									
8	1-11	7/1. +1	m 1		29c. LICENSE NUM	7,000			lonth, Day, Year)
요	30. NAME AND ADDRESS OF PERSON V	NHO COMPLETED CALLS OF DE	FATH (ITEM 27) (Jone Out	75)	206-	241	5	-27-	75
	1.26	11.					17		
4	31. DATE PULLED MAN POW 1424 ()	32. REGISTRAR'S SIGN	NATURE	03 Sun	W 5-	SHOW	44, 1	WID.	21763
5	31. DATE HILED MONTH, 89: 1993	O STATE OF THE PARTY OF THE PAR	Man Marketon						



DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E				
- 1	1. DECEDENT'S NAME (First, Middle, Last)		WARNAR		2. DATE OF DEATH MONTH DAY MAY 5,1993					
	4. SOCIAL SECURITY NUMBER	lauralee	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H				8:55 P. M			
	218-46-0563	1 □ M 2 × F 46	1 \square M $2\sqrt{F}$ F 46 YRS. MONTHS DAYS HOURS MIN. Jan 1,							
œ	9a. FACILITY NAME (If not institution, give	_		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C				
6	11305 Wacomor			Germantown		Mont	gomery			
DIRECTOR	Maryland Mor	m ntgomery		mantown			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
A	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11305 Wacomo	or Drive		2087	6	Ame	rican			
5	11. MARITAL STATUS 1 Never Married 2 😿 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	3KZNO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi		or No- 14. F	IACE — American Indian, Black, White, stc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES 2 PNO Spec	olfy:	The state of the s				
윤	15. DECEDENT'S ED (Specify only highest grad	UCATION 1 de completed)	6a. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION fone during most of working	16b. KIND OF BUS	SINESS/INDUSTR	NY .			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	red.)			7			
OM	17. FATHER'S NAME (First, Middle, Last)	4		18. MOTHER'S I	AME (First, Middle, Maiden	Sumame)	-			
ш	William L.	Story, Sr.		Gra	New Tilly Acres, Essen	,				
TO B	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Flund						
-	Robert B.J. Wa			Wacomor Dr						
	1 Burial 2 Cremation 3 Rei	moval from State camete	Bry, crematory or other p	laca)	1	+ hogd	a, Maryland			
ĺ	21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF	FACILITY					
	Four L.	Walliams		Olin L. Mol Damascus, M			Funeral Hm. 72-0117			
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused to	he death. Do not e	nter the mode of dying, su	ch as cardiac or respi	ratory arreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition			Pa-10-	0.4	0	Onset and Death			
	disease or condition resulting in death) a. METASTATIC BREAST CANCER 6 YEAR									
z										
OT I	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
FIC.	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (DR AS A C	ONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	d.								
	PART II. Other significant condition	ons contributing to death but	not resulting in th	e underlying cause given i	n Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL		_		and an arrangement of the second	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
						MW	OF DEATH? 1 YES 2 NO			
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ZANO	HOSPITAL:		26. PLACE OF DEATH (
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpati	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	8 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	0			
ВУ Р	Netural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, term, street	, factory, office	28t. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,			
	204 CERTIFIED AC									
COMPLETED	(Check only	SICIAN: To the bast of my knowled IER: On the basia of examination a					se(s) and manner as atated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE N			NED (Month, Day, Year)			
TO BE	Caraly Arnd	ili MD.	Fall.	737	1236	D 57	6/93			
-	CARDLYN B - H	The second secon		ians Lane, Ro	ckville. Mo	d. 2085	0			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT					-			
	MAY ? 19	93 List 1	<u>۷</u>							

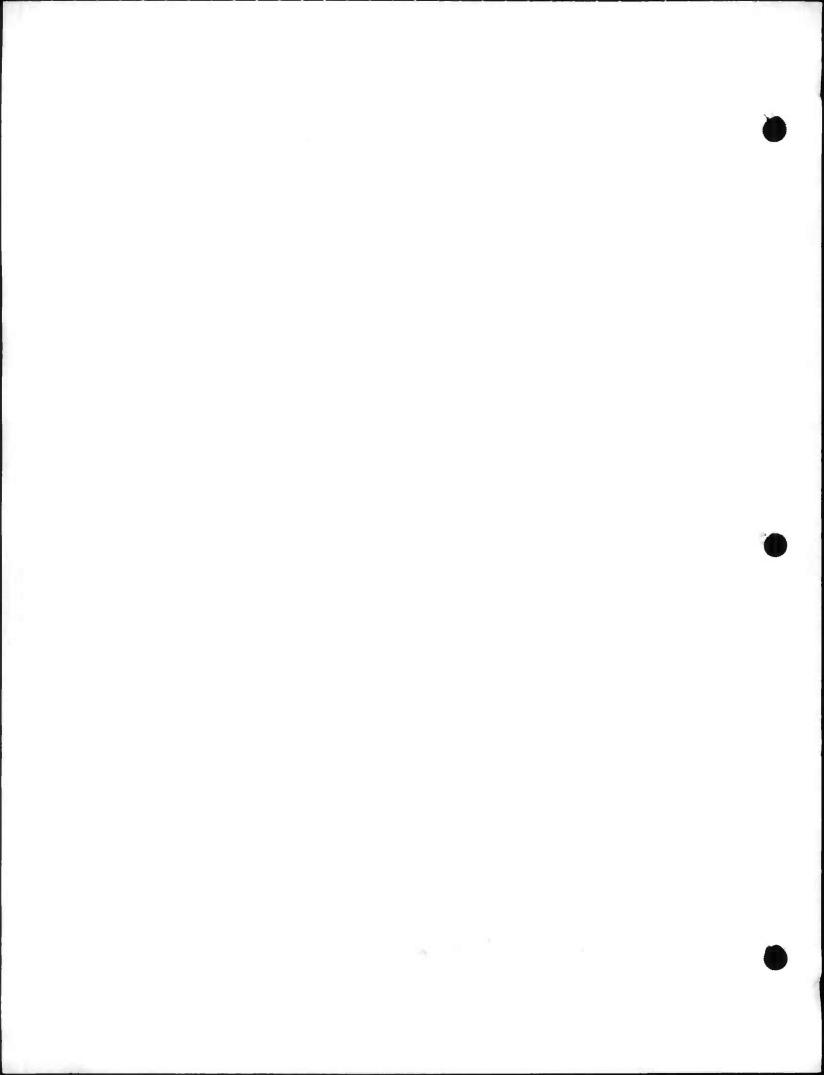


1		
		in Dear
BALLIMORE, MARYLAND 21215-0020	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit penn.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	d within 24	impletely fi
199	executer	and co
202	ate pe	hysician
	certific	Id build
,	e death	he atte
שלו	that th	ed by t
III C	equires	en sign
AL	e law r	has be
	IAN: Th	tificate
5	HYSICI	this cer
	DING F	After 1
2	ATTEN	ECTOR:
5	AL OR	AL DIR
	1	25 1

2. DATE OF DEATH DAY 5- 25-3. TIME OF OEATH NORRIS LEON WEBSTER JR. 4:00 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIETH B. BIRTHPLACE (State or Foreign 02 28 1926 HOURS 222-14-0699 1 N M 2 □ F DAYS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 3622 Bonnie Lane Linkwood Dorchester 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Dorchester Linkwood 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3622 Bonnie Lane 21835 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pr 1 YES 25 KNO Specify: Specify: White B * Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 Repair & Maintainance Trenching Construction must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norris Leon Webster Rhoda Wallace BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stata, Zip Code) 3622 Bonnie Lane, Linkwood Md. 21835 Patricia L. Webster 20s. METHOD OF DISPOSITION

K\XBurlel 2 \subseteq Cremation 3 \subseteq Removal from State
4 \subseteq Donation 5 \subseteq Other (Specify) 20b. PLACE AND OATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State Md. Veterans Cemetery 6/1 Hurlock Maryland 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home medical examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 700 Locust St. Cambridge Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line.
ACUTE MYOCARDIAL INFACTION Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition . ACUTE MYOCARDIAL IN FARCTION 10 MIW event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ATHERSCLERISOS ATHEROSCLEROSIS 4 FARS traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CAUSE Enter UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS HYPERTENSION MAIL ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: g 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Name | 5 | Residence | 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 DOA 0 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Is marked, 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If item 2 29a. CERTIFIER
(Chack only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D-16609 Michael a llosken ▶ 5/25 93 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOSKEWICZ BYRN ST. CAMBREDE MICHAER M). 503 32. REGISTBAR'S SIGNATURE

... Davidson-Randall 31. DATE FILED (Month, Day, Year) MAY 2 '93



1	1
1	mr.

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

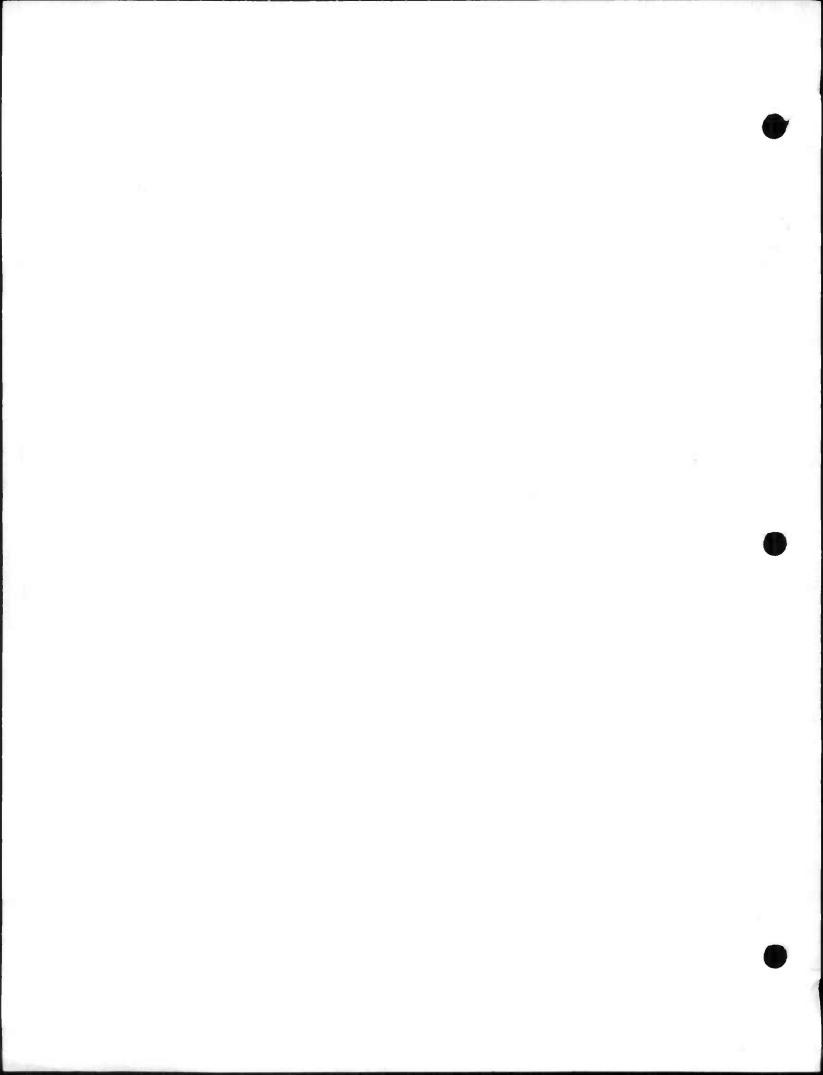
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DE										
	DOROTHY (unknown) WILKINSO			MONTH DAY YEAR							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRD			12:10 P M			
	577-54-3947 1 M 2 M F 83	YRS.	MONTHS DAY		(Month, Day,) July 22	6ar)	Country				
	9a. FACILITY NAME (If not institution, give street and number)	THO.						higan			
<u>«</u>				N OR LOCATION OF DE	EATH	9c, COL	JNTY OF DE	EATH			
5	Cuppett-Weeks Nursing Home		Oak	land		G	arret	t			
DIRECTOR	10a. STATE 10b. COUNTY	10c CIT	Y, TOWN OR LO	CATION							
1 5	D.C. D.C.							10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	We	ashingt					1 X YES 2 NO			
FUNERAL			- 1	101. ZIP COOE		1		HAT COUNTRY?			
뿐	2102 Sixteenth Street						USA				
5	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 S	ARMED	13. WAS D	ECENDENT OF HISPAN specify Cuben, Mexica	NIC ORIGIN? (Spec	Ify Yes or No-	14. RACE	— American Indian, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES			ES 2 NO Specify		····	Specify				
								White			
COMPLETE	(Specify only highest grade completed)	(Give kind of a	USUAL OCCUPA work done during		16b. KIND C	OF BUSINESS/IN	DUSTRY				
٣١	Conege (1-4 of 5+)	ife. Do NOT us									
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		unknov	m		unk	tnown					
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, N	faiden Surname)					
H	unknown			unknow							
0				et and Number or Rural I	Route Number, City	or Town, State, Zij	p Code)				
-	Cuppett-Weeks Nursing Home	706	E. Alde	er Street	0akl	and, Ma	rylar	nd 21550			
	20e. METHOO OF DISPOSITION 1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACI	EANDDATE	F DISPOSITION	(Name of	OATE 20	c. LOCATION —	City or Tow	rn, State			
	4 Donation 6 Other (Specify) Oak.	land (ber place) Cemeter	У	5/26	0aklan	d, Ma	aryland			
1	21. SIGNATURE OF JUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FA	CILITY						
	Kolent H. Dunet MOO:	167	D		7 **	P.O. 1					
				st Funera				d. 21550			
	23. PART i. Enter the diseases, or complications that caused the cahock, or heart failure. List only one cause on each lir	death. Don ne.	ot enter the r	node of dying, suci	h as cardiac or	reapiratory ar	rest,	Approximsts interval Between			
	IMMEDIATE CAUSE (Final										
	disease or condition a. Ineumonia										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, b.										
١ĕ١	If sny, leading to immediate										
2	cause. Enter UNDERLYING CAUSE (Disease or injury										
造	that initiated events resulting in desth) LAST	EOUENCE OF):								
CERTIFICATION	d.										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. Demon fia severe flus its circ fyphusis 05 fe oporosis										
DICAL	Dan to a calcare of	1 1 200	cic b	a / a a a	PE PE	REFORMED?	1	AVAILABLE PRIOR TO			
	acto and act	00 10		7000515	1 🗆 Y	ES 2 NO		COMPLETION OF CAUSE DF DEATH?			
Σ	osteoporosis						-	1 TES 2 NO			
z								-			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			PLACE OF DEATH (Che	ock only one)						
Z S	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient	3 DOA	OTHER:	oma 6 🗆 Residenca	6 Other (Specify	·)					
표	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		NJURY AT	28d. OESCRIBE H	IOW INJURY OC	CUREO				
ВУ	1 Nsturel 5 Pending 2 Accident Investigation	"""	44	YES 2 NO							
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At h	iome, ferm, ø	rest, fectory, of	lica	28f. LOCATION (S	treet and Number	or Rural Ro	ute Number.			
TED	4 Homicide determined building, etc. (Specify)				City or Town,	State)					
۳ ا	298. CERTIFIER		1000 00								
COMPLET	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: On the best of examination and one of the best of examination and one of the best of examination and one of the best of examination and one of the best of examination and one of the best of examination and one of the best of examination and one of the best of examination and one of the best	leath occurre	d at the time, da	te and place, and due	to the cause(s) an	d menner se stat	ed.				
8	one) 2 MEOICAL EXAMINER: On the basis of examination and/or	investigation	i, in my opinion,	death occured at the	time, data and plac	e, and due to th	e cause(a) :	and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM				Month, Day, Year)			
10	- wall & sammer W.			1 025	759	10	5-	23-93			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI	EM 27) (Type,	Print)	Par		e).	,	4 4 5			
	Walter K. Nanman	n, p	1 D.	POBOX	247.	Acci	den	+ MD			
2	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				* /						
d	MAY 2 4 1993 Juli Davidson Po	and all the									

	afte
	hours
	47
50	within
100	executed
5	2
5	law requires that the death certificate be executed within 24 hours after
5	death
Ś	the
5	that
בר כ	requires
ı,	N.
	The
5	HYSICIAN:
DIVIDION OF THE RECORDS, F.O. DON 60/50	AL OR ATTENDING PHYSICIAN: The I
5	8
	X

	1 - STATE REGISTRAR		STATE OF I	MARYLA	AND / DEPAI CERTIF	TMENT	OF H	DEA	AND	MEN	TAL HYGIEN REG. NO.	-	3	16998
	1. DECEDENT'S NAME (First,	Middle, Lest)	·							2. D.	ATE OF DEATH		YEAR 3	. TIME OF DEATH
	John		sley	Webster					1	93 ^m		TEAH.	6:55pm m	
	4. SOCIAL SECURITY NUMB 218-12-85		5. SEX		In yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. 0/	ATE OF BIRTH Forth Day, Year) 0-29-15	•	Country)	ACE (State or Foreign
1 1	9e. FACILITY NAME (If not int			77	ma.	9b. CITY	TOWN C	OR LOCATI	ON OF D		7-23-13	9c, COUNT		yland
18	Deers He	ead Ce	nter				alisi						comic	
בַּ	RESIDENCE OF DEC	EDENT 10b. COUNT			100 00	Y, TOWN						1,10		
DIRECTOR	Maryland		comico		loc. G		isbu							INSIDE CITY LIMITS? YES 2 X NO
	10s. STREET, AND NUMBER							. ZIP COO	E			10g. CITIZE		AT COUNTRY?
FUNERAL	805 King R	ichard	ls Court				\perp	2180) 1			U	SA	
	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1	X YES	2 NO		If yes, spe	ecity Cubi	nn, Mexica	in, Pue	IGIN? (Specify Yes	or No- 14	RACE - Black, V	American Indian, Vhite, etc.
B	3 Widowed 4 Divoi	rced	IF YES, GIVE V							y:		i	Specify:	hite
COMPLETED	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)		16a. DECEDENT'S	work done	CCUPATIO	ON st of world	ing	T	16b. KIND OF BUS	SINESS/INDUS		1100
1 1	Elementary/Secondary (0- 1.2	-12)	College (1-4 or 5	+)	iile. Do NOT u		***	amo			007707			
8 0	17. FATHER'S NAME (First, Middle, Last)				comput	er p	rogi			ME (Fir	st, Middle, Maiden	nment		
BEO	David Oscar Webster			_				N	1inn:	ie l	E. Abbot	t		
2	Evelyn Webs										tumber, City or Town			1001
	20a, METHOD OF DISPOSITI			20h	PLACE AND DATE				s co			CATION — CH		
	1 & Burlal 2 Cremation 4 Donation 5 Other	n 3 🗌 Rem (Specify)	oval from State	ceme	etery, crematory or cechwoo	ther place)				1				ne, MD
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	7					SS OF FA					
	John M	7. K	1600	val	1		501 5	Snow	Hil	1 R	1 Home d., Sal:	isbury	, MD	. 21801
	23. PART I. Enter the di shock, or he	seases, or eart failure.	complications tha List only one cau	t caused	the death. Do	not enter	the mo	de of dy	ing, suc	h aa c	cardiac or respi	ratory arres	ıt,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin disease or condition	al .	Mali	Jan	t Cacho	via								Onset and Death
	disease or condition													
NO	Cancer of (R) Lung Sequentially list conditions, Due to (or as a consequence of):													
ATI	if any, leading to immed cause. Enter UNDERLYII	NG			e Niyelo									
E	CAUSE (Disease or injusthat initiated events	·	DUE TO	(OR AS A	CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST		d											
CAL	PART II. Other significan	nt condition	is contributing to	death bu	ut not resulting	in the ur	derlying	cause	given in	Part I	. 24a. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	C	OPD_									1 TES 2		a	OMPLETION OF CAUSE F DEATH?
MED										_		A	1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF E	DEATH (Ch	eck onl	v one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpi	ntient 3 🗆 DOA	OTHE	4 :				Other (Specify)			
E	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, D		28b. TIA	IE OF		RK?		28d.	DESCRIBE HOW II	NJURY OCCU	RED	
B	2 Accident	nvestigation	28a, PLACE O	F INJURY	- At home, farm,	M street fact		ES 2 [□ NO	204 1	LOCATION (Street a	and Atumbus as	0-10-	- Al
TED		Could not be letermined	building,	etc. (Speci	ffy)		, ome			20	City or Town, State)	ind Number of	nurar nou	e rumber,
1 2			ICIAN: To the best of											
COMPLET				xamination	end/or investigation	on, in my o	pinion, de	eath occu	red at the	time, c	date and place, an	d due to the	cause(s) a	nd menner as stated,
BE	Paneswar:			. /	M.84	rest	ta		1627			29d. DATE 5	HIGNED IM	onth, Day, Year)
10	P.O Box 2					Print)								
1	31. DATE FILED (Month, Day,)	rbar)	32. BEGISTRA	R'S SIGNA	ATURE									
10	May 1 8 199	3 9	CONTRACTOR											

alra



BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ph. or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plus be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR		CE		ICATE OF	DEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	Lena Ma	av	Wilso	n			MONTH 5 6	_199		YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	3	a. BIRTHP	LACE (State or Foreign
	213-22-6721	1 🗆 M 2 🗶 F	63	YRS.	MONTHS DAYS	HOURS MIN.	(Month, E		20	Country)	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D		5-19		DET9	ware
DIRECTOR	630 Terrapin 1	Lane			Salis	hurr					
5	RESIDENCE OF DECEDENT					-			WIC	omic	<u>.</u> 0
<u>=</u>					Y, TOWN OR LOCA					1	10d. INSIDE CITY LIMITS?
	Maryland Wicor	nico		Sa	lisbur						YES 2 NO
¥	104. STREET AND NUMBER				10	1. ZIP CODE			10g. CITIZ	EN OF WN	IAT COUNTRY?
9	630 Terrapin I					21801			LII.	S.A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM	MED O	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN?	Specify Yea	or No-	14. RACE -	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO Specif		, 0.0.,	- 1	Specify:	
	15. DECEDENT'S EDU	CATION	100 000	FOFUTIO							Black
	(Specify only highest grade	completed)	(Gh	e kind of a	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KI	ND OF BUS	SINESS/INDU	JSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	,								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		IMan	age	r	Las variations and		ne			
						18. MOTNER'S NA	AME (First, Mide	die, Maiden	Sumame)		
BE	Walter Price 19a. INFORMANT'S NAME (Type/Print)		104	MARINO	ADDRESS (Dec.)	Evely					
2						and Number or Rurel		City or Town	n, State, Zip	Code)	
	Marva Greene				Terrap	in Lane			Md.		
	1 Burial 2 Cremation 3 Remo	oval from State	cemetery, cren	netory or o	ther place)	ame of	5		CATION — C	ity or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Gree	n A	CTOS	ND ADDRESS OF FA	2/2	Sa	lisb	iry,	Md.
ĺ	wal o	nt	4			NO ADDRESS OF FA	СШТ	82	21 We	est	Rd.
_	Dladyo to	1. Slei	vari		61in	on F.S	tewar	t-Sa	lis.	Md.	21801
	23. PART i. Enter the diseases, or of ahock, or heart feliure.	complications that	caused the des	th. Do n	not enter the mo	de of dying, auc	h as cardied	or reapi	ratory arre	at,	Approximata
	IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition resulting in death) a. Adeno ca-cine of Lung OUE TO (OR AS A CONSEQUENCE OF):									B no the	
		OUE TO	OR AS A CONSECU	JENCE OF	F):						
8	Sequentially list conditions,										
Ě	If any, leading to immediate										
유	CAUSE. (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										-
Ē	that initiated events resulting in death) LAST		OTT NO A CONSEQU	DENCE OF	,.						
CERTIFICATION	d										
	PART II. Other algnificant condition	s contributing to	death but not re	suiting i	in the underlyin	g cause given in	Part i. 24	. WAS AN			ERE AUTOPSY FINDINGS
DICAL							1	PERFORMEO?			MAILABLE PRIOR TO COMPLETION OF CAUSE
ME											F DEATH?
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PI	ACE OF OEATN (Ch	eck only one)				
Sic	1 TES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3 (DOA	OTHER:	e 5 Residence	6 Other (Si	pec(fv)			
₹	27. MANNER OF DEATN	28a. DATE OF I (Month, Da		28b. TIMI	E OF 28c. INJ	URY AT	28d. OEŞCRI		JURY OCCI	RED	
BY	1 Natural 5 Pending Investigation	(Month, De	y, rowry	ilea		PRK? YES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF	INJURY At hometc. (Specify)	e, term, a	treet, lectory, offic		28f. LOCATIO	ON (Street a	nd Number o	r Rural Rou	ite Number,
COMPLETED	4 Nomicide determined		ne (opecity)				City or k	own, State)			
7 1	29s. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and menner as stated.										
8	000) 2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or in	vestigatio	n, in my opinion, d	eath occured at the	time, data and	place, end	due to the	cause(a) e	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					
H	yte 1/	an	, M.D.			0306			AND DATE	STUNED (M	fonth, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type.	Print)	0000	70		-,7/	19/9	7.5
						-1011	54	5.1.	.6	~	y,
151	31. OATE FILED (Month, Day, Year)	a 32. REGISTRAF	'S SIGNATURE	, ,, 3		(FF 61/)	/ - /	J 4 /0]	7000	,	-,
0	31. OATE FILED (MONTH) Day, Year) MAY 10 1993	relia Davidso	n-Pandelle								

And the second second

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701 7/1/93 t.t

17000

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Beverly	J.		1	Wolfe	MON	2. DATE OF DEATH MONTH DAY			TIME OF OE	ATN
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birthday,	F UNDER 1 YEAR	IF UNDER 24 HRS.		05/27/1993 7. DATE OF BIRTH			CE (State or	A M
	168-36-8301	1 🗀 M 2 💢 F	47 YRS.	MONTHS DAY			th, Day, Year)		Country)		
l.	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOW	OR LOCATION OF D		. 11,1	9c. COUNTY		ylvan	la
DIRECTOR	Appalachian Tra	ail nr. Rt.	77	Smit	hsburg			Was:	hing	ton	
i iii	10e. STATE 10b. COUNT		10c. CI	TY, TOWN OR LO	ATION				100	I. INSIDE CIT	TY
	MD Frede	erick	S	mithsbu	rg		1 Tes 2 A NO			M NO	
FUNERAL	13716A Wolfsville	2 Rd.			21783				10g. CITIZEN OF WHAT COUNTRY? USA		
1 2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS D	ECENDENT OF NISPA	NIC ORIG	N? (Specify Yes	or No — 14	RACE -	American Inc	dlan,
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			specify Cuban, Maxic ES 2 XNO Spec		Hican, etc.)		Specific	White	
	15. OECEDENT'S EDU	CATION	16a, DECEDENT	S USUAL OCCUPA	TION	140	b. KIND OF BU	PINESS (INDUS		inice	
H	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT	work done during	most of working	100	B. KIND OF BU	5INE55/INDUS	INT		
MP.			Housew	rife			Home				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	1.0			16. MOTNER'S N			Sumame)			-
BE	William E. Spesso	urd, Sr.			Anna A						
5	190. INFORMANT'S NAME (Typo/Print) Charles G. Wolfe		19b. MAILIN 13716	A Wolfs	t and Number or Aural VILLE Rd.	Route Nur Smi	nbor, City or Tow ths bur	g, MD 2	1783		
	20e. METNOD OF DISPOSITION 1 & Burlel 2 - Cremation 3 - Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of State of Disposition of Date										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	23. PART I. Enter tha diseasea, or o	Lines	ino	125	is Funera 25 Bradbu	ии А	ve. Sm	ithsbu	via . Mi	D 217	83
CERTIFICATION	ahock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
MEDICAL	- All a. Other agrimeant conduction	s contributing to death be	ut not resulting	in the underly	n the underlying couse given in Part I.			I. 248. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY ILABLE PRIOR MPLETION OF DEATH? YES 2	R TO CAUSE
ä									''	1100 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	PLACE OF OEATN (C	heck only o	ne)				
I X	1XXYES 2 □ NO	1 Inpatient 2 ER/Outpu			me 5 🗆 Rasidence	-		Appal		ian T	rai
	27. MANNER OF DEATN 1 Natural Pending	28a. DATE OF INJURY (Month, Day, Year)		JURY 1	JURY AT VORK?	28d. DE	SCRIBE NOW I	NJURY OCCUR	RED		
₩	2 Accident Investigation	FOUND:5-27-93			YES 2 NO		ECT SET				
	4 Nomicide 6 Could not be	building, etc. (Speci	ffy)		tca		OATION (Street a or Town, State)			E ROAD	
E	29a. CERTIFIER	APPALACHIA					HSBURG M			1.4(4)	545
COMPL		CIAN: To the best of my knowledge. R: On the bests of examination								1 manner aa	stated
	290. SIGNATURE AND TITLE OF PRETTIFIER				29c. LICENSE NU						
9E	Maurite M	e youll						29d. DATE SI			′
5	39. NAME AND AOORESS OF PERSON WHO	O COMPLETED CAUSE OF OEA			O.C.M	C. C.		1000	28/	1993	
	31. DATE FILED (Month, Day, Year)	32. REDISTRAT'S SIGNA	TURE		et Bal	timo	re. M	arvla	ınd	2120)1
	JUN 1.0 199	3 Juli Sand	em-Randal								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

